

# 2024 EMPLOYEE BENEFIT GUIDE

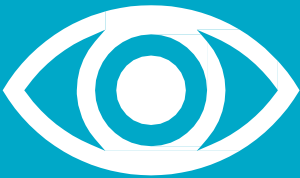
PLAN YEAR 4/1/2024 – 3/31/2025

**KNOW YOUR BENEFITS  
KNOW YOUR CHOICES**

## TWO ENROLLMENT METHODS

**LIVE Enrollment :** Benefits Call Center  
501-943-4182  
Mon-Fri 9am-5pm

**SELF Enrollment:** [www.hughhallbenefits.com](http://www.hughhallbenefits.com)



**HUGG & HALL**  
Equipment Company



# MEDICAL & PRESCRIPTION DRUG

This chart provides an overview of the Medical benefits offered to you through Hugg & Hall. You may choose between two medical plans. Benefit amounts noted are for services rendered with an In-Network provider. Using an out-of-network provider will result in higher out-of-pocket expenses with no limit to the amount a doctors office can balance bill you.

Please review carefully and ask questions to determine which benefit option is best for your family

In Network Services	Consumer Driven Plan (higher deductible)	Preferred Provider Org. Plan
Preventive Services	\$0	\$0
<b>Plan Year Deductible (Starts over April 1st each year)</b>		
Individual	\$2,200	\$1,500
Family	\$4,400	\$3,000
<b>Dr. Office Visit</b>		
Primary Care Specialist (consultation/evaluation only) Mental Health/Substance Abuse Provider	20% after deductible	\$35 copay \$50 copay \$35 copay
<b>Coinsurance (plan pays)</b>	80%	80%
<b>TELADOC</b>	100% after deductible	\$10 copay
<b>Out of Pocket Max (includes deductible)</b>		
Individual	\$4,200	\$3,500
Family	\$8,400	\$7,000
<b>Urgent Care Center</b>	20% after deductible	\$50 copay
<b>Emergency Room</b>	20% after deductible (20% waived if admitted into same hospital)	\$200 + 20% (200 waived if directly admitted into same hospital)
<b>Inpatient Hospital Facility</b>	20% after deductible	\$200 + 20% after deductible
<b>Outpatient Hospital Surgical Services</b>	20% after deductible	\$100 + 20% after deductible
<b>Outpatient Hospital Services (nonsurgical)</b>	20% after deductible	20% after deductible
<b>Therapy Services (i.e PT, OT, Speech)</b>	20% after deductible	\$35 copay
<b>Prescription Drugs</b>		
Generic Preferred Non-Preferred Specialty Mail Order	20% after deductible    Not Available	\$20 copay \$50 copay \$70 copay \$150 copay \$40/\$100/\$140
<b>Your Cost Per Pay Period (add'l surcharges may apply see following section for details)</b>		
Employee Only	\$38.14	\$135.60
Employee + Spouse	\$78.77	\$279.23
Employee + Child(ren)	\$69.49	\$246.36
Employee + Family	\$108.88	\$385.84

# MEDICAL PLAN SURCHARGES

## Tobacco/Nicotine Surcharge

If you and your enrolled spouse have used Tobacco/Nicotine Products (cigarettes, cigars, chewing tobacco, snuff, e-cigarettes) in the last 6 months, **there will be a \$25/mo (\$11.53 per pay period)** surcharge due to being ineligible for the discounted rates. If you are enrolling for medical benefits you will need to complete the Nicotine-Use Affidavit form.

**Avoid the surcharge by utilizing the Quit for Life Program!** Upon completion of the Quit For Life Program (5 coaching calls) you will be reimbursed for the surcharges retroactive to the beginning of the plan year. The plan year is 4/1 - 3/31.

## Spousal Surcharge

Instead of paying less towards the coverage of all spouses, there is only an additional charge for employed spouses with coverage available through their own employer. While our focus is on taking care of you, we would expect your spouse's employer to do so for them. If your spouse is employed at an employer that offers medical coverage, there will be a spousal surcharge to covering your spouse on a Hugg & Hall medical plan of **\$125/mo (\$57.69 per pay period)**. If you are enrolling your spouse, you will need to complete the affidavit form for Spousal Coverage provided.

**This does not affect other dependents, only spouses.**

**This is only regarding the Medical Plans.**



# It's time to improve your lung health to help you breathe easier.

When you quit tobacco, good things start to happen. Your lungs begin to heal and you regain your sense of taste and smell. Best of all, your risk for heart disease, stroke and lung cancer may be dramatically reduced, which may lead to an average life expectancy that is 10 years longer than if you had kept smoking<sup>1</sup>.

## With Quit For Life, you get:



A Quit Coach® so you're never alone



24/7 access to a program website to track your progress and connect you with others determined to quit



Texts and emails with tips to help you manage cravings and stay on track

## DID YOU KNOW?

Quit For Life provides

**GUM AND  
PATCHES**

to help you quit.\*

\*If applicable and as determined by your Quit Coach. Participants smoking nine or more cigarettes per day and spit tobacco users chewing two or more tins per week may qualify for combination therapy.

**Act now to start enjoying better health for years to come.**

**[myquitforlife.com/hughall](http://myquitforlife.com/hughall)**

**1-866-QUIT-4-LIFE TTY 711**

<sup>1</sup>American Cancer Society. Benefits of Quitting Smoking Over Time. [cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html](http://cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html) (Updated 11/2018). Accessed March 6, 2019.

Provided at no additional cost as part of your benefits plan.

The Quit For Life® Program provides information regarding tobacco-cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life® Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

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## Healthcare made simple

Teladoc gives your **FAMILY 24/7/365** access to U.S. board-certified doctors through video or phone visits.

(It does not replace your primary care physician (PCP) but is an affordable option for quality care)

**When can I use Teledoc?** When you're considering the ER or Urgent Care for a non-emergency issue at home or away.

**General and Mental Health:** Cold & flu symptoms, allergies, urinary tract infections, stress/anxiety, depression, domestic abuse, grief counseling, and more!

### WHAT TO EXPECT WITH TELEDOC?

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video, or mobile app
- Prompt treatment, median call back, in 10 minutes
- A network of doctors that can treat EVERY member of your family
- Prescriptions sent to the pharmacy of your choice (if medically necessary)
- Teladoc is LESS EXPENSIVE than the ER or urgent care

## SETTING UP YOUR ACCOUNT IS AS EASY AS 1-2-3...



### STEP 1

Go to [www.teladoc.com](http://www.teladoc.com), download mobile app from the App Store or Google Play OR telephone 800-835-2362



### STEP 2

Review/confirm your contact information. Answer medical (history) questions if scheduling an appointment right away



### STEP 3

Set up User name and password

VISIT [TELADOC.COM](http://TELADOC.COM) OR CALL 1-800-TELADOC for help setting up your account or questions regarding the Teledoc service.

# You now have access to Adolescent Mental Health care

Therapy and support for teens ages 13-17



With everything going on in the world, teenagers are experiencing more emotional pressure than usual, which is leading to increased reports of depression, anxiety and behavioral issues. If you're worried about your teen, you can access your Teladoc Adolescent Mental Health service at any time.

## Our licensed therapists specialize in supporting teens who need help with:

- Depression
- Anxiety
- Eating disorders
- Substance use
- Domestic violence
- LGBTQ needs
- Relationships
- Sexual abuse
- Codependency
- Sexual/reproductive health
- ADHD
- Processing divorce

## How it works:

- 1 Log in to or set up a Teladoc account by web or app, then add your teen as a dependent.
- 2 Download and print the Teladoc consent form and the intake form. Upload the completed forms to schedule a mental health visit for your teen.
- 3 Choose a therapist for your teen. Please note that only talk therapy is available for teens.
- 4 Request a time for the appointment and receive confirmation.

## Find a Therapist for your teen

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

Parent/guardian must be present at the beginning of the first visit. Not required for ongoing visits.



# CancerCARE

Right Care. Right Place. Right Time.

## What is CancerCARE?

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 national 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.

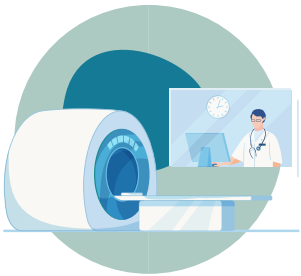
*Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.*

### 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.

### 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, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be 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, our 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.



# Frequently Asked Questions

## How do I use the Program?

To gain access to our services, register online at [CancerCAREprogram.com](https://cancercareprogram.com), or call us at 1-877-640-9610. **Once you are registered in our 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 offered 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, **we are able to collaborate with your local oncologist** and give them access to resources they may not have at their facility. We 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 we will help you deal with any long-term issues and concerns. **Covered dependents can also register for CancerCARE.**





# DENTAL BENEFITS

Taking good care of your teeth and gums may be a key factor in your health and many signs and symptoms of non-dental diseases can be detected through a routine oral exam. With Delta Dental, you have access to the nation's largest dental network and the tools you need to keep your smile happy. You may choose to visit any dentist, but you will always pay less out of pocket when you choose a network dentist. A pre-determination is recommended for any services exceeding \$300

Services	In-Network	Out-of-Network
<b>Calendar Year Deductible (You Pay)</b>	\$50 (once per person per year)	\$50 (once per person per year)
<b>Plan Pays...</b>		
<b>Preventive Services</b>		
Exam Cleaning X-rays	100% (deductible does NOT apply)	90% (deductible does NOT apply)
<b>Basic Services</b>		
Fillings Extractions Endodontics (root canal)	80% (after deductible)	72% (after deductible)
<b>Major Services</b>		
Crown Bridges Periodontics (gum disease) Dentures	50% (after deductible)	45% (after deductible)
<b>Annual Maximum (per member)</b>	\$1,000*	
<b>Child Orthodontics (to age 19)</b>	50% (lifetime maximum of \$1,000)	45% (lifetime maximum of \$1,000)
<b>Your Cost Per Pay Period</b>		
Employee Only	\$15.19	
Employee/Spouse	\$30.39	
Employee/Child(ren)	\$34.94	
Family	\$45.51	

**YOU ARE RESPONSIBLE FOR REMOVING YOUR SPOUSE/DEPENDENT COVERAGE WHEN THEY ARE NO LONGER ELIGIBLE**

**Maximum Advantage:** When you see your provider for preventive and diagnostic services, the amount the plan pays toward those services will not count against your annual maximum which in turn gives you more money to use for more costly procedures if needed. \*Unused Maximum will carryover up to \$250 into next year if less than \$500 is used in the year and at least one dental service is provided



This plan covers (2) routine cleanings a year. If you have periodontal disease, heart disease, diabetes or you are pregnant, you can receive an additional (2) - up to a total of (4) cleanings a year.

# VISION BENEFITS



Access to a nationwide network of easy to find eye care providers, including Walmart, Sam's Club, Costco, and Visionworks. It's very important to remember, you will always pay less when you see a participating provider.

Note : Our Medical plans on page 1 of this guide also covers a routine vision exam once every 24 months (CDHP Plan: **no cost**; PPO Plan: \$35 copay) Be sure to provide your Metlife vision card to your eye care specialist to take advantage of additional benefits during your visit.

Services	In-Network	Out-of-Network
<b>Copayments</b>		
Eye Exam	\$10 copayment	Reimbursed up to \$45
Frames and/or Lenses (excl. contacts)	\$10 copayment	Frames reimbursed up to \$70
Contact Lens Fitting Exam	\$25 copayment	No out of network reimbursement
Single Vision	Covered in full after copay (with or without new frames)	Reimbursed up to \$30
Bifocal		Reimbursed up to \$50
Trifocal		Reimbursed up to \$65
Lenticular		Reimbursed up to \$100
Progressives	Covered up to the providers retail amount after copay	Reimbursed up to \$50
Frame Allowance (allowance does not include cost of lenses)	\$150 retail allowance after copay	Reimbursed up to \$70
<b>Contact Lenses (in lieu of glasses)</b>		
Elective	\$150 retail allowance after copay	Reimbursed up to \$105
Medically Necessary	Covered in full after copay	Reimbursed up to \$210
Fitting Exam (first time contact lens users)	\$50 retail allowance after copay	No out of network reimbursement
Fitting Exam (existing contact lens users)	Covered in full after \$25 copay	No out of network reimbursement
<b>Frequencies - Based on Calendar year</b>		
Exam		12 months
Lenses (glasses or contacts)		12 months
Frames		12 months
<b>Your Cost Per Pay Period</b>		
Employee Only		\$3.83
Employee/Spouse		\$7.07
Employee/Child(ren)		\$7.65
Family		\$10.72

**Note:** Additional discounts available for any balance over allowance, specialty lenses, refractive surgery, laser vision and hearing. Discounts vary by provider.

**YOU ARE RESPONSIBLE FOR REMOVING YOUR SPOUSE/DEPENDENT COVERAGE WHEN THEY ARE NO LONGER ELIGIBLE**

# PROVIDER DIRECTORY INSTRUCTIONS

It's **very important** that you utilize a doctor that is within your insurance carrier's network. When you see an out of network doctor, you may have to file your own claims and could be balance billed.

## Medical:

- ◆ Go to [www.umar.com](http://www.umar.com)
- ◆ Click **Find a Provider**



Select the Network to search - "UnitedHealthcare Choice Plus Network"

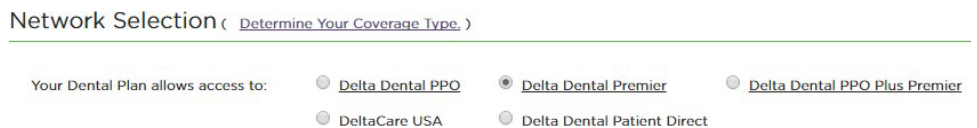
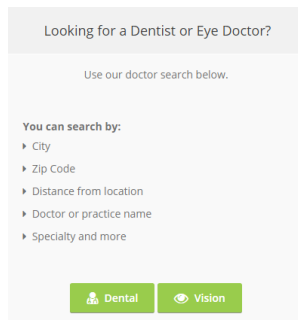
Provider network

Select "View Providers"



## Dental:

- ◆ Go to [www.deltadental.com/find-a-doctor](http://www.deltadental.com/find-a-doctor) and select Dental
- ◆ If you select Dental, you will need to choose **Delta Dental Premier** on the following page



## Vision:

- ◆ Go to <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- ◆ Select the Superior Vision network to find a provider



# FLEXIBLE SPENDING ACCOUNTS

Hugg & Hall provides you the opportunity to pay for certain health and dependent care out-of-pocket expenses with pre-tax dollars through Flexible Spending Accounts.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes or state and local income taxes on the portion of your paycheck you contribute to your FSA. **You will receive a debit card upon enrollment to allow easy access to your funds.**

The amount you elect for the plan year will be divided into equal amounts and deducted through payroll before taxes. Your entire Medical or Limited Purpose FSA elected amount will be available to you for eligible expenses whenever you need it. The Dependent Care amount will only be available as it has been contributed into your account.



**PLEASE NOTE:** Flexible Spending Accounts are effective for ONE plan year only and do NOT automatically renew from year to year. Therefore, all employees who wish to participate in FSA must re-enroll during Open Enrollment.

MEDICAL FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Offered to <b>anyone NOT enrolled in the Health Savings Account (HSA)</b> and is used to reimburse out-of-pocket medical, dental, and vision expenses incurred by you and your dependents. This includes your insurance deductibles, co-payments, co-insurance and prescription costs.	Intended for employees enrolled in the Health Savings Account and is only used to reimburse out-of-pocket dental and vision expenses incurred by you and your dependents.	A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work.
<b>2024 Maximum Contribution: \$3,200</b>		<b>2024 Max Contribution:</b>
You may carry over a balance of up to \$640 into the next plan year. Any amount over \$640 not used by the end of the plan year will be lost. You may submit for reimbursement receipts dated March 31st and prior no later than June 30th.	If you switch from a Health FSA to an HSA but you had carryover dollars, you will need to elect for that money to be moved to a Limited Purpose FSA.	<b>\$5,000</b> (single or married filing jointly) <b>\$2,500</b> (married filing separate return)

Please visit [www.consolidatedadmin.com](http://www.consolidatedadmin.com) for more detailed information

# HEALTH SAVINGS ACCOUNT

If you enroll in the Higher Deductible Health Plan you may also enroll in a Health Savings Account (HSA) and **Hugg & Hall will contribute \$500 to your account in the month of your first deposit.** You will receive a debit card upon enrollment to allow easy access to your funds.

Like the FSA, this account will allow you to set aside money before taxes are deducted to pay for eligible medical, dental and vision out of pocket expenses.

Unused money in an HSA will carry forward. Also, your HSA is yours to keep which means that you can take it with you if you change jobs or retire



**IMPORTANT:** You may NOT contribute to an HSA if you are enrolled in Medicare. If you have money remaining in your HSA after your retirement, you may withdraw the money as cash. If you use that money to pay for qualified medical expenses, it will not be taxable. You also may NOT contribute to an HSA if you enroll in an FSA.

Please check with your tax advisor for more information regarding all possible tax implications



## Max IRS Contributions

The maximum amount that can be contributed to an HSA in 2024 is **\$4,150 (individual) and \$8,300 (family) (including company contributions).**

Additionally, if you are **55 or older** you may make an **additional \$1,000** “catch up” contribution per tax year.

You may only withdraw up to the amount in your HSA account but any unused funds will roll over from year to year.

## ***YOU SHOULD KNOW...***

If you have family members who are not on your health plan but you file a Federal tax return that includes them as either a joint filer or dependent, you may use your HSA funds to pay for their qualified out of pocket expenses as well.

Please visit [www.consolidatedadmin.com](http://www.consolidatedadmin.com) for more detailed information



# SHORT TERM DISABILITY

Most of us rely heavily on our income - for everyday living expenses, short-term savings goals and the future financial security of our family. That is why Hugg & Hall offers you the opportunity to purchase Short Term Disability (STD) benefits.

Short Term Disability (or STD) can help protect your income through weekly benefit payments in the event that you have a baby, are sick or seriously injured (car accident, cancer, stroke, etc.) and are not able to return to work for an extended period of time.

Short Term Disability will not pay any disability benefit for a disability that results, directly or indirectly from an injury or illness from which you are entitled to benefit from Workers' Compensation.



**NOTE:** Other income sources such as Social Security disability, retirement benefits, pension, etc. may reduce your benefits under this plan. Please see your benefit summary for details regarding the effects of other income.

## BENEFIT HIGHLIGHTS

- Benefits begin after you have been unable to work for a continuous **7 calendar days** due to a covered illness or injury
- Your benefit will pay **60%** of your weekly earnings to a **max of \$1,500 per week**
- You may receive this benefit for up to **12 weeks**
- This is a **voluntary benefit** so you would be responsible for 100% of the premium cost, however **premiums are deducted post tax** so if you ever need it, your **benefit payment is not taxed**

## YOU SHOULD KNOW...

You are given the opportunity when you are hired on as a full-time employee to enroll in Short Term Disability (STD) benefits and are guaranteed coverage without having to answer medical questions for approval. If coverage is initially declined and you decide to enroll at a later date, you will be required to answer medical questions (EOI) and be approved by underwriting through medical review to enroll at that time.

Your premium is based on your salary so follow this formula to determine your cost per pay period:

$(\text{Annual salary}) \times .60 / 52 = \text{Your weekly benefit amount}$  (capped at \$1,500)  
 Then  
 $(\text{Weekly benefit amount}) \times .044 \times 12 / 26 = \text{Your cost per pay period}$  (Capped at \$30.46)

# LONG TERM DISABILITY



Sometimes an illness or injury is substantial making it impossible to return to work for several months or even years. In the event that you are ever in this situation, having a Long Term Disability (LTD) policy in place will help protect your income through monthly benefit payments to help pay for every day expenses, doctor bills, or whatever you need until you are able to get back to work.

## PRE-EXISTING CONDITIONS:

You may enroll in Disability, however if you have a pre existing condition (you incurred expenses, took prescription drugs, received medical treatment etc.) during the 3 months just prior to your effective date of insurance, benefits will not be payable for THAT disability until you have been covered under this plan for 12 consecutive months.

## BENEFIT HIGHLIGHTS

**Benefits begin** after you have been unable to work for a continuous **90 days** due to a covered illness or injury

Your benefits will pay **60%** of your earnings to a **max of \$10,000 per month**

Benefits are payable for the period during which you continue to meet the definition of disability and if necessary, may continue to your social security normal retirement age(SSNRA)

This is a **voluntary benefit** so you would be responsible for 100% of the premium cost, however **premiums are deducted post tax** so if you ever need it, your benefit payment is not taxed

**NOTE:** Other income sources such as Social Security disability, retirement benefits, pension, workers compensation, etc. may reduce your benefits under this plan. Please see your benefit summary for details regarding the effects of other income.



## YOU SHOULD KNOW:

You are given the opportunity when you are hired on as a full time employee to enroll in Long Term Disability (LTD) benefits and are guaranteed coverage without having to answer medical questions for approval. **If coverage is initially declined and you decide to enroll at a later date, you will be required to answer medical questions (EOI) and be approved by Underwriting through medical review to enroll at that time.**

**Your premium is based on your salary so follow this formula to determine your cost per pay period:**

$(\text{Annual salary}) \times .60 / 12 = \text{Monthly Benefit Check (Capped at \$10,000)}$

$(\text{Annual salary}) / 12 \times .46 / 100 = \text{Monthly Premium}$

$(\text{Monthly premium}) \times 12 / 26 = \text{Your cost per pay period (Capped at \$35.38)}$

# VOLUNTARY LIFE INSURANCE



If you're like most people, when someone says Life Insurance, your first thought is to change the subject – after all, death and dying are not comfortable topics. But Life Insurance can be just as much about living as dying. It gives you the peace of mind that the people you love will be financially secure if something happens to you. It lets your survivors focus on what they need to do, without the added stress of making ends meet.

## BENEFIT HIGHLIGHTS

<b>Employee</b>	You may purchase in \$10,000 increments, <b>5x your salary up to \$100,000</b> (guarantee issue without medical questions (EOI)) or up to <b>\$400,000 after medical review - Election cannot exceed 5x your annual salary</b> <b>Employee Life benefit decreases to half at age 70</b>
<b>Spouse</b>	You may purchase for your spouse in \$5,000 increments, <b>no more than 50% of your elected amount up to \$30,000</b> (guarantee issue without medical questions (EOI)) or up to <b>\$200,000 after medical review</b> <b>Spouse Life benefit ends at age 70</b>
<b>Child(ren)</b>	You may purchase <b>\$10,000</b> for your children <b>6 months - 26 years</b> <b>\$250</b> available for children <b>14 days to 6 months</b> of age <b>Please be sure to cancel benefits for your child when he/she becomes married or turns 26</b>

**You must purchase life insurance for yourself in order to purchase coverage for your spouse and/or child(ren)**

## YOU SHOULD KNOW:

You are given the opportunity when you are hired on as a full-time employee to enroll in Voluntary Life Insurance benefits and guaranteed coverage without having to answer medical questions for approval. **If coverage is initially declined and you decide to enroll at a later date, you will be required to answer medical questions (EOI) and be approved by Underwriting through medical review in order to enroll at that time.**

## THIS PLAN INCLUDES:

**Accelerated Benefit** - If you become terminally ill and are not expected to live more than 12 months you may request up to 80% of your life insurance amount (not to exceed \$100,000). Two unaffiliated physicians must certify your condition. Upon your death, any remaining benefit will be paid to your designated beneficiaries.

**Waiver of Premium** – If you become totally disabled (as defined by your plan) prior to age 60 and are no longer able to work for at least 9 months, you may be approved to have your Life premium payments waived during your disability period.

It is **VERY IMPORTANT** that you check to be sure your **beneficiaries are up to date!**





# VOLUNTARY LIFE RATE CHART



AGE	EMPLOYEE LIFE BENEFIT AMOUNT PER PAY PERIOD									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
To 24	\$0.26	\$0.53	\$0.79	\$1.05	\$1.32	\$1.58	\$1.84	\$2.10	\$2.37	\$2.63
25-29	\$0.40	\$0.79	\$1.19	\$1.59	\$1.98	\$2.38	\$2.78	\$3.18	\$3.57	\$3.97
30-34	\$0.44	\$0.89	\$1.33	\$1.77	\$2.22	\$2.66	\$3.10	\$3.54	\$3.99	\$4.43
35-39	\$0.53	\$1.05	\$1.58	\$2.10	\$2.63	\$3.16	\$3.68	\$4.21	\$4.74	\$5.26
40-44	\$0.79	\$1.59	\$2.38	\$3.18	\$3.97	\$4.76	\$5.56	\$6.35	\$7.14	\$7.94
45-49	\$1.36	\$2.72	\$4.08	\$5.45	\$6.81	\$8.17	\$9.53	\$10.89	\$12.25	\$13.62
50-54	\$2.28	\$4.56	\$6.84	\$9.12	\$11.40	\$13.68	\$15.96	\$18.24	\$20.52	\$22.80
55-59	\$3.55	\$7.11	\$10.66	\$14.22	\$17.77	\$21.32	\$24.88	\$28.43	\$31.98	\$35.54
60-64	\$5.54	\$11.08	\$16.62	\$22.15	\$27.69	\$33.23	\$38.77	\$44.31	\$49.85	\$55.38
65-69	\$9.91	\$19.83	\$29.74	\$39.66	\$49.57	\$59.48	\$69.40	\$79.31	\$89.22	\$99.14
70-74	\$16.75	\$33.51	\$50.26	\$67.02	\$83.77	\$100.52	\$117.28	\$134.03	\$150.78	\$167.54
75-79	\$27.76	\$55.52	\$83.28	\$111.05	\$138.81	\$166.57	\$194.33	\$222.09	\$249.85	\$277.62

**NOTE: Employee Life benefit decreases to half and Spouse Life ends at age 70**

AGE	SPOUSE LIFE BENEFIT AMOUNT PER PAY PERIOD (BASED ON EMPLOYEE AGE)									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
To 24	\$0.11	\$0.21	\$0.32	\$0.42	\$0.53	\$0.64	\$0.74	\$0.85	\$0.96	\$1.06
25-29	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$0.82	\$0.95	\$1.09	\$1.22	\$1.36
30-34	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$0.82	\$0.95	\$1.09	\$1.22	\$1.36
35-39	\$0.19	\$0.37	\$0.56	\$0.75	\$0.93	\$1.12	\$1.31	\$1.50	\$1.68	\$1.87
40-44	\$0.27	\$0.54	\$0.80	\$1.07	\$1.34	\$1.61	\$1.87	\$2.14	\$2.41	\$2.68
45-49	\$0.45	\$0.90	\$1.36	\$1.81	\$2.26	\$2.71	\$3.17	\$3.62	\$4.07	\$4.52
50-54	\$0.77	\$1.55	\$2.32	\$3.09	\$3.87	\$4.64	\$5.41	\$6.18	\$6.96	\$7.73
55-59	\$1.20	\$2.40	\$3.59	\$4.79	\$5.99	\$7.19	\$8.38	\$9.58	\$10.78	\$11.98
60-64	\$1.86	\$3.72	\$5.58	\$7.44	\$9.30	\$11.16	\$13.02	\$14.88	\$16.74	\$18.60
65-69	\$3.32	\$6.63	\$9.95	\$13.26	\$16.58	\$19.90	\$23.21	\$26.53	\$29.84	\$33.16

## CHILD LIFE BENEFIT AMOUNT

6 months - 26 years	\$10,000	\$0.39
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**One premium insures all of your children**

**Children 14 days to 6 months of age: Max benefit \$250**

Offered by Life Insurance Company of North America

## Employee-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### Summary of Benefits

Prepared for: Hugg and Hall Equipment

#### Eligibility:

All active, full-time Employees of the Employer regularly working a minimum of 24 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

**Employee:** You are eligible for coverage on the first of the month on or after 60 days of active service.

**Spouse:** Up to age 70, as long as you apply for and are approved for coverage yourself.

**Child(ren):** 14 days old to age 26, as long as you apply for and are approved for coverage yourself.

#### Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$10,000	Lesser of 5 Times Salary or \$400,000
Spouse	Units of \$5,000	\$200,000 not to exceed 50% of the employee's benefit
Children	\$10,000	\$10,000

#### Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

**For Comas** – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

#### Additional Features:

**For Wearing a Seatbelt & Protection by an Airbag** – You will receive an additional 10% benefit but not more than \$25,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

**For Exposure & Disappearance** – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

**Conversion** – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

#### Your Bi-Weekly Cost of Coverage:

**Employee Cost Per \$10,000 units = \$0.138    Spouse Cost Per \$5,000 units = \$0.069**

**Child's Cost Per \$1,000 units = \$0.014**

*Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).*

*Rates may be subject to change in the future.*



**This plan includes an annual \$50 Wellness benefit!**

(See "Health Screening Test Benefit" on pg 2)

Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

**Employee-Paid**  
**CRITICAL ILLNESS INSURANCE**

**SUMMARY OF BENEFITS**

Prepared for: Hugg & Hall Equipment Company

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by \*) below.

**Who Can Elect Coverage:**

**Eligibility for You, Your Spouse and Your Children will be considered by Your employer.**

**You:** All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 24 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage on the first of the month after 60 days from date of hire or Active Service.

**Your Spouse:**\* Up to age 100, as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

**Available Coverage:**

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

**Covered Conditions**      **Benefit Amount**

**Cancer Conditions**

Skin Cancer*	\$250 1x per lifetime
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Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
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Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%

**Vascular Conditions**

Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%

**Nervous System Conditions**

Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
<b>Other Specified Conditions</b>		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Virtual Care accepted.</i>	\$50 1 per year

Benefits	
<b>Initial Critical Illness Benefit</b>	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person. A 180 days separation period between the dates of diagnosis is required.*
<b>Recurrence Benefit</b>	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition.
<b>Skin Cancer Benefit</b>	Pays benefit stated above.

**Portability Feature:** You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

### Employee's Bi-Weekly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.70	\$1.88	\$3.07	\$3.34	\$2.53	\$2.70	\$3.90	\$4.17
25 to 29	\$1.75	\$2.03	\$3.22	\$3.66	\$2.58	\$2.85	\$4.04	\$4.49
30 to 34	\$1.98	\$2.46	\$3.66	\$4.48	\$2.80	\$3.29	\$4.49	\$5.30
35 to 39	\$2.37	\$3.38	\$4.39	\$6.11	\$3.19	\$4.20	\$5.22	\$6.93
40 to 44	\$2.78	\$4.27	\$5.15	\$7.69	\$3.61	\$5.10	\$5.97	\$8.52
45 to 49	\$3.70	\$6.33	\$6.65	\$10.99	\$4.52	\$7.15	\$7.47	\$11.82
50 to 54	\$5.33	\$9.21	\$8.91	\$15.15	\$6.16	\$10.03	\$9.74	\$15.97
55 to 59	\$7.50	\$13.02	\$11.90	\$20.42	\$8.32	\$13.85	\$12.73	\$21.25
60 to 64	\$9.32	\$15.87	\$14.69	\$24.73	\$10.15	\$16.69	\$15.51	\$25.56
65 to 69	\$11.07	\$17.51	\$17.56	\$28.02	\$11.89	\$18.33	\$18.38	\$28.84
70 to 74	\$15.24	\$22.93	\$23.86	\$36.67	\$16.07	\$23.76	\$24.69	\$37.49
75 to 79	\$21.74	\$29.03	\$32.03	\$44.76	\$22.56	\$29.85	\$32.86	\$45.59
80 to 84	\$24.93	\$34.27	\$38.28	\$53.89	\$25.75	\$35.10	\$39.11	\$54.72
85 to 89	\$34.90	\$41.70	\$53.52	\$64.45	\$35.72	\$42.52	\$54.34	\$65.28
90 to 94	\$34.90	\$41.70	\$53.52	\$64.45	\$35.72	\$42.52	\$54.34	\$65.28
95+	\$34.90	\$41.70	\$53.52	\$64.45	\$35.72	\$42.52	\$54.34	\$65.28

**Benefit Amount: \$10,000**

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.68	\$3.03	\$4.36	\$4.89	\$3.65	\$4.00	\$5.33	\$5.86
25 to 29	\$2.78	\$3.33	\$4.64	\$5.53	\$3.75	\$4.30	\$5.62	\$6.50
30 to 34	\$3.22	\$4.20	\$5.52	\$7.16	\$4.20	\$5.17	\$6.50	\$8.14
35 to 39	\$4.01	\$6.03	\$6.99	\$10.42	\$4.98	\$7.00	\$7.96	\$11.39
40 to 44	\$4.84	\$7.81	\$8.50	\$13.58	\$5.82	\$8.78	\$9.48	\$14.56
45 to 49	\$6.67	\$11.93	\$11.50	\$20.19	\$7.64	\$12.90	\$12.48	\$21.16
50 to 54	\$9.94	\$17.69	\$16.03	\$28.50	\$10.91	\$18.66	\$17.00	\$29.47
55 to 59	\$14.26	\$25.32	\$22.01	\$39.06	\$15.24	\$26.29	\$22.98	\$40.02
60 to 64	\$17.92	\$31.02	\$27.58	\$47.67	\$18.90	\$31.98	\$28.55	\$48.64
65 to 69	\$21.41	\$34.28	\$33.33	\$54.24	\$22.38	\$35.26	\$34.30	\$55.21
70 to 74	\$29.76	\$45.13	\$45.93	\$71.54	\$30.73	\$46.10	\$46.91	\$72.51
75 to 79	\$42.75	\$57.33	\$62.27	\$87.73	\$43.72	\$58.30	\$63.24	\$88.71
80 to 84	\$49.13	\$67.82	\$74.78	\$106.00	\$50.10	\$68.79	\$75.75	\$106.97
85 to 89	\$69.06	\$82.66	\$105.24	\$127.10	\$70.04	\$83.64	\$106.21	\$128.08
90 to 94	\$69.06	\$82.66	\$105.24	\$127.10	\$70.04	\$83.64	\$106.21	\$128.08
95+	\$69.06	\$82.66	\$105.24	\$127.10	\$70.04	\$83.64	\$106.21	\$128.08

**Benefit Amount: \$20,000**

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$4.62	\$5.33	\$6.92	\$7.98	\$5.90	\$6.59	\$8.19	\$9.25
25 to 29	\$4.83	\$5.93	\$7.49	\$9.26	\$6.09	\$7.19	\$8.76	\$10.54
30 to 34	\$5.71	\$7.67	\$9.25	\$12.53	\$6.99	\$8.94	\$10.53	\$13.80
35 to 39	\$7.29	\$11.33	\$12.18	\$19.04	\$8.56	\$12.60	\$13.44	\$20.31
40 to 44	\$8.95	\$14.89	\$15.21	\$25.37	\$10.23	\$16.16	\$16.48	\$26.64
45 to 49	\$12.62	\$23.13	\$21.21	\$38.58	\$13.88	\$24.41	\$22.48	\$39.85
50 to 54	\$19.14	\$34.65	\$30.26	\$55.20	\$20.42	\$35.93	\$31.54	\$56.48
55 to 59	\$27.79	\$49.91	\$42.23	\$76.32	\$29.07	\$51.18	\$43.50	\$77.58
60 to 64	\$35.11	\$61.30	\$53.36	\$93.55	\$36.39	\$62.57	\$54.63	\$94.81
65 to 69	\$42.09	\$67.84	\$64.86	\$106.69	\$43.37	\$69.11	\$66.12	\$107.96
70 to 74	\$58.79	\$89.54	\$90.07	\$141.29	\$60.06	\$90.80	\$91.34	\$142.56
75 to 79	\$84.77	\$113.93	\$122.74	\$173.67	\$86.03	\$115.19	\$124.01	\$174.95
80 to 84	\$97.52	\$134.91	\$147.76	\$210.20	\$98.80	\$136.18	\$149.03	\$211.46
85 to 89	\$137.40	\$164.59	\$208.68	\$252.41	\$138.67	\$165.87	\$209.95	\$253.68
90 to 94	\$137.40	\$164.59	\$208.68	\$252.41	\$138.67	\$165.87	\$209.95	\$253.68
95+	\$137.40	\$164.59	\$208.68	\$252.41	\$138.67	\$165.87	\$209.95	\$253.68

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

**Important Policy Provisions and Definitions:**

**Covered Person:** An eligible person who is enrolled for coverage under the Policy.

**Covered Loss:** A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

**When your coverage ends:** Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no

### Important Policy Provisions and Definitions:

longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

**30 Day Right To Examine Certificate:** If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

### Benefit Reductions, Common Exclusions and Limitations:

**Exclusions:** In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

### Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods.

**Skin Cancer**, basal cell/squamous cell carcinoma or certain forms of melanoma.

**Invasive Cancer**, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or prostate tumor that is classified as T-1a, b, or c, N-0, and M-0 on a TNM classification scale. Also excludes the recurrence or metastasis of an original Cancer that was diagnosed prior to the coverage effective date if the Insured has undergone treatment for such cancer within 12 months of being diagnosed with cancer while under this coverage.

**Carcinoma in Situ**, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).

**Heart Attack**, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardiac enzyme.

**Stroke**, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.

**Coronary Artery Disease**, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.

**Advanced Stage Alzheimer's Disease**, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and the inability to perform at least 2 physical activities of daily living.

**Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease)**, motor neuron disease resulting in muscular weakness and atrophy.

**Parkinson's Disease**, progressive, degenerative neurologic disease with indicated signs of the disease.

**Multiple Sclerosis**, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.

**Benign Brain Tumor**, non-cancerous abnormal cells in the brain.

**Blindness**, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness.

**Coma**, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused.

**End-Stage Renal (Kidney) Disease**, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

**Major Organ Failure**, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

### Specific Definitions, Benefit Exclusions and Limitations:

**Paralysis**, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis.

### Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

### \*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, NH, OR, WA. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, MN, NC, SC, SD, VT, TX and WA.

### Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. C1110506. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



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Employee-Paid

# ACCIDENTAL INJURY INSURANCE

## SUMMARY OF BENEFITS

Prepared for: Hugg & Hall Equipment Company

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by \*) below.

### Who Can Elect Coverage:

**Eligibility for You, Your Spouse and Your Children will be considered by Your employer.**

**You:** All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 24 hours per week and regularly residing in the United States and who are United State citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage on the first of the month after 60 days from date of hire or Active Service.

**Your Spouse\*:** Up to age 100, as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

**Available Coverage:** This Accidental Injury plan provides off the job only coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial & Emergency Care	Plan 1	Plan 2
Emergency Care Treatment	\$100	\$200
Physician Office Visit (includes urgent care)	\$50	\$100
Diagnostic Exam (x-ray or lab)	\$10	\$50
Ground or Water Ambulance/Air Ambulance	\$300/\$1,200	\$400/\$1,600
Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission	\$500	\$1,000
Hospital Stay	\$100	\$200
Intensive Care Unit Stay	\$200	\$400
Fractures and Dislocations	Plan 1	Plan 2
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%	25%
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000
Follow-Up Care	Plan 1	Plan 2
Follow-up Physician (or medical professional) Office Visit	\$50	\$75
Follow-up Physical Therapy Visit	\$25	\$50
Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600
Concussion	\$100	\$150
Coma (lasting 7 days with no response)	\$5,000	\$10,000



Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

**Portability Feature:** You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

### Employee's Bi-Weekly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$3.15	\$5.30
Employee and spouse	\$4.47	\$7.76
Employee and child(ren)	\$5.52	\$9.81
Family	\$6.84	\$12.27

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

### Important Definitions and Policy Provisions:

**Coverage Type:** Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

**Covered Accident:** A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

**Covered Injury:** Any bodily harm that results directly and independently of all other causes from a Covered Accident.

**Covered Person:** An eligible person who is enrolled for coverage under this Policy.

**Covered Loss:** A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

**Hospital:** An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

**When your coverage ends:** Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

**30 Day Right To Examine Certificate:** If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

**Benefit Conditions and Limitations:** This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

**Common Exclusions:\*** In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

### Specific Benefit Exclusions and Limitations:\*

**Emergency Care Treatment:** Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident.

**Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of

## **VOLUNTARY WELLNESS INCENTIVE**

**All employees** are invited to participate in Hugg & Hall's Voluntary Wellness Program. Employees who have an annual physical (wellness/preventative) performed by a doctor will be **awarded an additional day of PTO (one per calendar year)**.

To receive your extra day of PTO, you must complete Part 1 of the **Wellness Exam Form** and have the physician complete Part 2 stating they have performed the exam. Once completed, please return form to Cheryl Dearing via email [cheryl.dearing@hughhall.com](mailto:cheryl.dearing@hughhall.com) or fax 501-569-5881.

Providing your physician codes your physical exam properly, the cost for those on our health insurance plans should be: \$0 office co-pay for PPO participants and \$0 cost for HDHP participants. This price quote is only for the exam itself and there may be different costs involved for any additional testing your physician deems necessary. **Must be an In-Network provider.**

Should you have questions, please contact Cheryl Dearing, Benefits Administrator at 501.569.5853.

(Please note: Employees are not required to participate. Wellness/physical exam results are not collected by Hugg & Hall.)



# ENROLLMENT RIGHTS

## Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

COBRA requires most employers sponsoring group medical plans to offer employees and their eligible family members the opportunity for a **temporary extension** of medical and/or dental coverage called “continuation coverage.” In certain instances where coverage under the plan is lost (referred to as a qualifying event), this coverage is offered at 102% of group rates.

Depending on the qualifying event and the eligible participant, coverage can extend up to **18 or 29 months for employees, or 36 months for dependents**; 29 months may be granted when the participant is social security disabled at the time of initial COBRA eligibility or within the first 60 days of the COBRA period (additional paperwork required).

If you are covered by the group medical, dental or vision plan, you have the right to choose continuation coverage if coverage is lost for the following reasons: resignation, termination (except for gross misconduct), or reduction of hours. If your spouse or dependent child is covered by your group plan, he or she has the right to choose continuation coverage if coverage is lost for the following reasons: your death, your termination, your reduction of hours, divorce, you become entitled to Medicare or your child loses dependent status due to age or marriage.

## Health Insurance Portability & Accountability Act of 1996 (HIPAA)

The legislation of HIPAA is great in scope but its focus is to improve portability of health coverage, reduce

health care costs by standardizing the processing of health care transactions, increase the security and privacy of health care information, limit exclusions for preexisting conditions, and allow a special opportunity to enroll in a new plan in certain circumstances. We encourage employees to further educate themselves

on HIPAA’s portability rules, privacy mandates and special enrollment rights. Additional information is available at [www.dol.gov/pwba](http://www.dol.gov/pwba) or by contacting the S. Department of Labor at 1-866-275-7922.

## Family Medical Leave of Absence (FMLA)

The Family Medical Leave Act requires covered employers to grant eligible employees up to 12 weeks of unpaid leave each year because of:

1. The birth, adoption, or placement in foster care of a child;
2. The employee’s own serious health condition; or
3. The care of a child, spouse, or parent with a serious health condition.

The employer must maintain any group health benefits as if the employee had not taken any leave and restore the employee to the same (or an equivalent) position if and when the employee returns to work. Private employers with 50 or more employees within a 75-mile radius of the employer’s work site are subject to FMLA. Eligible employees must have worked for the employer for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the request for leave.

# BENEFIT RESOURCES FOR YOU!

Plan	Carrier	Phone Number	WebSite
Medical	United Healthcare(UMR)	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Dental	Delta Dental	800-462-5410	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Met Life (Superior Vision)	833-393-5433	<a href="http://www.metlife.com">www.metlife.com</a>
Life & Disability	New York Life	CONTACT HR	BENEFITS ADMINISTRATOR
Flexible Spending & Health Savings Accounts	CAS	877-941-5956	<a href="http://www.consolidatedadmin.com">www.consolidatedadmin.com</a>
Critical Illness & Accidental Injury	Cigna	800-754-3207	<a href="http://www.suphealthclaims.com">www.suphealthclaims.com</a>

## Human Resources

**Benefit Administrator:**

**Cheryl Dearing 501-569-5853**

**Email: [cheryl.dearing@hughhall.com](mailto:cheryl.dearing@hughhall.com)**

**DISCLAIMER:** This is not a summary plan description (SPD) and does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. Please refer to your coverage booklets and policies for complete details regarding covered charges, exclusions and plan payments or contact your benefits provider at the numbers located above.

# ***Additional Notices***

## ***Summaries of Benefits and Coverage***

The Affordable Care Act (ACA) requires Hugg & Hall Equipment to provide medical plan participants with Summaries of Benefits and Coverage (SBCs) for the 2024 plan year. These summaries are included in this newly eligible enrollment packet. You also may request a copy from the Benefits Administrator, Chery Dearing. If you have any questions about the SBCs of your benefits in general, contact Chery Dearing, Benefits Administrator at 501-569-5853 or [cheryl.dearing@hugghall.com](mailto:cheryl.dearing@hugghall.com)

## ***Women's Health and Cancer Rights Act of 1998***

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

- reconstruction of the breast on which the mastectomy has been performed; and
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient.

Call your plan administrator, Cheryl Dearing at (501) 569-5853, for more information.

## ***Medicare Part D***

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hugg and Hall Equipment 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. Hugg and Hall Equipment has determined that the prescription drug coverage offered by the Hugg & Hall Medical Plan through UMR 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 a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **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> through December 7<sup>th</sup>.

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 Hugg and Hall Equipment coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Hugg and Hall Equipment coverage 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 Hugg and Hall Equipment 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 [or call Cheryl Dearing at (501) 569-5853.] **NOTE:** You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through Hugg and Hall Equipment 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 detailed 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 cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). 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 1-800-325-0778).

**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: 03/01/2024

Name of Entity/Sender: Lori Edwards

Contact-- Position/Office: HR Director

Address: 8101 Fourche RD, Little Rock, AR 72209

Phone Number: 501-569-5895

This **HIPAA Privacy Notice** describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This *Notice* describes how the self-insured health care components of the Hugg & Hall Group Health Plan (referred to in this *Notice* as “the Plan”) may use and disclose your protected health information (referred to in this *Notice* as “PHI”).

Protected health information, or PHI, is generally information that identifies an individual and is created or received by a health care provider, health plan, or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present, or future. PHI is specifically protected by the HIPAA Privacy Rule.

This *Notice* is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009, the Genetic Information Nondiscrimination Act and regulations issued under these statutes.

If you have any questions or want additional information about this *Notice* or the policies and procedures described in this *Notice*, please contact the Plan using the Contact Information provided at the end of this *Notice*.

## The Plan’s Responsibilities

The Plan is required by law to:

- maintain the privacy of your PHI;
- provide you with a copy of this *Notice* setting forth the Plan’s legal duties and its privacy practices with respect to your PHI; and
- abide by the terms of this *Notice*.

## How the Plan May Use and Disclose Your PHI

The following is a description of when the Plan is permitted or required to use or disclose your PHI without your written authorization.

## General Uses and Disclosures

**For Treatment.** The Plan will use or disclose your PHI to a health care provider who renders treatment on your behalf. For example, the Plan may disclose your Plan enrollment status to a hospital in connection with a planned admission.

**For Payment.** The Plan will use or disclose your PHI for the payment of health care treatment and services you receive from health care providers. For example, the Plan may disclose your PHI to a health care provider who has filed a claim for payment for health care services provided to you.

**For Health Care Operations.** The Plan will use or disclose your PHI to support the Plan’s business functions. These functions include but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning and business development. For example, the Plan may use or disclose information about your claims to project future benefit costs

Or audit the claims processing functions. The Plan may also use your PHI for underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits, provided, however that the Plan is prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

**To the Plan Sponsor.** The Plan (or its health insurance issuers or HMOs) may disclose your PHI to the Plan Sponsor so that it can perform its Plan administrative functions. For example, the Plan may disclose your PHI to the Plan Sponsor so that it may evaluate Plan design changes.

**To a Business Associate.** Certain services are provided to the Plan by services providers, called business associates. For example, the Plan may contract with a third party administrator to perform the administrative functions necessary to pay your medical claims. The Plan will disclose your PHI to the business associates so that they can perform their functions, but only after the Plan and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information. For example, the Plan may disclose your PHI to a third party administrator who processes benefit claims under the Plan.

**To Other Covered Entities.** The Plan may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, the Plan may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and the Plan may disclose your PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that the Plan may disclose or share your PHI with other health care programs or insurance carriers (such as Medicare, etc.) in order to coordinate benefits, if you or your

family members have other health insurance or coverage.

**Required by Law.** The Plan may use or disclose your PHI when required to do so by federal, state or local law.

## Special Use and Disclosure Situations

**Public Health Activities.** The Plan may use or disclose your PHI for public health activities that are permitted or required by law. For example, it may use or disclose information for the purpose of preventing or controlling disease, injury or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. The Plan also may disclose your PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and government agencies that ensure compliance with civil rights laws.

**Lawsuits and Other Legal Proceedings.** The Plan may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, the Plan may also disclose your PHI in response to a subpoena, a discovery request or other lawful process.

**Abuse or Neglect.** The Plan may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence. Additionally, as required by



Law, if the Plan believes you have been a victim of abuse, neglect or domestic violence, it may disclose your PHI to a governmental entity authorized to receive such information.

**Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official for law enforcement purposes, for example, to identify or locate a suspect, material witness or missing person, to report a crime, the crime's location or victims, or to report the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may disclose your PHI to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. The Plan also may disclose your PHI to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may disclose your PHI to organizations that handle organ, eye, or tissue donation and transplantation.

**Research.** Under certain circumstances, the Plan may disclose your PHI for purposes of medical research.

**To Prevent a Serious Threat to Health or Safety.** The Plan may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military.** If you are or become a member of the U.S. armed forces, the Plan may release your PHI as deemed necessary by military command authorities.

**National Security and Protective Services.** The Plan may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons or heads of state.

**Workers' Compensation.** The Plan may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Individuals Involved in Your Health Care.** The Plan may disclose your PHI to a friend or family member that is involved in your health care, unless you object or request a restriction (in accordance with the process described below under "Right to Request Restrictions"). The Plan also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are not present or able to agree to these disclosures of your PHI, then, using professional judgment, the Plan may determine whether the disclosure is in your best interest.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** The Plan is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

**Disclosures to You.** The Plan is required to disclose to you or your personal representative most of your PHI when you request access to this information. The Plan will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Plan must be given written documentation that supports and establishes the basis for the personal representation. The Plan may elect not to treat the person as your personal representative if it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse or neglect by such person; treating such person as your personal representative could endanger you; or the Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

## Other Uses and Disclosures of Your PHI

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. If you provide the Plan with an authorization, you may revoke the authorization in writing. Your revocation will be effective for future uses and disclosures of your PHI. However, the revocation will not be effective for information that the Plan has used or disclosed in reliance on your prior authorization.

## Contacting You

The Plan (or its health insurance issuers, HMOs or third party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest you.

## Your Rights Regarding Your PHI

The following is a description of your rights with respect to your PHI:

**Right to Request a Restriction.** You have the right to request a restriction on the PHI the Plan uses or discloses about you for treatment, payment or health care operations. You also have a right to request a limit on disclosures of your PHI to someone who is involved in your care or the payment for your care, for example a family member or friend. You may request such a restriction using the Contact Information at the end of this *Notice*. The Plan is not required to agree to any restriction that you request. If the Plan agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the PHI you wish to limit, whether you want to limit the Plan's use, disclosure or both, and (if applicable), to whom you want the limitations to apply.

**Right to Request Confidential Communications.** If you believe that a disclosure of all or part of your PHI may endanger you, you may request that the

Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request a confidential communication using the Contact Information at the end of this *Notice*. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. The Plan will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you.

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your benefits. You must submit your request in writing. For your convenience, you may request a form using the Contact Information at the end of this *Notice*. The Plan may charge you a fee to copy your PHI, as well as postage if you request copies be mailed to you. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to your PHI, you may request a review of the denial.

**Right to Request an Amendment.** If you believe that information is incorrect or incomplete, you have the right to request the Plan to amend your PHI. You have the right to request an amendment for as long as the information is kept by or for the Plan. Your request must be submitted in writing using the Contact Information at the end of this *Notice* and must set forth the reasons in support of the proposed amendment.

The Plan may deny your request for any one of the following reasons: the PHI was accurate and complete; the PHI was not created by the Plan; the PHI was not part of the health information kept by or for the Plan; the PHI is information that you would be permitted to inspect and copy.

**Right to Request an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures the Plan has made of your PHI.

This is a list of disclosures of your PHI that the Plan has made to others, except for those that are necessary to carry out health care treatment, payment or operations, disclosures made to you and certain other disclosures. You may request an accounting using the Contact Information at the end of this *Notice*. You can request an accounting of disclosures made up to six years prior to the date of your request. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plan's costs for additional requests within that twelve-month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to a Notice of Breach of Unsecured Protected Health Information.** You have the right to be notified following a breach of unsecured protected health information. In the event of a breach requiring notice, you will be notified by the Plan or, if applicable, the business associate responsible for the breach.

**Right to a Paper Copy of This *Notice*.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below. If we maintain an internal web site, we will include this notice of the web site for easy access. To obtain such a copy, please contact the Plan using the Contact Information at the end of this *Notice*.

## Complaints

If you believe the Plan has violated your privacy rights, you may complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan using the Contact Information at the end of this *Notice*. **The Plan will not penalize you for filing a complaint.**

## Changes to This *Notice*

The Plan reserves the right to change the provisions of this *Notice* and make the new provisions effective for PHI that it already has as well as PHI that it receives in the future. If the Plan makes a material change to this *Notice*, it will provide a revised *Notice* to you at the address that the Plan has on record for the participant enrolled in the Plan.

## Effective Date

This *HIPAA Privacy Notice* is effective on June 1, 2019 and remains in effect until revised by us.

## Contact Information

To exercise any of the rights described in this *Notice*, to file a complaint, or if you have any questions about the privacy of your health information, please contact the Privacy Officer:

Attn: HR Director (Privacy Officer)  
Hugg & Hall Equipment  
P O BOX 194110  
Little Rock, AR 72219  
501.569.5811

## ***Notice of Special Enrollment Rights***

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) 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' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the Benefit Administrator, Cheryl Dearing at [cheryl.dearing@hughhall.com](mailto:cheryl.dearing@hughhall.com) or 501-569-5853.

### **Wellness Program – Notice of Reasonable Alternatives**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Cheryl Dearing, Benefits Administrator at 501-569-5853 or [cheryl.dearing@hughhall.com](mailto:cheryl.dearing@hughhall.com) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

### **Notice Regarding Wellness Program**

Hugg & Hall Wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to

complete a annual physical provided by your personal physician. You are not required to complete the medical examination.

However, employees who choose to participate in the wellness program will receive an incentive of one day of additional PTO for completing an annual physical with your personal physician. Although you are not required to complete the physical, only employees who do so will receive added PTO day.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Hugg & Hall Equipment may use aggregate information it collects to design a program based on identified health risks in the workplace, Hugg & Hall Wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a

doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Lori Edwards, HR Director at 501-569-5895, [lori.edwards@hughhall.com](mailto:lori.edwards@hughhall.com).

### **Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract

with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

### **You're protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network

providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - o Cover emergency services without requiring you to get approval for services

in advance (also known as "prior authorization").

- o Cover emergency services by out-of-network providers.

- o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

- o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, the federal phone number for information and complaints is: 1-800-985-3059.

Visit

[www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

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

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

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

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178



<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/CHIP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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](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

### Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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