

2026 UCAR Benefits Guide

Medical Insurance Options

Premiums: Medical • Dental • Vision

Health and Dependent Care Savings Accounts:

FSA • HSA • DCFSA

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Hello, and welcome to UCAR

UCAR provides eligible employees with a comprehensive benefit package to include medical, dental and vision plans, healthcare and dependent care flexible spending accounts, employee assistance programs, voluntary life insurance, company paid life and long term disability insurance and generous retirement and paid leave benefits.

UCAR's staff intranet portal is called Sundog which has a Benefits section for easy access information on all your benefits. There is also a daily Sundog Staff Notes which delivers announcements on any new benefits or updates or changes. Please review to stay up-to-date on your benefits.

2026 UCAR Employee Benefits Guide

Spotlight on Wellness

Cigna and Kaiser offer multiple mental and physical wellness offerings for employees enrolled in these plans. Check out Cigna [page 8](#) and Kaiser [page 14](#) of this bulletin for more information on each plan.

UCAR offers two different mental wellness resources to all employees, including interns and casuals.

Remember, taking part in counseling and coaching does not mean there is something wrong with you. Everyone faces significant stressors and struggles in their life at some point. Counselors and coaches can help you work through a variety of topics in a positive manner, including navigating career transitions, personal growth goals, relationship issues, mental health and wellness topics, personal health goals, grief and loss, major life stressors, work-related stressors and more.

Employee Assistance Program (EAP)

ComPsych (UCAR's EAP vendor) provides confidential help for a wide variety of everyday concerns and is available at no cost to you and all members of your household, even if you aren't enrolled in a health plan.

Employees and household members can receive up to 12 no-cost confidential therapy sessions per issue per year with a licensed therapist. These visits include in-person, online, telephone, and text message visits. For more information, please visit the Sundog EAP page — <https://sundog.ucar.edu/page/8152?SearchId=885257>.

Dr Lori Kleinman, Licensed Psychologist

Dr. Lori Kleinman, a licensed psychologist, is available to meet with employees for personal counseling up to three free sessions per year.

To schedule a session at no cost, please make an appointment directly with Dr. Kleinman by phone: 813-340-0414 or Lori@livibrance.com (include "UCAR referral" in the email subject line).

Your use of sessions with Dr. Kleinman is private and confidential, unless there's an immediate safety concern to you or someone else.

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Bright Horizons Care

Bright Horizons Care is another benefit for UCAR employees to aid in home/work life balance. Bright Horizons services include backup child care, child summer camp options, tutoring, college guidance, family concierge and back-up pet care to name a few. Register for an account on their website - <https://clients.brighthorizons.com/ucar>.

TIAA 403(b) Plan Changes

You may make changes to your deferral and investment elections in the TIAA 403(b) Plan at any time throughout the year. The changes will take effect as soon as administratively feasible. Contact HR Benefits (hrbenefits@ucar.edu) to request a change.

My Secure Advantage (MSA)

Check out My Secure Advantage, the financial wellness vendor for UCAR employees. This benefit provides free one-on-one financial counseling and other online tools and training to all UCAR employees, including interns and casuals.

Important information when choosing a medical plan

Embedded versus Non-embedded Deductibles

- The Cigna HDHP plan uses a non-embedded deductible. In order to qualify as a high-deductible/health savings account (HSA) compatible health plan, certain rules must be met that include plans with deductibles as low as our plan must use a non-embedded deductible. This means that if you enroll in the HDHP for yourself and a spouse, domestic partner and/or your child(ren), the family deductible must be met before co-insurance begins paying.
- The Cigna PPO plan uses an embedded deductible. With this plan each member has an individual deductible. This means if you enroll in the PPO for yourself, a spouse, domestic partner and /or child(ren), each member is subject to a \$1,000 individual deductible before co-insurance starts paying.
- See **pages 10-11** of this bulletin for further explanation.
- All Kaiser plans have an embedded deductible / out of pocket maximum.

2026 Pre-Tax Medical Plan Costs

PLAN COSTS PER PAY PERIOD - 2026

Plan / Tier	Cigna		Kaiser Permanente HMO	
	HDHP	PPO	Colorado Mid-Atlantic California	Hawaii
Employee Only	\$72.00	\$114.00	\$92.77	\$47.54
Employee + Spouse / Domestic Partner	\$150.92	\$243.69	\$190.62	\$190.62
Employee + Child(ren)	\$129.69	\$206.77	\$186.00	\$186.00
Employee + Family	\$216.00	\$346.15	\$268.15	\$268.15

DENTAL – ACTIVE EMPLOYEE & COBRA/RETIREE RATES

Plan / Tier	Per Pay Period Rates
	Active Rates
Employee Only	\$6.00
Employee + Spouse / Domestic Partner	\$11.54
Employee + Child(ren)	\$12.46
Employee + Family	\$17.54

Monthly Rates	
COBRA Rates	Retiree Rates
\$42.05	\$41.23
\$84.12	\$82.47
\$92.72	\$90.90
\$135.73	\$133.07

VISION – ACTIVE EMPLOYEE & COBRA/RETIREE RATES

Plan / Tier	Per Pay Period Rates
	Active Rates
Employee Only	\$2.98
Employee + Spouse / Domestic Partner	\$5.95
Employee + Child(ren)	\$6.01
Employee + Family	\$9.60

Monthly Rates	
COBRA Rates	Retiree Rates
\$6.59	\$6.46
\$13.16	\$12.90
\$13.29	\$13.03
\$21.23	\$20.81

MEDICAL – MONTHLY COBRA / RETIREE RATES

Benefits	Cigna				Kaiser Permanente HMO					
	HDHP		PPO		Mid-Atlantic		Hawaii		Colorado California	
Plan / Tier	COBRA Rates	Retiree Rates	COBRA Rates	Retiree Rates	COBRA Rates	Retiree Rates	COBRA Rates	Retiree Rates	COBRA Rates	Retiree Rates
Employee Only	\$1,062.84	\$1,042.00	\$1,155.66	\$1,133.00	\$821.51	\$805.40	\$649.43	\$636.70	\$821.51	\$805.40
Employee + Spouse / Domestic Partner	\$2,225.64	\$2,182.00	\$2,430.66	\$2,383.00	\$1,684.09	\$1,651.07	\$1,331.33	\$1,305.23	\$1,684.09	\$1,651.07
Employee + Child(ren)	\$1,911.48	\$1,874.00	\$2,081.82	\$2,041.00	\$1,643.02	\$1,610.80	\$1,298.87	\$1,273.40	\$1,643.02	\$1,610.80
Employee + Family	\$3,184.44	\$3,122.00	\$3,472.08	\$3,404.00	\$2,374.16	\$2,327.61	\$1,876.86	\$1,840.06	\$2,374.16	\$2,327.61

Which Medical Plan is Right for Me?

Medical Plan — Considerations

PLAN TYPE	CONSIDERATIONS	
Cigna PPO (OAP)	<ul style="list-style-type: none"> • Extensive network of service providers • Includes out-of-network benefits (at a higher cost) • No referrals needed for the majority of services • Preventive care is provided at no-cost, even before you meet your deductible 	<ul style="list-style-type: none"> • Higher monthly premiums • Must meet an annual deductible before coverage kicks in • Costs fluctuate year to year
Cigna HDHP	<ul style="list-style-type: none"> • Lowest premiums • Extensive network of service providers • Includes out-of-network benefits (at a higher cost) • Access to a tax-advantaged savings account (HSA) that helps lower your annual income tax while providing a savings vehicle for your healthcare needs • No referral needed • Preventive care is provided at no-cost, even before you meet your deductible 	<ul style="list-style-type: none"> • Highest annual deductible • No copays for services or prescription medication, instead coinsurance applies once the annual deductible is met. You will pay the full prescription price until you meet the annual deductible. • Highest out-of-pocket costs when you need care
Kaiser HMO	<ul style="list-style-type: none"> • Low premiums • No annual deductible, instead pay only copays (and in limited circumstances, coinsurance) • Preventive care is provided at no-cost • Lower out-of-pocket costs than PPO • Dedicated doctor to coordinate care makes it easier to navigate your healthcare and eliminates surprise bills from out-of-network providers or services that are not covered. 	<ul style="list-style-type: none"> • Must use HMO providers (except for 10 limited visits allowed with other providers under Plus Benefit for CO region only), which limits provider choice. • Some specialists require a referral

OAP (PPO)

This traditional PPO plan features a \$1,000 deductible and a \$4,000 out-of-pocket limit. It costs more per paycheck than the HDHP. After you meet your deductible, your care will be subject to co-pays and co-insurance. *Keep in mind:* You can not contribute to a Health Savings Account (HSA) if you participate in the PPO plan. However, you can elect a Flexible Spending Account (FSA) if you are enrolled in the PPO plan.

HDHP

With an HDHP plan, you pay less in premiums each month but more in deductibles. A unique feature of an HDHP plan is that it is paired with a tax-advantaged Health Savings Account (HSA). You can use the HSA to pay your deductible, copays, coinsurance, and other out-of-pocket expenses not covered by your medical plan. With the HDHP plan, all preventive care is covered at 100%, even if you have not yet met your deductible. You will pay out-of-pocket for the full amount of all costs, including prescription medication, until you reach your annual deductible. Once you reach your annual deductible, you will pay the coinsurance rate for all services until you meet your annual out-of-pocket maximum.

Cigna Wellbeing and Mental Health Resources

The following wellness and mental health programs are available free of charge for employees (and their enrolled dependents) that are currently participating in a Cigna health insurance plan.

Happify, an app with science-based games and activities that are designed to help you defeat negative thoughts, gain confidence, reduce stress and anxiety, increase mindfulness and emotional wellbeing, and boost health and performance.

iPrevail, a digital therapeutics platform, designed by experienced clinicians, to help you take control of the stresses of everyday life and challenges associated with life's difficult transitions. iPrevail helps you overcome feelings of anxiety and loneliness, reduce negativity and feelings of depression, decrease stress from relationships, work, school, and daily life, and build resilience and positivity.

Cigna Lifestyle Management Program, a program to help lower your stress levels and raise your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to cope with stressful situations – both on and off the job. The program can be used online or over the phone, or both.

Find more details on these programs, including how to access these programs, visit Sundog mental health resources page - <https://sundog.ucar.edu/page/8452?SearchId=1214002>.

Locating a Cigna Provider

- **UCAR Cigna plans are not available in Hawaii**
- Visit — <https://hcpdirectory.cigna.com/web/public/consumer/directory>—for a provider
- On the “How are you Covered?” page, click on “Employer or School”
- Enter your address, city or zip code and then select "Doctor by Type," "Doctor by Name," or by “Locations.” Indicate that you're a guest and continue.
- For BOTH the HDHP and the PPO plans, locate the "OAP" section and click on the first selection, "Open Access Plus, OA plus, Choice Fund OA Plus"

2026 Cigna Medical Plan Summary

Benefits	Cigna HDHP		Cigna PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$2,000 - Individual \$4,000 - Family		\$1,000 - Individual \$2,000- Family	\$2,000 - Individual \$4,000- Family
Max. Annual Out-of-Pocket (includes deductible)	\$3,000 - Individual \$6,000- Family	\$6,000 - Individual \$12,000- Family	\$4,000 - Individual \$8,000- Family	\$8,000 - Individual \$16,000- Family
Coinsurance	80%; except as otherwise noted	50%; except as otherwise noted	80%	60%
Lifetime Maximum	Unlimited		Unlimited	
Office Visit - PCP	80% after ded.	50% after ded.	\$20 copay	60% after ded.
Specialist Visit	80% after ded.	50% after ded.	\$30 copay	60% after ded.
Hospitalization	80% after ded.	50% after ded.	80% after ded.	60% after ded.
Maternity	80% after ded.	50% after ded.	80% after ded.	60% after ded.
Outpatient Surgery	80% after ded.	50% after ded.	80% after ded.	60% after ded.
Preventive Care	100%; no ded.	50% after ded.	100%; no ded	60% after ded.
Mental Health Care and Chemical Dependency (inpatient, outpatient, outpatient group therapy)	80% after ded.	50% after ded.	80% after ded.	60% after ded.
Short-Term Rehabilitation Therapy	80% after ded.; 65 visits max./cal. year	50% after ded.; 65 visits max./cal. year	80% after ded.; 65 visits max./cal. year	60% after ded.; 65 visits max./cal. year
Home Health Care	80% after ded.; unlimited days, 16-hour max./day	50% after ded.; unlimited days, 16-hour max./day	80% after ded.	60% after ded.
Hospice Care	80% after ded.	50% after ded.	80% after ded.	60% after ded.
Emergency Room Care	80% after ded.	80% after ded.	80% after ded.	80% after ded.
Ambulance	80% after ded.	80% after ded.	80% after ded.	80% after ded.
Urgent Care	80% after ded.	80% after ded.	80% after ded.	80% after ded.
Vision	Discounts available through participating vendors*			
Retail Prescriptions (30-day supply)				
- Generic	90% coins. after ded.	N/A	\$10 copay	N/A
- Preferred	80% coins. after ded.	N/A	\$30 copay	N/A
- Non-Preferred	70% coins. after ded.	N/A	\$50 copay	N/A
Mail Order Prescriptions (90-day supply)				
- Generic	90% coins. after ded.	N/A	\$10 copay	N/A
- Preferred	80% coins. after ded.	N/A	\$60 copay	N/A
- Non-Preferred	70% coins. after ded.	N/A	\$100 copay	N/A

Max. = maximum - ded. = deductible - cal. = calendar - coins. = coinsurance

* Access Cigna's website at mycigna.com to find more information on Cigna's Healthy Rewards, or call 800-870-3470.

Cigna HDHP Deductibles for Family Coverage Levels

For Cigna family coverage levels, there are two types of annual deductibles:
Embedded and Non-Embedded.

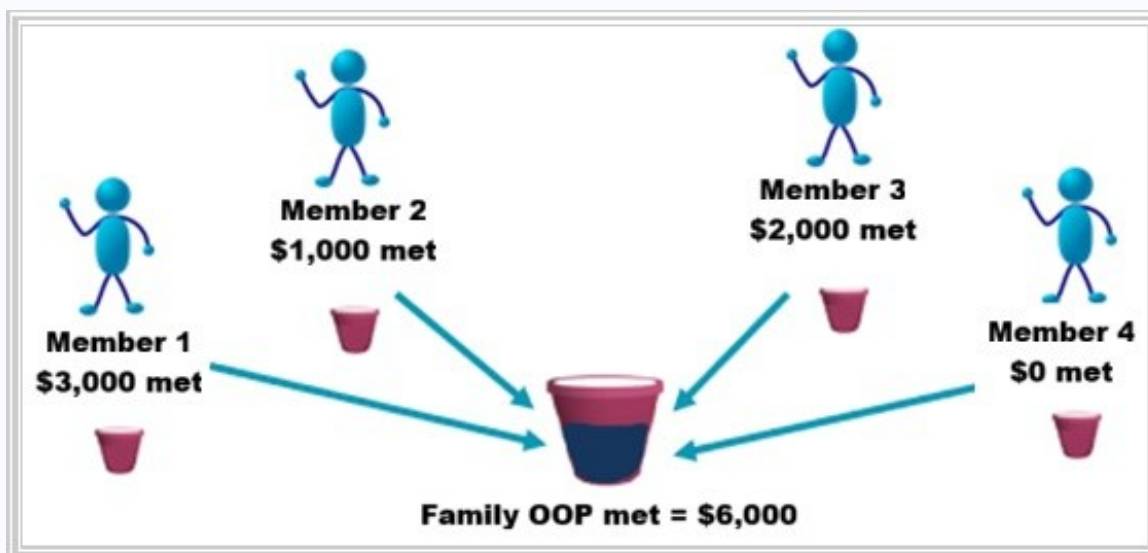
The Cigna HDHP Plan uses a Non-Embedded Deductible in order to comply with the IRS minimum deductible requirements for HDHP plan.

Non-Embedded (collective) Deductible — The out-of-pocket benefits are available once one or more family members satisfies the entire family deductible.

Non-Embedded (collective) Out of Pocket (OOP) — One or more family members satisfies the OOP, the plan pays for the entire family at 100%.

EXAMPLE: A family is enrolled in a benefit plan with a non-embedded OOP of \$3,000 individual and \$6,000 family. Since this is family coverage, all OOP accumulations apply towards the family maximum only. Each members' OOP costs only accumulate toward the family bucket.

Example: Member 1 satisfied \$3,000 toward the family OOP. Although this meets the individual OOP, this member will continue to pay OOP until the family OOP is met. All members will continue to pay OOP until the family OOP amount is met.



This diagram illustrates the following:

- Each members' OOP costs only accumulate toward the family bucket.
- Member 1 satisfied \$3,000 toward the family OOP. Although this meets the individual OOP, this member will continue to pay OOP until the family OOP is met.
- All members will continue to pay OOP until the family OOP amount is met.

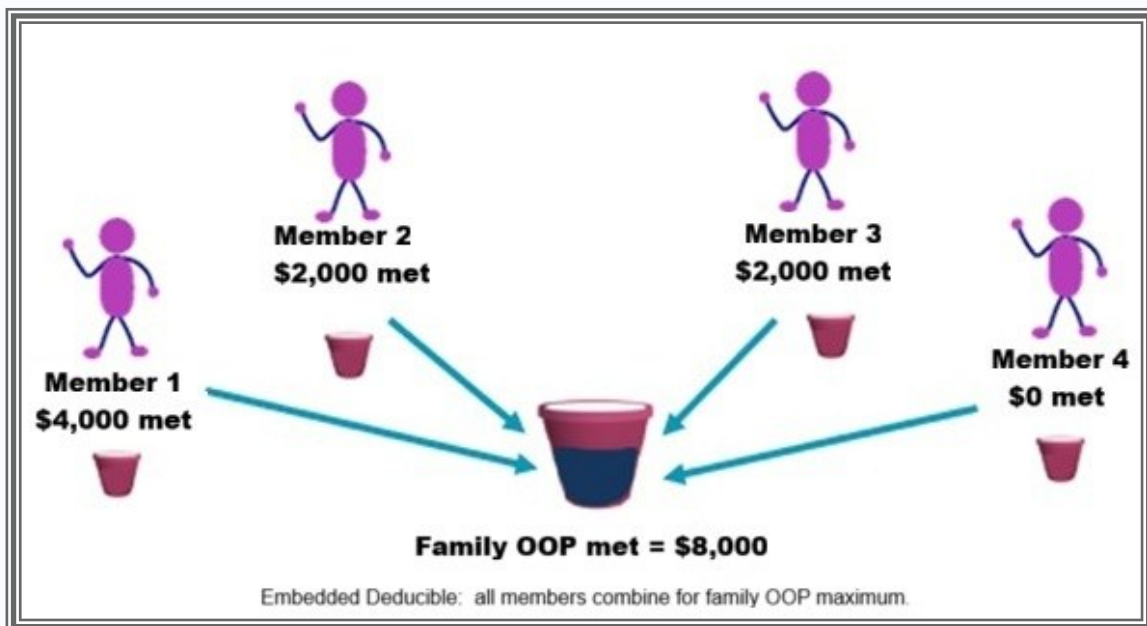
Cigna PPO Deductibles for Family Coverage

The Cigna PPO Plan uses an Embedded Deductible.

Embedded (non-collective) Deductible – Each member has to only meet the individual annual deductible before out of pocket (OOP) benefits apply for that member.

Embedded (non-collective) Out of Pocket (OOP) – There is a limit that one member satisfies that is different than the family out of pocket before the plan begins paying at 100%.

EXAMPLE: A family is enrolled in a benefit plan with an Embedded OOP of \$4,000 individual and \$8,000 family. All OOP accumulations apply toward the individual maximum AND the family maximum.



This diagram illustrates the following:

- Member 1 satisfied the \$4,000 individual OOP amount. All covered benefits will now be reimbursed at 100% for the remainder of the accumulation period for that member.
- Member 2 and Member 3 did not satisfy their individual OOP; however, collectively, Members 1, 2 & 3 have satisfied the family OOP. All covered benefits for the family will be reimbursed at 100% for the remainder of the accumulation period for all family members.
- Member 4 has not accumulated any amount toward the individual or family OOP. In spite of this, all covered benefits will be reimbursed at 100% for the remainder of the accumulation period because Member 1, 2 & 3 have satisfied the family OOP.

The Kaiser Permanente Health Maintenance Organization (HMO) provides comprehensive coverage for preventive medical care, illness, and injury. Services are provided through designated Kaiser medical offices and pharmacies. There is no annual deductible for UCAR’s Kaiser medical plans, and instead you only pay copays (and in limited cases, coinsurance) when you need to access services.

Primary Care Physician & Coordination of Care

Under the Kaiser Medical Plans, you must select a Primary Care Physician. Your Primary Care Physician will arrange and coordinate all health care needs, such as specialty care, outpatient surgery, x-rays, etc. These services must be authorized by your Primary Care Physician to be covered by the plan.

Emergency Coverage

In cases of life- or limb-threatening medical emergencies or medical emergencies that occur while you are out of the service area, you or a covered family member may go to any doctor or medical facility for care of the initial treatment. Follow-up care is not covered, unless included as part of the original treatment billing. (You will be reimbursed by Kaiser Permanente for the covered expenses you pay, minus applicable copayments.)

Coverage Areas

Kaiser only offers coverage in certain states. If you reside in Colorado (metro Denver, Boulder, Fort Collins, Loveland, and Greeley only), Hawaii, California, Washington, D.C., Maryland, or Virginia, you are eligible to participate in a Kaiser plan. Employees residing in other regions must choose one of the Cigna medical plans.

Out-of-Network Benefits (Plus Benefits) - Colorado region only

The Extended Access Plan is available to all employees that enroll in the Kaiser Permanente HMO Plan (Colorado region only). The Plus Benefit expands the benefits and resources of your traditional plan so you have more choices when you need them. With “Plus” you’ll get the added convenience of receiving primary care, specialty care, and mental health office visits from any licensed community provider not in the Kaiser Permanente network, at any time, up to 10 visits or services each year (with certain limitations and exclusions). You also have limited coverage if you fill prescriptions at non-Kaiser Permanente pharmacies. It is important to note that many services are not covered with this extended benefit, so be sure to review the highlights on [this page](#).

Locating a Kaiser Provider

Visit — <https://healthy.kaiserpermanente.org/colorado/doctors-locations#/simple-form> — the Kaiser Permanente website. Select your “Region”, then under “Search for” select either doctors or locations.

Kaiser Medical Plans Summary

Benefits	Mid-Atlantic	Colorado	California	Hawaii
	In-Network Only			
Max. Annual Out-of-Pocket (includes deductible)	\$3,000 - Individual \$6,000 - Family	\$3,000 - Individual \$6,000 - Family	\$3,000 - Individual \$6,000 - Family	\$2,500 - Individual \$7,500 - Family
Coinsurance	100%	100%	100%	100%, Except as noted
Lifetime Maximum	Unlimited		Unlimited	
Office Visit - PCP	\$20 copay	\$20 copay	\$20 copay	\$15 copay \$0 copay for children up to age 17*
Specialist Visit	\$30 copay	\$30 copay	\$30 copay	\$15 copay
Hospitalization	\$250 copay	\$250 copay	\$250 copay	10% coinsurance
Outpatient Surgery	\$250 copay	\$250 copay	\$250 copay	10% coinsurance
Preventive Care	100%; no ded.	100%; no ded.	100%; no ded	100%; no ded.
Hospice Care	100%	100%	100%	100%
Emergency Room Care	\$200 copay, waived if admitted	\$200 copay, waived if admitted	\$200 copay, waived if admitted	\$100 copay, waived if admitted
Urgent Care	\$30 copay	\$30 copay	\$20 copay	\$15 copay in area; 20% copay out-of-area
Vision	Discounts available through participating vendors			
Retail Prescriptions (30-day supply)				Maintenance: \$3 copay
- Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay
- Preferred	\$20 copay	\$20 copay	\$20 copay	\$45 copay
- Non-Preferred	\$40 copay	\$40 copay	\$40 copay	\$45 copay
Mail Order Prescriptions (90-day supply)				Maintenance: \$3 copay: Generic
- Generic	\$20 copay	\$20 copay	\$20 copay	\$20 copay
- Preferred	\$40 copay	\$40 copay	\$40 copay	\$90 copay
- Non-Preferred	\$80 copay	\$80 copay	\$80 copay	\$90 copay
Max. = maximum - ded. = deductible				

Kaiser Wellness and Mental Health

Kaiser Wellness and Mental Health Resources

The following wellness and mental health programs are available free of charge for all employees (and their enrolled dependents) that are currently participating in a Kaiser Permanente health insurance plan.

MyStrength, a cognitive Behavioral Therapy based program, free to KP members. Offers guided programs and tools for a range of mental health needs, including managing depression, controlling anxiety, reducing stress, practicing mindfulness and meditation, improving sleep, balancing intense emotions, and managing chronic pain.

Calm, an app designed to help lower stress, reduce anxiety, and more. Includes the Daily Calm, with a new mindful theme each day, more than 100 guided meditations, Sleep Stories to soothe you into deeper and better sleep, and video sessions, with mindful movement and gentle stretching. This app is free for KP members.

Class Pass, a program that provides online video workouts at no cost — 4,000+ on-demand fitness classes including cardio, dance, meditation, and more.

Webinars, two different webinar series, *Mindful Mondays and Wellbeing Wednesdays*. These webinars are designed to help you combat stress, build resilience, and improve your overall physical and emotional wellbeing. **These webinars are available at no cost for both Kaiser and non-Kaiser members.**

Kaiser Plus Benefits

Kaiser Extended Access (Plus Benefits) - Colorado region only

You already have access to the best of Kaiser Permanente through your traditional plan. As a *Plus member*, you get even more. **Plus Benefits are only available for Kaiser participants in the Colorado region.**

With Plus, your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year. And depending on your plan, you may also have some coverage when you fill prescriptions at non-Kaiser Permanente pharmacies.

Benefits	Kaiser Permanente Extended Access Plan
Annual Limits - Medical - Prescription (Rx)	10 Visits 5 prescriptions
Coinsurance	70%
Office Visit - PCP	\$30 copay / visit
Specialist Visit	\$40 copay / visit
Preventive Care	100% - no copay
Mental Health Care & Chemical Dependency - Inpatient - Outpatient	Not Covered \$30 copay / visit
Lab, Radiology (procedures done as part of an office visit)	70% coinsurance
Short-Term Rehab Therapy (PT, OT, ST)	\$30 copay / visit
Allergy Office Visit	\$40 copay / visit
Gynecology Office Visit	\$40 copay / visit
Chiropractic Care or Acupuncture	Not Covered
Inpatient Surgery	Not Covered
Outpatient Surgery	Not Covered

Guardian Dental Plan

UCAR offers a dental plan through Guardian Dental. The dental plan is a Preferred Provider Organization (PPO), and includes participating and non-participating providers. If you select a participating provider, your costs will be lower than if you select a non-participating provider. **Guardian** offers a rollover benefit for unused dental benefits. Details on this benefit are described on page 16.

To find a provider, follow these steps:

- 1) Go to guardianlife.com and click “Find a dentist”
- 2) Under “Dental benefits from your workplace” click “Find a dentist”
- 3) Search for a dentist in your area
 - a) Select the Plan Type
 - b) Enter your search parameters

Plan Summary (Outside TX)

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$75	\$75
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

Plan Summary (TX only)

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$75	\$75
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

Guardian Oral Health Rewards Program

Guardian's Oral Health Rewards Program encourages and rewards members who visit the dentist by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your yearly plan's annual maximum is reached.

If claims made for a certain year don't reach a specific threshold, Guardian will roll over a portion of your unused annual dental maximum. The chart below shows an example of how this new benefit works.

NOTE: The additional In-Network Only roll over amount does not apply for employees resid-

Rewards Program for Employees outside Texas

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account

Rewards Program for Employees in Texas

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$1,250 The limit that cannot be exceeded within the maximum rollover account

Sample plan: \$1,500 annual maximum

Year one: Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$500 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



Guardian Vision Plan

UCAR offers a voluntary vision plan through Guardian.

Under the vision plan, you may use the eye care professional of your choice. However, when you use a participating network provider, you receive higher levels of benefits.

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Monthly premium	\$ 6.46	
You and Spouse	\$ 12.90	
You and Child(ren)	\$ 13.03	
You, Spouse and Child(ren)	\$ 20.81	
Copay		
Exams Copay	\$ 0	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$150 [†]	Amount over \$75
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$80	
Contact Lenses (Elective)	Amount over \$150	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price ^{**}	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every 12 months	
Lenses (for glasses or contact lenses) ^{‡‡}	Every 12 months	
Frames	Every 24 months ^{‡‡‡}	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- Covered in full lens options (In Network Only): Lens Tinting Coverage, Oversized Lenses
- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ^{**} For the discount to apply your purchase must be made within 12 months of the eye exam.

Health Savings Account (HSA)

When you enroll in the Cigna HDHP, you are eligible to contribute dollars to a tax-advantaged Health Savings Account (HSA). You can use your HSA funds to make tax-free payments to health care expenses for yourself, your spouse, and your dependent children, or save your funds for future expenses.

Unused HSA funds above a certain minimum balance can be invested in a range of mutual funds. Unused HSA funds rollover and you keep these funds as long as you want until you use them, even if you change jobs or retire.

Contribution Limits

The IRS sets limits on how much can be contributed pretax to an HSA each year. For 2026, the limits are \$4,400 for self-only and \$8,750 for all other coverage levels. Anyone 55 or older by 12/31/2026 can make an additional annual catch-up contribution of \$1,000. You may enroll in an HSA and change your HSA contribution amounts at any time throughout the year, not just during Open Enrollment.

Paying Providers with an HSA Card

HSA Bank makes it easy to pay for health care using your HSA.

You have 3 simple options:

1. Pay with a HSA Bank debit card—show it to your provider at the time of service; funds are automatically withdrawn from your account.
2. Pay out of pocket—pay using other funds like a bank debit card, then pay yourself back later from your HSA account.
3. Online payment—pay providers directly from your account using the online payment feature.

Flexible Spending Accounts (FSA)

An FSA, administered by Rocky Mountain Reserve (RMR), provides an opportunity to plan for and reduce the cost of anticipated healthcare or dependent care expenses by paying for them with pre-tax dollars. The 2026 FSA limit is \$3,400. For 2026, the Dependent care FSA (DCFSA) limit will increase to \$7,500.

There are three types of FSA: Healthcare, Limited Purpose, and Dependent Care. While most FSA accounts are use-it-or-lose-it accounts, meaning that any funds remaining in your FSA account at the end of the calendar year will be forfeited, **both the Healthcare and Limited Purpose accounts allow a rollover of unused funds up to \$680 in 2026.**

If you have not spent all the amounts in your Dependent Care FSA by the end of the Plan Year, you may continue to incur claims for expenses during the “Grace Period.” The “Grace Period” extends 2-1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Dependent Care FSA. Any funds remaining after the “Grace Period” will be forfeited.

Funds in all types of FSA will also be forfeited upon termination (including retirement), and must be used by your last day of employment at UCAR.

The key to successful use of an FSA is careful planning. It is not a good idea to keep money in an FSA “just in case.” If you know you will have eligible healthcare or dependent care expenses, FSA is the perfect way to pay for them and reduce your taxable income.

Flexible Spending Accounts (FSA)

Healthcare FSA

All staff who are enrolled in a Cigna PPO or Kaiser healthcare plan or who have waived healthcare coverage are eligible to contribute to an FSA.

Healthcare FSA funds may be used for eligible out-of-pocket medical, dental, and vision expenses not covered by insurance, including deductibles, coinsurance, and copayments. Additionally, Healthcare FSA funds may be used for over-the-counter drugs and menstrual products.

Staff who are enrolled in the Cigna HDHP plan are not eligible for the Healthcare FSA.

Limited Purpose FSA

Staff who are enrolled in the Cigna HDHP plan are eligible for a Limited Purpose FSA.

Limited Purpose FSA funds may be used for eligible dental and vision expenses only.

Dependent Care FSA—DCFSA

All staff, regardless of which medical plan (if any) they are enrolled in, are eligible for a Dependent Care FSA. These funds can be used to pay for eligible dependent care expenses, including preschool, summer day camp, before- and after-school care, childcare, and adult dependent care.

Example of Annual Savings with use of HSA or FSA

	Monthly Income WITHOUT an HSA or FSA	Monthly Income WITH an HSA or FSA
Gross Monthly Salary	\$3,500	\$3,500
Healthcare FSA Contributions	\$0	\$200
Dependent Care FSA Contributions	\$0	\$400
Taxable Income	\$3,500	\$2,900
Taxes	\$875	\$725
Net Pay	\$2,625	\$2,175
Post-Tax Medical	\$200	\$0
Post-Tax Dependent Care (FSA only)	\$400	\$0
Monthly Income	\$2,025	\$2,175

Life and AD&D Insurance

Basic Life and AD&D

— UCAR provides all benefit-eligible employees with basic life insurance and basic accidental death and dismemberment (AD&D) insurance benefits — at no cost to you. Coverage is effective on your date of hire or the date you become eligible for benefits, and no enrollment is required. Benefits are provided through Unum and are 100% company-paid. Benefits are reduced to 90% at age 70, 60% at age 75, and 45% at age 80.

Please Note: Any amount of basic life insurance provided by UCAR that's greater than \$50,000 is considered taxable income by the IRS and will be subject to federal, state, local, and Social Security taxes.

Voluntary Term Life

— Secure the life insurance protection you need to strengthen your financial safety net. You may increase your company-provided life insurance by purchasing additional voluntary term life benefits for yourself and your family.

Provided by Unum, **voluntary term life insurance is 100% paid by you.** **Voluntary Life Insurance rates** range from \$0.023 - \$2.06 per \$1,000 of coverage, per month, based on age. The full rate table can be found on Sundog.

Voluntary AD&D

— In addition to the basic AD&D insurance provided by UCAR, you can also choose additional voluntary AD&D insurance for the amounts shown on the next page. You pay the full premium costs for this voluntary AD&D insurance plan with after-tax dollars.

Life and AD&D Insurance

What is the Guaranteed Issue (GI) Amount?

- This is a set amount of coverage that you are allowed to elect without having to provide proof of your health status, such as the life insurance carrier's Evidence of Insurability (EOI) form. If you elect coverage that's greater than the GI amount, an EOI form will be required and reviewed by the insurance underwriters.
- EOI also is required if you want to increase your coverage above the Guaranteed Issue Amount after your initial eligibility period (if you have already selected voluntary life insurance), or for *any* amount of coverage when you don't elect coverage when first eligible but then choose to add it later.

What is Accidental Death & Dismemberment (AD&D)?

- This insurance pays benefits in addition to any life insurance coverage you might have should you lose your life, sight, hearing, speech, or use of one or more limbs in an accident. AD&D benefits are paid as a percentage of your coverage amount — usually 50% to 100% — depending on the type of loss.

Life and AD&D Benefits Summary

Voluntary Term Life / AD&D	Basic Life and AD&D	Voluntary Life and AD&D	Guaranteed Issue
EMPLOYEE	Life: 1.5 x annual salary - up to \$1,000,000 maximum AD&D: Flat \$50,000	5 x annual salary up to \$750,000	Basic Life: \$1,000,000 Basic AD&D: \$50,000 Voluntary Life: \$200,000
SPOUSE	N/A	Lesser of 100% or employee amount or \$500,000	Voluntary Life: \$50,000
CHILD(REN)	N/A	6+ months: \$10,000 / child <6 months: \$1,000	N/A

Mental Health Resources

The following resources are part of the UCAR benefits program and are open to ALL employees and their dependents to use at no cost.

You don't have to be enrolled in a UCAR medical plan to access these resources.

Employee Assistance Program (EAP)

ComPsych EAP (UCAR's EAP vendor) provides confidential help for a wide variety of everyday concerns and is available at no cost to you and all members of your household, even if you aren't enrolled in a health plan.

Employees and household members can receive up to 12 no-cost confidential therapy sessions per issue per year with a licensed therapist. These visits include in-person, online, telephone, and text message visits. For more information, please visit the Sundog EAP page - <https://sundog.ucar.edu/page/8152?SearchId=885257>.

Dr Lori Kleinman, Licensed Psychologist

Dr. Lori Kleinman, a licensed psychologist, is available to meet with employees for personal counseling up to three free sessions per year.

To schedule a session at no cost, please make an appointment directly with Dr. Kleinman by phone: 813-340-0414 or Lori@livibrance.com (include "UCAR referral" in the email subject line).

Your use of sessions with Dr. Kleinman is private and confidential, unless there's an immediate safety concern to you or someone else.

Making Benefit Plan Changes

New Hires

As a new UCAR employee, you can elect to participate in UCAR's benefit plans **within 30 days** of your date of hire. These elections are effective on your date of hire

Qualifying Events

Employees can make changes to their benefits mid-year if they experience a qualifying status change. Changes must be made **within 30 days** of the qualifying event. Sundog's Qualifying Life Events page — <https://sundog.ucar.edu/Interact/Pages/Content/Document.aspx?id=4695&SearchId=1214057>.

Qualifying Life Event changes include:

- ▶ Birth, adoption, placement of a child for adoption
- ▶ Marriage
- ▶ Divorce
- ▶ Loss of dependent
- ▶ Spouse/dependent open enrollment
- ▶ Increase in hours—now benefit eligible (dental/vision)
- ▶ Decrease in hours—no longer benefit eligible (dental/vision)
- ▶ Loss of benefit coverage from a source outside UCAR
- ▶ Change in cost for dependent care provider
- ▶ Move to a location in which the benefit plan services are not offered

TIAA 403(b) Plan Changes

You may make changes to your TIAA 403(b) Plan at any time throughout the year. The changes will take effect as soon as administratively feasible. Contact HR Benefits (hrbenefits@ucar.edu) to request a change.

Legal Notices

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in University of Atmospheric Research's medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

University Corporation of Atmospheric Research will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have **60 days** – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the University of Atmospheric Research group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the UCAR Employee Health and Welfare Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact UCAR's HIPAA Contact Person at 303-497-8702. You may also view the Privacy Notice online at <https://sundog.ucar.edu/Interact/Pages/Content/Document.aspx?id=3617&SearchId=805267>.

You may also contact UCAR's HIPAA Contact Person at 303-497-8702 for more information on the Plan's privacy policies or your rights under HIPAA.

Legal Notices

Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 303-497-1000.

Newborns' and Mothers' Health Protection Act Notice

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). If you would like more information on maternity benefits, call your plan administrator at 303-497-1000.

Legal Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfi/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

Legal Notices

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 or 1-866-614-6005	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

Legal Notices

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 1-833-522-5582 TDD: 1-888-221-1590
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)



NCAR
UCAR