



# EMPLOYEE BENEFITS GUIDE



2025-26

# WELCOME TO YOUR EMPLOYEE BENEFITS



Hennion & Walsh offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

*The benefits outlined in this guide are effective November 1, 2025 through October 31, 2026.*

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# ELIGIBILITY AND ENROLLMENT INFORMATION

## WHO IS ELIGIBLE?

Full-time employees who work 30 or more hours per week are eligible to enroll in the benefits outlined in this guide. In addition, the following family members are eligible for medical, prescription drug, dental and vision coverage:

- A spouse to whom you are legally married
- A domestic partner
- A dependent child under age 26
  - Coverage will terminate at the end of the year the dependent turns 26
  - Coverage may be extended past the age of 26 for disabled dependents. Dependent children can include natural, adopted children, and stepchildren

Please contact Human Resources if you have eligibility questions.

## HOW TO ENROLL?

You **MUST** enroll online through our enrollment system, **ADP**.

## WHEN IS COVERAGE EFFECTIVE?

**Coverage will be effective 90 days from date of hire.** Please note, once you have made your elections, you cannot make changes until the next Open Enrollment period, unless you experience a qualifying life event, as described in the following section.



Unless you experience a qualifying life event, you can only make changes to your benefit elections and covered dependents during the annual Open Enrollment period.

### Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status (such as a switch between part-time and full-time)
- Change in coverage under another employer-sponsored plan

*You must notify Human Resources within 30 days of experiencing a Qualifying Life Event.*

## WHAT IS A QUALIFYING LIFE EVENT?

## MEDICAL PLAN OPTIONS

### Administered by Meritain

#### POS - NO REFERRALS REQUIRED

IN-NETWORK BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (Individual/Family)	\$500/\$1,000	\$3,000/\$6,000
COINSURANCE	You pay 10%	You pay 30%
OUT-OF-POCKET MAXIMUM	\$3,000/\$6,000	\$7,000/\$14,000
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$25 copay	30%*
SPECIALIST OFFICE VISIT	\$50 copay	30%*
MATERNITY OFFICE VISITS <sup>1</sup>	\$25 copay for initial visit	30%*
PREVENTIVE CARE	Covered at 100%	30% no deductible
DIAGNOSTIC LAB	0% in office 10%* outpatient	30%*
DIAGNOSTIC X-RAY	0% in office 10%* outpatient	30%*
COMPLEX IMAGING (CT/PET SCANS, MRIS) <sup>2</sup>	0%* in office 10%* outpatient	30%*
INPATIENT HOSPITAL (INCLUDING MATERNITY)	10%*	30%*
OUTPATIENT SURGERY/FACILITY	10%*	30%*
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient/Outpatient Office Setting	10%* \$25 copay	30%*
SPEECH/PHYSICAL/OCCUPATIONAL THERAPY <sup>3</sup>	\$25 copay in office 10%* outpatient	30%*
EMERGENCY ROOM	10% after \$100 copay	Same as in-network
VISION CARE	\$50 copay Vision Hardware: \$100 allowance every 2 yrs.	30%*
INFERTILITY	\$50 copay 10%* outpatient	30%*

\* After Contract Year (11/1 - 10/31) deductible.

<sup>1</sup> Copay applies to 1st visit only; dependent children are ineligible for Maternity/Obstetrical Benefits.

<sup>2</sup> CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.

<sup>3</sup> 30 visit maximum per therapy, per benefit period.

**REMEMBER: Preventive Care Services are covered 100% in-network – no deductible, copays or coinsurance, regardless of the plan you choose to enroll in!**

# MEDICAL PLAN OPTIONS

## Administered by Meritain

### EPO - NO REFERRALS REQUIRED

IN-NETWORK BENEFITS	IN-NETWORK ONLY
DEDUCTIBLE (Individual/Family)	\$1,500/\$3,000
COINSURANCE	You pay 0%/30%
OUT-OF-POCKET MAXIMUM	\$4,000/\$8,000
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$20 copay
SPECIALIST OFFICE VISIT	\$40 copay
MATERNITY OFFICE VISITS <sup>1</sup>	\$20 copay for initial visit
PREVENTIVE CARE	Covered at 100%
DIAGNOSTIC LAB	\$40 copay in office 30%* outpatient
DIAGNOSTIC X-RAY	\$40 copay in office 30%* outpatient
COMPLEX IMAGING (CT/PET SCANS, MRIS) <sup>2</sup>	\$40 copay in office 30%* outpatient
INPATIENT HOSPITAL (INCLUDING MATERNITY)	30%*
OUTPATIENT SURGERY/FACILITY	30%*
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient/Outpatient Office Setting	30%* \$20 copay
SPEECH/PHYSICAL/OCCUPATIONAL THERAPY <sup>3</sup>	\$20 copay in office 30%* outpatient
EMERGENCY ROOM	30% after \$100 copay
VISION CARE	\$40 copay Vision Hardware: \$100 allowance every 2 yrs.
INFERTILITY	\$40 copay 30%* outpatient

\* After Contract Year (11/1 – 10/31) deductible.

<sup>1</sup> Copay applies to 1st visit only; dependent children are ineligible for Maternity/Obstetrical Benefits.

<sup>2</sup> CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.

<sup>3</sup> 30 visit maximum per therapy, per benefit period.

## MEDICAL PLAN OPTIONS

### Administered by Meritain

#### EPO HSA - NO REFERRALS REQUIRED

BENEFITS	IN-NETWORK
DEDUCTIBLE (Individual/Family)	\$2,000/\$4,000
COINSURANCE	You pay 20%
OUT-OF-POCKET MAXIMUM	\$4,500/\$9,000
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$20 copay*
SPECIALIST OFFICE VISIT	\$40 copay*
MATERNITY OFFICE VISITS <sup>1</sup>	\$20 copay for initial visit*
PREVENTIVE CARE	Covered at 100%
DIAGNOSTIC LAB	0%* in office 20%* outpatient
DIAGNOSTIC X-RAY	0%* in office 20%* outpatient
COMPLEX IMAGING (CT/PET SCANS, MRIS) <sup>2</sup>	0%* in office 20%* outpatient
INPATIENT HOSPITAL (INCLUDING MATERNITY)	20%*
OUTPATIENT SURGERY/FACILITY	20%*
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient/Outpatient Office Setting	20%* \$20 copay*
SPEECH/PHYSICAL/OCCUPATIONAL THERAPY <sup>3</sup>	\$20 copay* 20%* inpatient
EMERGENCY ROOM	20%* after \$100 copay
INFERTILITY	\$40 copay*

\* After Contract Year (11/1 – 10/31) deductible.

<sup>1</sup> Copay applies to 1st visit only; dependent children are ineligible for Maternity/Obstetrical Benefits.

<sup>2</sup> CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.

<sup>3</sup> 30 visit maximum per therapy, per benefit period.

## PRESCRIPTION DRUG BENEFITS

Administered by CVS Caremark

If you elect to participate in one of the Meritain medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice.



	POS	EPO	EPO HSA
RETAIL PHARMACY: UP TO A 30-DAY SUPPLY / MAIL ORDER: UP TO A 90-DAY SUPPLY			
<b>RETAIL PHARMACY</b>			
GENERIC	\$10 copay	\$15 copay	40% after deductible
PREFERRED BRAND	\$40 copay	\$50 copay	40% after deductible
NON-PREFERRED BRAND	\$75 copay	\$75 copay	40% after deductible
SPECIALTY MEDICATION	50% up to \$500	50% up to \$500	50% up to \$500*
<b>MAIL ORDER</b>			
GENERIC	\$25 copay	\$35 copay	40% after deductible
PREFERRED BRAND	\$100 copay	\$125 copay	40% after deductible
NON-PREFERRED BRAND	\$200 copay	\$200 copay	40% after deductible
SPECIALTY MEDICATION	50% up to \$500	50% up to \$500	50% up to \$500*

\* After deductible

### SAVE WITH GENERIC DRUGS

#### Generic Drugs: Safe. Effective. FDA-Approved.

Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are. According to the FDA, compared to its brand counterpart, a generic drug:

- is chemically the same
- works the same in the body
- is as safe and effective
- meets the same standards set by the FDA

The major difference is that the generic drugs often cost much less.

### GOODRX

#### Compare Prescription Drug Prices and Save!

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more about GoodRx and start saving on your prescriptions today by visiting [www.connerstrong.goodrx.com](http://www.connerstrong.goodrx.com).

## MONTHLY EMPLOYEE CONTRIBUTIONS

for Medical & Prescription Drug Coverage

### POS

MONTHLY EMPLOYEE CONTRIBUTIONS	
EMPLOYEE	\$621.07
EMPLOYEE & SPOUSE	\$1,578.39
EMPLOYEE & CHILD	\$1,283.03
FAMILY	\$2,133.69

### EPO

MONTHLY EMPLOYEE CONTRIBUTIONS	
EMPLOYEE	\$450.25
EMPLOYEE & SPOUSE	\$1,140.54
EMPLOYEE & CHILD	\$929.32
FAMILY	\$1,542.01

### EPO HSA

MONTHLY EMPLOYEE CONTRIBUTIONS	
EMPLOYEE	\$225.13
EMPLOYEE & SPOUSE	\$589.41
EMPLOYEE & CHILD	\$470.18
FAMILY	\$797.22

# FIND CARE ONLINE DIRECTORY

## Aetna Choice Point of Service (POS) II

### FIND AN MERITAIN/AETNA PROVIDER ONLINE IN A FEW QUICK STEPS

You can use the directory anywhere you have internet access. Just:

1. Visit:  
<https://aetna.com/dsepublic/#/mymeritain>
2. Key in the ZIP code, city, county or state of the desired geographical area in the **Enter Location Here** field. Click **Search**.
3. Key in **Aetna Choice POS II (Open Access)** under **Select a Plan**. **OR** you can select **Aetna Choice POS II (Open Access)** from the list of plans. Click **Continue**.
4. There are two options available to search for providers. The guide flow search uses some of the most commonly searched terms and easily organizes them for users to find. To use the guided search flow, choose and click on one of the categories under **Find what you need by category**. **Or see step five.**
5. Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. **What do you want to search for near** (will display your chosen location)
6. Choose your provider from the list of providers displayed on the results screen.
7. Narrow your search results by using the **Filter & Sort** option. Choices include: Gender, Languages, Hospital Affiliations, Office Detail, and more



### WHY CHOOSE A PRIMARY CARE PHYSICIAN (PCP)?

Meritain health does not require you to choose a PCP, but they encourage you to choose one. Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the **Find Care** tool on the member website.

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Live at 800.343.3140 from 8:00 am - 9:00 pm EST, Monday - Friday.

## MOBILE FRIENDLY WEBSITE

Meritain Health

### WITH THE MOBILE FRIENDLY WEBSITE MEMBERS, CAN:

- Download and view ID cards to maximize coverage at health care appointments
- Access deductibles, out-of-pocket amounts, claims and Explanations of Benefits (EOBs) to manage health care utilization
- Search for network providers to help save on health care costs
- Submit Coordination of Benefits (COB) information
- Submit claims for reimbursement direct to the member - for medical or other plan reimbursements
- Update user information
- Access benefit plan documents



### ON-THE-GO HEALTH CARE BENEFITS INFORMATION

Meritain health strives to provide user-friendly access to the tools and services members need for healthier lives. With the mobile friendly website for members, Meritain Health provides convenient, around-the-clock access to health care benefits information for smart phones and tablets. Meritain Health's mobile friendly website makes it even easier for members to become more engaged in their health care: anytime, anywhere. And it's all included as part of your Meritain Health benefits plan.

### MEMBER WEBSITE THAT'S EASY TO ACCESS AND USE

Members can access our mobile-friendly site by visiting [www.meritain.com](http://www.meritain.com). Once registered, the mobile capabilities are ready to use from smart phones and tablets. Members can easily update account information, electronic communication preference, and HIPAA authorization settings. With attractive, quick-to-navigate displays, members can find and use health care information from their mobile device touch screens with ease.

# HEALTH SAVINGS ACCOUNT (HSA)

Inspira Financial (formerly PayFlex)

If you enroll in the HSA medical plan, you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses.

## HSA ELIGIBILITY

In order to qualify for the HSA, you must be an adult who meets the following qualifications:

- You have coverage under the HSA-qualified, High Deductible Health Plan (HDHP)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

## IS AN HSA RIGHT FOR YOU?

HSAs are a growing trend in health care and offer many advantages, but whether it's the right choice for you depends on several factors. Comparing HSA/HDHPs to traditional health plans can be difficult, as each has pros and cons. For example, traditional health plans typically have higher monthly premiums, a smaller deductible and fixed copays. You pay less out-of-pocket costs due to the lower deductible, but you will pay more each month in premiums.

HDHPs with HSAs generally have lower monthly premiums and a higher deductible. You may pay more out-of-pocket medical expenses, but you can use your HSA to cover those costs, and you pay less each month for your premium.

The decision is different for each individual.

If you are generally healthy and/or have a reasonable idea of your annual health care expenses, then you could save a lot of money from the lower premiums and valuable tax-advantaged account with an HSA/HDHP plan.

## HSA-QUALIFIED EXPENSES

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries
- Over-the-counter (OTC) medications
- Menstrual care products

For a full list of qualified medical expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Note: You can rollover HSA funds from one custodian to another.

The funds in your HSA never expire; you may utilize the money you accumulate in your account for future healthcare expenses, even if you change jobs or retire. The account is owned entirely by you.

## DENTAL BENEFITS

Administered by Cigna

### DHMO VS. DPPO

Under the DHMO plan, members have their choice of skilled primary care dentists from the Cigna network. Select a primary care dentist who will then coordinate any needed referrals to a specialist.

Covered services provided by Cigna dentists have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.

The DPPO plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Cigna PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.



	DPPO	DHMO
	IN-NETWORK & OUT-OF-NETWORK	IN-NETWORK ONLY
INDIVIDUAL / FAMILY DEDUCTIBLE	\$50 / \$150	N/A
ANNUAL MAX (PER MEMBER)	\$1,250 **	N/A
PREVENTIVE & DIAGNOSTIC CARE	Covered 100%	Covered 100%
BASIC RESTORATIVE SERVICES	80%	Fee schedule *
MAJOR RESTORATIVE SERVICES	50%	Fee schedule *
ORTHODONTICS	N/A	Fee schedule *

\* Please refer to the "DHMO" Schedule of Benefits.

\*\* Employees and dependents will have the opportunity to increase their annual max by \$100 each year, up to \$1,550, by completing an annual exam and cleaning the prior year.

	DPPO	DHMO
	MONTHLY EMPLOYEE CONTRIBUTIONS	
EMPLOYEE	\$44.50	\$16.51
EMPLOYEE & SPOUSE	\$90.34	\$30.58
EMPLOYEE & CHILD(REN)	\$107.43	\$37.95
FAMILY	\$161.63	\$56.67

## FINDING A DENTAL PROVIDER

### Administered by Cigna

Find dentists in the Total Cigna DPPO or DHMO networks.

- You can search for network dentists by visiting [www.Cigna.com](http://www.Cigna.com)
- Select 'Find a Doctor, Dentist, or Facility'
- Follow prompts to search by type of dentist or by dentist name
- When prompted to select a plan, choose 'DPPO' and then 'Total Cigna DPPO' if enrolled in the DPPO plan and select 'Cigna Dental Care DHMO' then 'Cigna Dental Care Access Plus' if enrolled in the DHMO plan\*.

\*Remember to pick a network general dentist who's within 25 miles of your location to ensure adequate access.

Once your benefits become active, you can use your [myCigna.com](http://myCigna.com) account to access enhanced search tools including verified patient review, Brighter Scores, and a treatment costs estimator that shows costs specific to your plan.

### Questions?

Cigna is here to help 24/7, with live customer service in over 150 languages. Please call 1.800.244.6224.

**REMEMBER:** Your current dentist could be in-network. Call the office and ask if they participate in the Total Cigna DPPO network (DPPO Plan) or the Cigna Dental Care Access network (DHMO Plan).



## VISION BENEFITS

Administered by Horizon BCBS of New Jersey

All employees who enroll in a medical benefit also receive the vision benefit. Those who waive medical would not be enrolled. This vision plan, administered by Horizon, provides coverage for a range of vision care including exams, frames, lenses and contact lenses. This benefit is 100% paid for by Hennion & Walsh.

VISION BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
EYE EXAM	\$10 copay	Up to \$40
SPECTACLE LENSES	\$25 copay	Up to \$40
STANDARD PLASTIC LENSES		
Single	Included in the Spectacle Lenses copay	Up to \$40
Bifocal	Included in the Spectacle Lenses copay	Up to \$60
Trifocal	Included in the Spectacle Lenses copay	Up to \$80
RETAIL FRAMES	\$130 or \$180 allowance*; 20% discount on overage	Up to \$50
CONTACT LENS EVALUATION, FITTING, AND FOLLOW-UP CARE	\$0	N/A
CONTACT LENSES (IN LIEU OF GLASSES)		
Elective	\$130 allowance; 15% discount on overage**	Up to \$105
Medically Necessary	Covered 100% with prior approval	Up to \$225
FREQUENCY	Once every 12 months	

\* Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

\*\* Discount not applicable at Walmart, Sam's Club, or Costco.



Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

# LIFE, AD&D AND LONG-TERM DISABILITY INSURANCE

Administered by *Unum*



## BASIC LIFE AND AD&D INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you.

Hennion & Walsh provides full-time employees with \$20,000 in group life and accidental death and dismemberment (AD&D) insurance. Hennion & Walsh pays for the full cost of this benefit.

## LONG TERM DISABILITY (LTD)

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement. LTD policies are often offered through employers as part of a standard benefits package. Hennion & Walsh LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 60% of your pre-disability earnings to a maximum benefit of \$15,000 per month.

# VOLUNTARY BENEFITS

## Administered by Unum

Eligible employees have the option to purchase the following voluntary benefits. These Voluntary Benefits can be used to supplement your core benefits and protect your family's financial future, should you be faced with the unexpected. **The cost of these benefits is 100% paid by the employee.**

### CRITICAL ILLNESS

Helps offer financial support if you are diagnosed with a covered critical illness. This coverage is available for employees, spouses, and dependent child(ren). If enrolled, you will receive a \$50 Be Well benefit each year for completing a routine wellness screening.

#### CRITICAL ILLNESS OVERVIEW

DIAGNOSIS (INCLUDED, BUT NOT LIMITED TO)	% OF LUMP SUM RECEIVED
ALZHEIMER'S	100%
COMA	100%
CORONARY ARTERY DISEASE	100%
INVASIVE CANCER (INCLUDING ALL BREAST CANCER)	100%
NON-INVASIVE CANCER	25%
PARALYSIS	100%

### ACCIDENT INSURANCE

Pays a lump sum dollar amount to you in the event of an accidental injury. This coverage helps protect your savings from being depleted should an accident occur and is available to employees, spouses, and dependent child(ren). If enrolled, you will receive a \$50 Be Well benefit each year for completing a routine wellness screening.

#### ACCIDENT OVERVIEW

INCLUDED BENEFITS (INCLUDED, NOT LIMITED TO)	BENEFIT PAYOUT
AMBULANCE TRANSPORTATION	\$1,000 (Air), \$300 (Ground)
THERAPY SERVICES (CHIRO, PHYSICAL, OCCUPATIONAL)	\$20 per session, up to 15 days
COMA	\$10,000
CONCUSSION	\$200
DENTAL INJURY	\$350 (crowns), \$115 (extraction), \$90 (filling or chip repair)

### HOSPITAL INDEMNITY

The Hospital Indemnity benefit helps mitigate expenses associated with a hospital stay for sickness or injury by paying a cash benefit for hospital confinement. The money is paid directly to you, not to a hospital or care provider and can help you pay the out-of-pocket expense your medical plan may not cover, such as coinsurance, copays, and deductibles. Coverage is available for employees, spouses, and dependent child(ren).

#### HOSPITAL INDEMNITY OVERVIEW

INCLUDED BENEFITS (INCLUDED NOT LIMITED TO)	BENEFIT PAYOUT
HOSPITAL ADMISSION (1 PER YEAR)	\$1,000
HOSPITAL DAILY STAY (PER DAY UP TO 365 DAYS)	\$45

## ADDITIONAL BENEFITS

### SmartConnect

SmartConnect is an exclusive program created specifically for working or retiring adults (and family members) who are Medicare-eligible and may not have fully explored the benefits of Medicare coverage.

#### HOW DOES IT WORK?

Staying on your employer's coverage may be easy, but it's not always the best option. In fact, Medicare plans could provide more coverage at a lower cost than your employer's plan.

SmartConnect puts your specific needs first and matches you with the education and the experienced provider you need to make the best decision for you. SmartConnect gives you access to plans from national insurance carriers.

Whether you're planning to continue working or looking to retire, SmartConnect are expert listeners who can guide you to a tailored solution. SmartConnect's mission is to inspire confidence and help you find your balance in Medicare.

#### ABOUT SMARTMATCH INSURANCE AGENCY

SmartMatch Insurance Agency is an independent Medicare insurance agency that helps consumers research, compare, and purchase Medicare insurance plans.

To get a head start, visit SmartConnect's Benefits GPS:

<https://gps.smartmatch.com/pareto>



#### THE MEDICARE ROADMAP

Medicare can pull you in different directions. Licensed insurance agents provide the full range of options available, along with strategies and information to help you see the complete picture.

#### THE SMARTCONNECT PROCESS

Here's what concierge service from SmartMatch looks like:

- **Educate:** Understand the details that could impact your enrollment, costs, and coverage.
- **Connect:** SmartConnect gets to know you. They will ask questions about your health insurance needs and preferences.
- **Evaluate:** A licensed insurance agent will provide you with the plan and carrier options available to you.
- **Enroll:** If you find something you like and you are ready to take action, SmartConnect can enroll you on the spot.
- **Support:** SmartConnect has a team who is dedicated to your Medicare experience.

For additional information on the SmartConnect program, please visit [www.hennionandwalshbenefits.com](http://www.hennionandwalshbenefits.com).

## MINUTE CLINIC

Access to a MinuteClinic at Little to No Cost to You



### HIGH-QUALITY CARE THAT'S AFFORDABLE AND RELIABLE

MinuteClinic makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Virtual Care visits at any in-network MinuteClinic at little to no cost to you.



- MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target stores, and is the largest provider of retail health care in the United States - with over 1,100 locations in 35 states and District of Columbia
- It's open every day, including evenings. MinuteClinic offers walk in, schedule appointments at their brick-and-mortar locations, and MinuteClinic Virtual Care.
- MinuteClinic health care providers treat a variety of illnesses, injuries, and conditions. They can also write prescriptions, when medically appropriate.
- MinuteClinic Virtual Care provides eligible general medical services as a virtual visit option available seven days a week.
- All behavioral health services through MinuteClinic locations and MinuteClinic Virtual Care are not a part of the MinuteClinic benefit and are subject to any applicable cost share and limitations.

# NICU CARE MANAGEMENT

## ProgenyHealth

ProgenyHealth is the company exclusively dedicated to NICU Care Management.

ProgenyHealth's integrated services start when an infant is admitted to the NICU and continue through a baby's first birthday, and beyond.

### Delivering better outcomes by optimizing savings levers:

- Length of Stay: ProgenyHealth standard of 10% or greater reduction of length of stay
- Leveling of Care: Direct savings across all payment methodologies
- DRG Assignments: Correct diagnosis codes to ensure appropriate assignment and weights
- ER Visits: Case management support to prevent unnecessary ER visits
- Readmissions: Reduction in hospital readmissions through focused Case Management
- Social Detriments of Health: Solving for shelter, food insecurity, health literacy, transportation, and other SDoH concerns

### DID YOU KNOW...

\$64,815	Is the average cost of a preterm birth, an increase by 25%
1 IN 10	Infants in the US are born premature; trending up 4 years in a row
1 IN 9	Families experience food insecurity
15 MINUTES	One infant is born with Neonatal Abstinence Syndrome every 15 minutes, on average, in the US

### FREQUENTLY ASKED QUESTIONS

#### ■ **What is ProgenyHealth?**

ProgenyHealth is the only national company dedicated to the care management for NICU infants. Their care coordination team includes neonatologists, pediatricians, lactation consultants, nurses, and social workers with a deep understanding of the latest evidence-based health protocols needed to improve outcomes for premature and medically complex newborns.

#### ■ **What activities will ProgenyHealth conduct?**

ProgenyHealth's clinical care nurses conduct admission and continued stay review, discharge planning, and post hospitalization care of newborns admitted to the NICU or Special Care Nursery. These services also include any readmissions that may occur after discharge.

#### ■ **What are the hours of operation?**

ProgenyHealth's regular hours of operation are 8:30 am to 5:00 pm Monday - Friday EST. However, their dedicated care managers work flexible hours to make themselves available to you at other times.

#### ■ **How is ProgenyHealth notified for admission and continued stay review of newborns?**

The associated TPA will notify ProgenyHealth via secure fax for the initial admission and any concurrent view.

To learn more about how ProgenyHealth can improve health outcomes and deliver substantial NICU case cost savings, visit [www.progenyhealth.com](http://www.progenyhealth.com) or call 610.832.2001 ext. 227.

# CANCER MANAGEMENT

## CancerCARE Program

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading nation Centers of Excellence location.

### DAY ONE HELP

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

**Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.**

### PERSONALIZED CARE

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

To learn more call 877.640.9610 or visit [www.cancercareprogram.com](http://www.cancercareprogram.com).

### NATIONAL RESOURCES

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, CancerCARE may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples are Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.

### EXPERT MEDICAL TEAM

During your initial registration call, CancerCARE's highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of doctors, nurses, and medical experts is dedicated to being with you throughout your treatment journey.

# CANCERCARE PROGRAM

## Frequently Asked Questions

### HOW DO I USE THE PROGRAM?

To gain access to the CancerCARE

services, register online at

[www.cancercareprogram.com](http://www.cancercareprogram.com), or call

**877.640.9610**. Once you are registered in the system, a nurse will be assigned to your case and they will help you for the rest of your cancer journey.

### DO I HAVE TO PAY FOR CANCERCARE?

The CancerCARE Program is an additional service included in the health plan covered by your company. Registration and program features are covered by your health plan. Contact your HR representative for more information.

### WHAT IF I AM ALREADY BEING TREATED FOR CANCER?

You can join CancerCARE at any point during your treatment. Once registered, CancerCARE is able to collaborate with your local oncologist and give them access to resources they may not have at their facility. CancerCARE will also review your treatment plan to ensure everything is evidence-based quality care.

### I DON'T HAVE CANCER, DO I STILL NEED TO REGISTER?

Registration is only required if you have been diagnosed with cancer. If you had cancer in the past and are now cancer-free, you can still register as a survivor and CancerCARE will help you deal with any long-term issues and concerns. Covered dependents can also register for CancerCARE.



## BENEFIT RESOURCES

### THE BENEFITS MEMBER ADVOCACY CENTER (BENEFITS MAC)

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way! The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all your benefits have to offer

#### How Do I Contact the Benefits MAC?

You may contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929** (Member Advocates are available Monday-Friday, 8:30 am to 5:00 pm EST)
- Via web: [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via email: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)

### GOODRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at:

<https://connerstrong.goodrx.com>

### BENEFIT PERKS

This feature provides a broad array of services, discounts, and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at:

<https://connerstrong.corestream.com>.

### HUSK MARKETPLACE

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Learn more at:

[marketplace.huskwellness.com/connerstrong](http://marketplace.huskwellness.com/connerstrong)

### HEALTHYLEARN

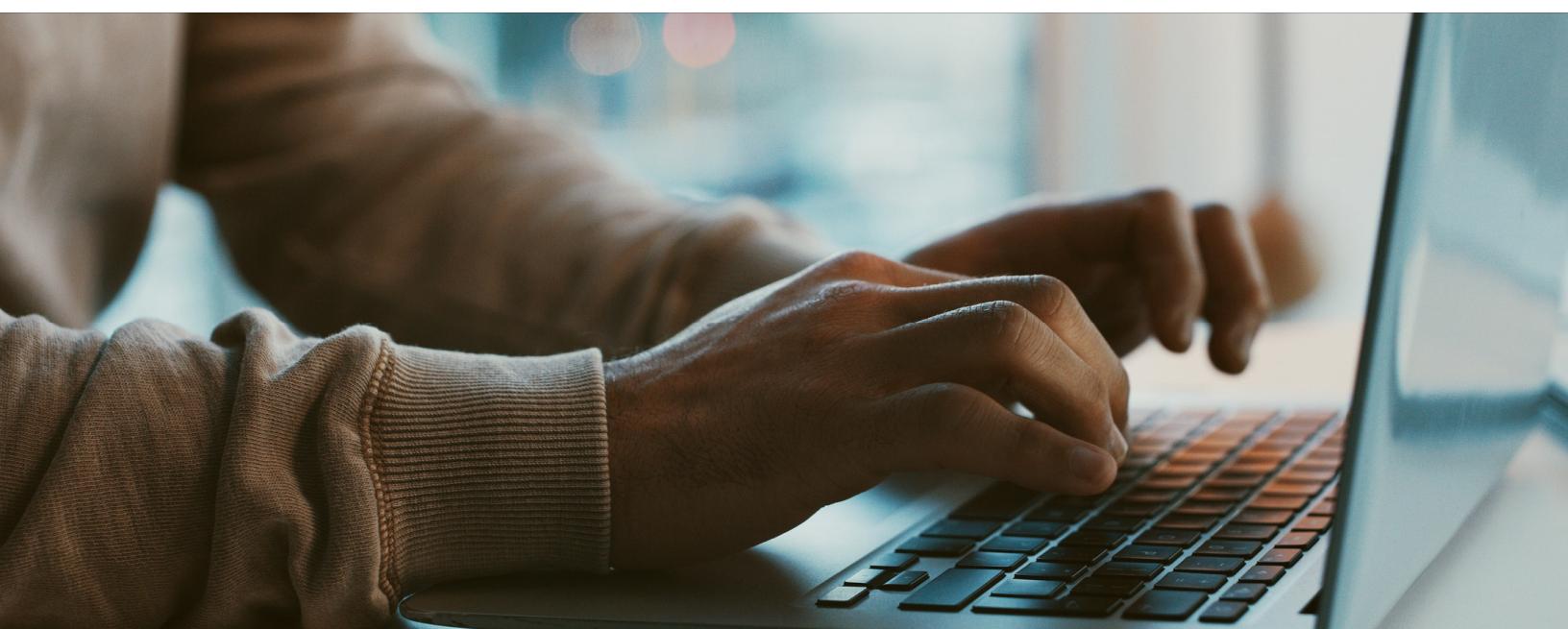
This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at:

<https://healthylearn.com/connerstrong>

## BENEFIT CONTACTS

BENEFIT / CONTACT	WEB / EMAIL	PHONE
<b>MEDICAL &amp; COBRA BENEFITS: MERITAIN</b>	<a href="http://www.meritain.com">www.meritain.com</a>	1-800-926-2272
<b>PRESCRIPTION: CVS CAREMARK</b>	<a href="http://www.caremark.com">www.caremark.com</a>	1-800-552-8159
<b>HEALTH SAVINGS ACCOUNT: INSPIRA FINANCIAL</b>	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	1-844-729-3539
<b>DENTAL: CIGNA</b>	<a href="http://www.Cigna.com">www.Cigna.com</a>	1-800-244-6224
<b>VISION: HORIZON</b>	<a href="http://www.horizonblue.com">www.horizonblue.com</a>	1-800-355-2683
<b>LIFE AND AD&amp;D: UNUM</b>	<a href="http://www.unum.com">www.unum.com</a>	1-866-679-3054
<b>LTD: UNUM</b>	<a href="http://www.unum.com">www.unum.com</a>	1-866-679-3054
<b>VOLUNTARY BENEFITS: UNUM</b>	<a href="http://www.unum.com">www.unum.com</a>	1-866-679-3054
<b>BENEFITS MAC: CONNER STRONG &amp; BUCKELOW</b>	<a href="http://www.connerstrong.com/memberadvocacy">www.connerstrong.com/memberadvocacy</a>	1-800-563-9929



# LEGAL NOTICES

## Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 Company 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).

## Loss of coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

**New dependent by marriage, birth, adoption, or placement for adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## Eligibility for Medicaid or a State Children's Health Insurance Program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

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 benefits. If you have any questions, please speak with Human Resources.

## 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](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,

## LEGAL NOTICES

and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 25, 2025. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-261-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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

### FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/>  
[flmedicaidtplrecovery.com/hipp/index.html](https://flmedicaidtplrecovery.com/hipp/index.html)  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

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

### INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fss/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-267-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

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### KENTUCKY – Medicaid

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: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-525-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahpp](http://www.ldh.la.gov/lahpp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: [www.mymaineconnection.gob/benefits/s/?language=en\\_US](http://www.mymaineconnection.gob/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: 800-977-6740 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: [https://www.mass.gov/masshealth/pa](http://www.mass.gov/masshealth/pa)  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspremessaging@accenture.com](mailto:masspremessaging@accenture.com)

### MINNESOTA – Medicaid

Website: [https://mn.gov/dhs/health-care-coverage/](http://mn.gov/dhs/health-care-coverage/)  
Phone: 1-800-657-3672

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSIPPProgram@mt.gov](mailto:HHSIPPProgram@mt.gov)

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-495-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

### NEW HAMPSHIRE – Medicaid

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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmhs/clients/medicaid/>  
Phone: 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)

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4826

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

### PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>  
CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

### SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

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SOUTH DAKOTA - Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

TEXAS - Medicaid  
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP  
Utah's Premium Partnership for Health Insurance (UPP)  
Website: <https://medicaid.utah.gov/upp/>  
Email: upp@utah.gov  
Phone: 1-888-222-2642  
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  
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP  
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>  
Phone: 1-800-432-5925

WASHINGTON – Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP  
Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

WYOMING – Medicaid  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-261-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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)  
1-866-444-EBSA (3272)

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

### Important Notice From Hennion & Walsh About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hennion & Walsh and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hennion & Walsh has determined that the prescription drug coverage offered by Meritain Health is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

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However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hennion & Walsh coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Hennion & Walsh coverage, be aware that you and your dependents will be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Hennion & Walsh and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Hennion & Walsh changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back coverage of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-772-1213). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-326-0778).

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

Date:	September 12, 2025
Name of Entity/Sender:	Hennion & Walsh
Contact Position/Office:	Human Resources
Address:	2001 Route 46, 4th FL Parsippany, NJ 07054
Phone:	973-299-8989



This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Hennion & Walsh reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.