



2024

EMPLOYEE BENEFITS GUIDE

Internal Employees

Welcome to Mindlance!

At Mindlance, you are our most valuable asset! We all have different needs that influence the choices we make every day. We encourage you to take the time to carefully review this guide and learn about all the benefits available to you.

Inside This Guide

Enrolling in Benefits	3
Medical Benefits	4
Dental Benefits	5
Vision Benefits	6
Employee Contributions	7
Life & AD&D Benefits	8
Disability Benefits	9
Accident & Critical Illness Insurance	10
Additional Voluntary Benefits	11
Employee Assistance Program (EAP)	12
Member Advocacy	13
Carrier Contacts	14
Legal Notices	15



Need more info?

For more information regarding your benefits, visit BenePortal, your online benefits resource, at www.mindlancebeneportal.com.

We are confident that you will find this benefits package competitive and of value to you and your family. If you have any questions regarding the information contained in this benefits summary, please contact the Benefits Manager in Human Resources.

Enrolling in Benefits

What You Need to Know

Who is Eligible to Elect Benefits?

Mindlance offers a comprehensive benefits program to all eligible employees. Full-time Internal employees who are scheduled to work 30 hours or more per week are eligible for the benefits described in this guide.

When Does Coverage begin?

Unless otherwise noted, eligibility starts on the first of the month following date of hire. After initial enrollment you may make enrollment changes within 30 days of a qualified life event. Otherwise, the enrollment you elect shall remain in place until the next plan year through the open enrollment period.

When Does Coverage End?

Should your employment end with Mindlance, coverage will end the last day of the month of your last working day.

Qualifying Life Events

Making Changes During the Plan Year

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next 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 or a change in coverage under another employer-sponsored plan

NOTE: You must notify Human Resources within 30 days of experiencing Qualifying Life Event.



Medical Benefits

Aetna

Mindlance offers the following medical plan options, administered by Aetna. Each medical plan includes prescription drug benefits. To locate participating providers, visit www.aetna.com.

	<i>Base Plan</i> Aetna Open Access	<i>Buy-Up Plan</i> Aetna Open Access
IN-NETWORK BENEFITS		
Deductible (Individual/Family)	\$2,500/\$5,000	\$1,500/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$3,000/\$6,000
Preventive Care Services	Covered 100%	Covered 100%
PCP Office Visits	\$30 copay	\$30 copay
Specialist Office Visit	\$50 copay	\$50 copay
Inpatient Hospital	You pay 20% after deductible	You pay 10% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 10% after deductible
Diagnostic Laboratory	Covered 100%	Covered 100%
X-Ray and Major Diagnostic	You pay 20% after deductible	You pay 10% after deductible
Emergency Room	\$100 copay	\$100 copay
OUT-OF-NETWORK BENEFITS		
Deductible (Individual/Family)	\$7,500/\$15,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Individual/Family)	\$30,000/\$60,000	\$6,000/\$12,000
Coinsurance (% Plan Pays)	50%	40%
PRESCRIPTION DRUG BENEFITS (RETAIL: UP TO A 30-DAY SUPPLY / MAIL ORDER: UP TO A 90-DAY SUPPLY)		
Retail Pharmacy		
Generic	\$25 copay	\$15 copay
Formulary Brand	\$50 copay	\$30 copay
Non-Formulary Brand	\$70 copay	\$60 copay
Mail Order		
Generic	\$50 copay	\$30 copay
Formulary Brand	\$100 copay	\$60 copay
Non-Formulary Brand	\$140 copay	\$120 copay

Effective 8/1/2024, Mindlance will be implementing the following updates to the Pharmacy program:

- Introducing PrudentRx for copay assistance on Specialty medications
- Maintaining the Standard Formulary while transitioning to Advanced Control utilization management
- Requiring Mail Order use for ongoing maintenance medications

Dental Benefits



Dental hygiene and health are directly linked to health in other areas of the body. Most people recognize the importance of maintaining good physical health, and having regular physical examinations, but we rarely extend the same consideration to our teeth. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can actually help prevent heart disease.

Mindlance offers the following dental plan options, administered by Metlife, which include 100% coverage for preventive services such as routine dental exams, cleanings and X-rays. To locate participating providers, visit www.metlife.com.



	<i>DMO Plan</i>	<i>PPO Plan</i>
	IN-NETWORK ONLY	IN-/OUT-OF-NETWORK*
Deductible (Individual/Family)	None	\$50/\$150
Annual Year Maximum (per patient)	N/A	\$1,500
Preventive & Diagnostic Services - Exams, Cleanings, Bitewing X-Rays (each twice in a calendar year) - Fluoride Treatment (once in a calendar year, children to age 19)	Fee Schedule	Covered 100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Fee Schedule	Plan pays 80%
Major Services Crowns, Gold Restorations, Bridgework,	Fee Schedule	Plan pays 50%
Orthodontia Benefits	Fee Schedule	\$1,000 lifetime maximum

* Out of network charges subject to balance billing above what the Plan deems usual and customary

Vision Benefits

MetLife

You have the option of electing the voluntary vision plan outlined below. Our vision plan is administered by MetLife and provides coverage for a range of vision care including exams, frames, lenses and contact lenses. To locate participating providers, visit www.metlife.com.

MetLife Voluntary Vision Plan

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	\$20 copay	Up to \$45
Frames	Maximum of \$180 + 20% savings on amount exceeding allowance	Up to \$70
Lenses Single Vision Bifocal Trifocal Lenticular	Covered 100% after \$20 copay	Up to \$30 Up to \$50 Up to 65 Up to \$100
Contact Lenses Medically Necessary Elective	\$20 copay \$180 maximum	
Lenses Vision Exam Lenses Frames	12 months 12 months 24 months	12 months 12 months 24 months



Per-Pay Employee Contributions

Medical, Dental & Vision

Medical Plan Contributions

(per 26 pay periods per year)

	BASE PLAN	BUY-UP PLAN
Employee	\$134.91	\$246.46
Employee + Spouse	\$290.06	\$529.94
Employee + Child(ren)	\$280.62	\$512.67
Employee + Family	\$418.22	\$764.06

Dental Plan Contributions

(per 26 pay periods per year)

	DMO PLAN	PPO PLAN
Employee	\$8.92	\$16.09
Employee + Spouse	\$16.70	\$31.99
Employee + Child(ren)	\$18.00	\$36.97
Employee + Family	\$26.00	\$56.75

Vision Plan Contributions

(per 26 pay periods per year)

	METLIFE VISION PLAN
Employee	\$4.30
Employee + Spouse	\$8.62
Employee + Child(ren)	\$7.30
Employee + Family	\$12.04



Life & AD&D Benefits

Reliance Standard

Basic Life and AD&D

Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury. **This coverage is 100% paid by Mindlance.**

Basic Term Life and AD&D

Life/AD&D Benefit	\$100,000
Benefit Age Reduction	65% at age 65 40% at age 70 20% at age 75

Voluntary Life and AD&D

While Mindlance offers basic life insurance, you may be interested in additional coverage based off your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse or your dependent child(ren).

Voluntary Term Life and AD&D

Employee	Increments of \$25,000 to a max of \$150,000
Spouse	\$25,000 or \$50,000, not to exceed 50% of employee's election
Child	14 Days to age 19: \$20,000 (Up to 26 years if full-time student)

Voluntary Term Life and AD&D Monthly Rates per \$1,000

AGE	EMPLOYEE	SPOUSE
25-29	\$0.060	\$0.24
30-34	\$0.080	\$0.24
35-39	\$0.090	\$0.24
40-44	\$0.119	\$0.24
45-49	\$0.176	\$0.24
50-54	\$0.283	\$0.24
55-59	\$0.453	\$0.24
60-64	\$0.660	\$0.24
65-69	\$1.270	\$0.24
70-74	\$2.060	\$0.24
CHILD RATE PER \$1,000		
\$0.24		

Evidence of Insurability

Please note: Evidence of Insurability (EOI) may be required for Voluntary Life and AD&D if you declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.

Disability Benefits

Reliance Standard & Metlife

Long-Term Disability (LTD)

Reliance Standard

LTD provides financial protection for you by replacing a portion of your income in the event of a “long term” disability resulting from a covered illness or injury. **This coverage is 100% paid by Mindlance.**

- Benefits begin after a 180-day elimination period and continue while you are disabled up to the maximum benefit duration.
- LTD pays 60% of covered earnings up to a maximum benefit of \$10,000 per month

Voluntary Short-Term Disability (STD)

MetLife

Short-Term Disability (STD) is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill and cannot work.

Supplemental disability Insurance can provide an additional monthly benefit if you experience a covered disability, so you can focus on your recovery — not your finances. The premium is 100% employee paid with post-tax dollars but, under current tax laws, benefits are tax free. Please see your plan summary for more details and costs.



Accident & Critical Illness Insurance

Reliance Standard & Metlife

Accident Insurance

Reliance Standard

Accidents happen, and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit. Accident Insurance covers initial & emergency care, hospitalization, fractures & dislocation, and follow-up care. Please refer to your plan summary for details and costs.



Critical Illness Insurance

MetLife

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness.

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

Coverage for spouses and dependent children is available. Please refer to your plan summary for details and costs.

COVERED CONDITIONS	INITIAL BENEFIT	RECURRENCE BENEFIT
Cancer (Full Benefit)	100% of Initial Benefit	50% of Initial Benefit
Cancer (Partial Benefit)	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

Additional Voluntary Benefits

MassMutual & Metlife

Group Whole Life Insurance

MassMutual

Group Whole Life Insurance provides portable, lifelong coverage with guarantees at a set premium and builds cash value over time. It is dividend eligible, has tax advantages and certain accelerated death benefit provisions.

Please refer to your plan summary for details and costs.

Legal Plan

MetLife

The Legal Plan provides you and your family with affordable access to a number of valuable legal services from network attorneys. Whether you are closing on a house, filing for divorce, facing a traffic violation, need a will, or filing a consumer complaint, receiving legal advice is important.

Coverage for spouses and dependent children is available. Please refer to your plan summary for details and costs, or visit **www.legalplans.com** for more information.



Employee Assistance Program (EAP)

ACI Specialty Benefits

Sometimes we experience difficulties that cannot be resolved without the assistance of a trained professional. Unresolved issues with substance abuse, stress, anxiety, home life, and work life can affect or undermine our quality of living.

How the EAP Works

The EAP provides assistance with behavioral healthcare services that can help begin the process of resolving emotional or substance abuse issues. You and the members of your household are entitled to seven (7) face-to-face or telephonic meetings per year. The encounter with the counselor through the EAP is completely confidential.

The EAP can help you through uncertain times by acting as your advocate whenever you or your dependents need treatment of the following:

- Emotional Difficulties/Depression
- Family/Relationship Problems
- Stress/Anxiety Issues
- Grief and Loss Issues
- Alcohol/Drug Abuse or Addiction
- Anger/Rage Issues
- Eating Disorders
- Life Transition Problems
- Gambling Problems
- Other Behavioral Addictions

To get started, call **855.775.4357** or visit **www.acispecialtybenefits.com**



Member Advocacy

Conner Strong & Buckelew



Employee benefits can be complex, making it difficult to fully understand your coverage and use it properly. Member Advocacy allows you to speak to a specially trained Member Advocate, who can answer your questions and help you get the most out of your benefits.

You can contact Member Advocacy if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

How can I get started?

You may contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy

Carrier Contacts

<i>Benefits/Resources</i>	<i>Contact</i>	<i>Phone</i>	<i>Website</i>
Medical and Prescription	Aetna	800-872-3862	www.aetna.com
Dental	MetLife	800-942-0854	www.mybenefits.metlife.com
Vision	MetLife	855-638-3931	www.mybenefits.metlife.com
Life and AD&D, Long-Term Disability & Accident Insurance	Reliance Standard	800-351-7500	www.reliancestandard.com
Short-Term Disability & Critical Illness Insurance	MetLife	800-300-4296	www.mybenefits.metlife.com
Legal Plan	MetLife	800-821-6400	www.legalplans.com
Group Whole Life	MassMutual	800-272-2216	www.massmutual.com
Employee Assistance Program	ACI Specialty Benefits	855-775-4357	www.acispecialtybenefits.com
Member Advocacy	Member Advocacy	800-563-9929	www.connerstrong.com/memberadvocacy
GIS Service Center	GIS	815-941-4478	www.gisbenefits.net/contact



Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Mindlance offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

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

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 benefits. If you have any questions, please contact Human Resources.

Special Enrollment Notice

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 (including COBRA 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire

18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, 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. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact 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.

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.

Legal Notices

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 January 31, 2024. 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: 1-866-251-4861
Email: 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

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.flmedicaidtprrecovery.com/flmedicaidtprrecovery.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
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
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: 1-800-257-8563
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: 1-800-766-9012

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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
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
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>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

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: HSHIPPPProgram@mt.gov

Legal Notices

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

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 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

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 Rlfe Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

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

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

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: 1-800-432-5924

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: 800-251-1269

To see if any other states have added a premium assistance program since January 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



This benefit overview does not create a contract of employment between Mindlance and any employee. The Company reserves the right to amend, suspend, or terminate the benefit plans at any time. In all instances, the plan documents and summary plan descriptions will govern the benefit determinations.