2027 EMPLOYEE BENEFITS

Kuvare®






Life in Balance








Important Contacts

Coverage	Contact	Phone	Website
Medical	BlueCross BlueShield of Illinois	800-538-8833	**www.bcbsil.com**
Health Savings Account	HealthEquity	866-346-5800	**healthequity.com**
Flexible Spending Accounts	HealthEquity	877-924-3967	**healthequity.com**
Commuter Benefits	HealthEquity	877-924-3967	**healthequity.com**
Dental	Delta Dental of Illinois	800-323-1743	**www.deltadentalil.com**
Vision	EyeMed	833-279-4358	**eyedoclocator.eyemedvisioncare.com/mutual/en**
Life and AD&D	Mutual of Omaha	800-655-5142	**www.mutualofomaha.com**
Disability	Mutual of Omaha	800-655-5142	**www.mutualofomaha.com**
Supplemental Medical	Mutual of Omaha	800-655-5142	**www.mutualofomaha.com**
Senior Market Solutions	Avant	816-307-2115	**LSiler@avantsb.com**

Contact HR at **benefits@kuvare.com**.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 24 for more details.

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Welcome to Your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Kuvare reserves the right to change or discontinue its employee benefits plans at any time.

For more information about your benefits at Kuvare, visit Rippling or our benefits microsite at **https://www.mykuvarebenefits.com/**.







Eligibility

If you work at least 30 hours, you are eligible for benefits. Most of your benefits are effective on the first day of the month following, or coinciding with, your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return
- For dependent children who are no longer eligible due to age, coverage terminates at the end of the month in which they turn 26.

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Medical - BCBS of IL

Medical insurance is essential to your well-being, and our Medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens. You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted fees instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

	PPO 1000		PPO 2000		HDHP 4000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	You Pay					
Calendar Year Deductible						
Individual	$1,000	$2,000	$2,000	$4,000	$4,000	$8,000
Family	$2,000	$4,000	$6,000	$12,000	$8,000	$16,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	$4,000	$8,000	$5,000	$15,000	$4,000	$24,000
Family	$8,000	$24,000	$15,000	$45,000	$8,000	$48,000
Coinsurance / Copays						
Preventive Care	$0	40% after deductible	$0	40% after deductible	$0	20% after deductible
Primary Care Physician	$25 copay	40% after deductible	$40 copay	40% after deductible	0% after deductible	20% after deductible
Specialist	$50 copay	40% after deductible	$70 copay	40% after deductible	0% after deductible	20% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	0% after deductible
Emergency Room	$300 copay		$350 copay		0% after deductible	
Diagnostic Tests	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Inpatient	20% after deductible	$300, then 40% after deductible	$200, then 20% after deductible	$300, then 40% after deductible	0% after deductible	$300, then 20% after deductible
Outpatient	20% after deductible	40% after deductible	$100, then 20% after deductible	40% after deductible	0% after deductible	20% after deductible
Virtual Visits	No Charge		No Charge		0% after deductible	

Blue Cross Blue Shield Network = Preferred Provider Organization (PPO)

Pharmacy Plan Comparison

When you enroll in Medical coverage, you will also receive prescription benefits. Here you can see the basics, but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember, you can always ask your doctor about lower-cost alternatives. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around.

	PPO 1000		PPO 2000		HDHP 4000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	You Pay					
Retail Rx - Up to 30-Day Supply (Preferred / Non-Preferred Pharmacy)						
Generic Preferred	$10 copay / $20 copay		$5 copay / $15 copay		0% after Deductible	
Generic Non-Preferred	$20 copay / $30 copay		$15 copay / $25 copay			
Brand Preferred	$50 copay / $70 copay		$45 copay / $65 copay			
Brand Non-Preferred	$100 copay / $120 copay		$85 copay / $105 copay			
Specialty	$150 copay		$250 copay			
Specialty Non-Preferred	$250 copay		$350 copay			
Mail Order Rx - Up to 90-Day Supply						
Generic Preferred	3x Retail		3x Retail		3x Retail	
Generic Non-Preferred						
Brand Preferred						
Brand Non-Preferred						

You can view all available covered drugs **here**.

Preferred Pharmacies

Preferred In-Network Pharmacies - member pays lowest copayment

- Walgreens
- Walmart
- Albertsons (Osco in Chicago/Metro)
- Sam's Club
- Health Mart Atlas (A network of Independent Pharmacies)

Virtual Visits – MDLive

Get Cost-Effective, 24/7 Care

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Illinois (BCBSIL) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app

HSA - HealthEquity

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

How a Health Savings Account Works

Eligibility

You must be enrolled in the High Deductible Health Plan (HDHP 4000).

Contributions

Kuvare contributes $50 per month for employee only and Family coverage. You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of $4,500 if you enroll only yourself or $9,000 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.

Eligible Expenses

You may use your HSA funds to cover Medical, Dental, Vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.

Your HSA is always yours — no matter what.

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.



Flexible Spending Accounts – HealthEquity

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are several types of FSAs: the Health Care FSA, the Limited Purpose FSA, the Dependent Care FSA and the Commuter Benefits Account. **Please Note:** If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

Health Care FSA	VS	Dependent
Contribute up to $3,500 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses. Limited Purpose FSA Those enrolled in the HDHP can contribute up to $3,500 per year, pretax, to pay for eligible vision and dental expenses.		Contribute up to $7,500 per year, pretax, or $3,750 if married and filing separate tax returns to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.
Receive a debit card to pay for eligible medical expenses (funds must be available in your account).		You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.		Can only be used to **pay for** eligible dependent care expenses including day care, after-school programs and elder care programs **prescribed by** your doctor.
Submit claims up to **March 31** of the following year for expenses from January 1 to December 31. If you do not **spend** all the money in this FSA by **March 31,** per IRS regulations, unused dollars will be forfeited for pretax contributions.		Submit claims up to **March 31** of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by **March 31,** per IRS regulations, unused dollars will be forfeited for pretax contributions.

Commuter Benefits Program

Use pretax dollars to pay for your parking or public transportation expenses while commuting to work.

Account	Use For	Monthly Contributions
Transportation or Public Transit	Monthly passes, tokens, fare cards/vouchers (transit and vanpool expenses) for you	$350 monthly maximum
Parking	Fees associated with parking at or near your place of employment or parking at or near public transportation to get to work (e.g. parking at a bus or subway station)	$350 monthly maximum

Supplemental Medical

Just as it sounds, Supplemental Medical plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary.

Accident Insurance

Accident insurance pays out a lump sum if you become injured because of an accident. It covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations or paralysis. In the event of your accidental death, Accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

Critical Illness Insurance

If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

How Will a Critical Illness Claim Get Paid?

If you suffer from one of the serious illnesses covered by your policy, you — not the medical provider will receive a lump sum payment. The payment you receive can be used for many things including:

- Child care costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses

Hospital Indemnity Insurance

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance.

How Does Hospital Indemnity Insurance Work?

If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your Medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

Dental - Delta Dental of IL

Taking care of your oral health is not a luxury — it's a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

	Premium Plan			Enhanced Plan			Standard Plan		
	PPO DENTISTS	PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS	PPO DENTISTS	PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS	PPO DENTISTS	PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
	You Pay								
Calendar Year Plan Maximum									
Per Individual	$3,500 per individual (Basic and Major Services combined)			$2,000 per individual (Basic and Major Services combined)			$1,000 per individual (Basic and Major Services combined)		
Calendar Year Deductible									
Individual	$0			$50			$50	$75	
Family	$0			$150			$150	$225	
Preventive Care									
Exams, Cleanings, X-rays	$0	$0	$0	$0	$0	$0	$0	10% coinsurance	10% coinsurance
Basic Services									
Fillings, Sealants, Extractions, Emergency Exams	10% coinsurance*	10% coinsurance*	10% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	30% coinsurance*	30% coinsurance*
Major Procedures									
Crowns, Inlays/ Onlays, Dentures and Bridgework, Repairs	35% coinsurance*	35% coinsurance*	35% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*
Orthodontia									
Dependent Children to Age 19 Only	50% up to a lifetime maximum benefit of $3,500 per individual; deductible waived			50% up to a lifetime maximum benefit of $1,500 per individual; deductible waived			50% up to a lifetime maximum benefit of $500 per individual; deductible waived		

* After deductible



Vision – EyeMed

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents, or you may waive Vision coverage. You do not have to be enrolled in Medical coverage to elect Vision coverage or cover the same dependents under Medical and Vision.

The table below summarizes the key features of the Vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Mutual of Ohama (EyeMed Network)	
	IN-NETWORK	OUT-OF-NETWORK
	You Pay	Reimbursement
Exam	$10 copay	Up to $37
Single Vision Lenses	$10 copay	Up to $32
Bifocal Lenses	$10 copay	Up to $48
Trifocal Lenses	$10 copay	Up to $76
Frames	$150 allowance, 20% off balance over allowance	Up to $66
Contacts in lieu of Frames/Lenses	$150 allowance, 15% off balance over allowance	Up to $102
Benefit Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months

Income Protection

Basic Life and AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of your total AD&D coverage based on the severity of the accidental injury. This includes commissions and bonuses, not basic annual earnings.

Basic Life and AD&D are 100% paid by Kuvare.

Basic Life and AD&D Insurance - For You		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Basic Life and AD&D	1 times your basic annual earnings to a maximum of $500,000.	None

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds $50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

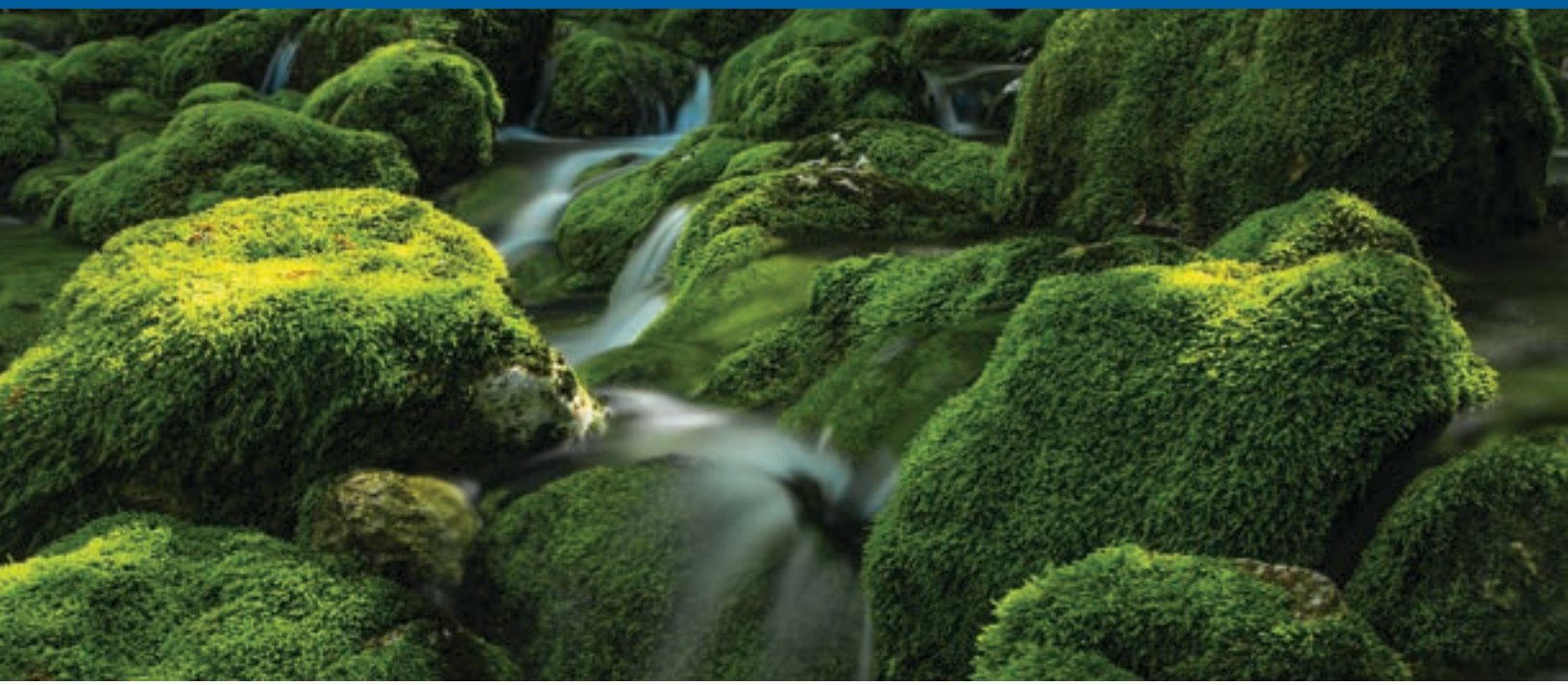
Voluntary Life and AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

Voluntary Life and AD&D Insurance - For You and Your Dependents		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Employee Only	5 times annual salary, up to $750,000 in $10,000 increments	5X Annual Salary, up to $150,000
Spouse	Increments of $5,000 up to $250,000 – not to exceed 100% of employee coverage.	100% of Employee's Benefit, up to $50,000
Child(ren) to Age 26	Increments of $2,000, to a maximum of $10,000.	None

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.



Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

Short-Term Disability and Long-Term Disability are 100% paid by Kuvare.

Short-Term Disability Benefits at a Glance	
Coverage	60% of your weekly earnings to a $1,500 maximum for 13 weeks.
When Benefits Begin	Benefit begins after 7 days of disability.
Election Required	No

Long-Term Disability Benefits at a Glance	
Coverage	60% of your pre-disability earnings up to a maximum benefit of $15,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.
When Benefits Begin	Benefit begins after 90 days of disability.
Election Required	No

How STD and LTD Work Together

PTO pays 100% of your pay until STD begins. → After 7 days of sickness or injury, approved STD pays a portion of your income. → After 90 days, LTD begins if approved.

Senior Market Solutions

NEW! Free Medicare Guidance from a Licensed Medicare Advisor

Available to you and your eligible family members – at no cost.

This Benefit Is for You If:

- You are age 65 or older
- You will turn 65 in the next 1–2 years
- You are planning to retire soon
- Your spouse or dependent is Medicare-eligible
- You want to review your current Medicare plan

Your Advisor Can Help You:

- Understand your Medicare options
- Compare plans and costs
- Avoid late-enrollment penalties
- Enroll in the right plan for your needs
- Review coverage for your spouse or dependents

How It Works

Schedule Your Free Consultation

Contact your Avant advisor by phone, email, or online — no cost, no obligation.

Review Your Options

Your advisor walks you through plan choices and helps you understand what's right for your situation.

Enroll With Confidence

Your advisor handles the paperwork and confirms your coverage. Ongoing support is always available.



Ready to Get Started?

Contact your Avant Medicare Advisor today – it's free!
Luke Siler | 816-307-2115 | **LSiler@avantsb.com**

Scan the QR code or **click here** to book now.

PerkSpot Discount Program

What is it? PerkSpot is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories. That means there's something for everyone!

How to Navigate Your Discount Program

Perks Near You

Located in the New & Featured section, Perks Near You allows you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.

Personalized Savings

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.

Brands Fit for Every Lifestyle

Looking for something specific? The Brands page, found in the Popular Perks section, is an easy and quick way to search for all of the discounts available to you.

Suggest a Business

Don't see what you're looking for? Head to the Suggest a Business page, found in the upper right-hand corner of your Home Page under Account Options, to suggest your favorite brands and local spots be added to your Discount Program.

Dedicated Support

PerkSpot's customer support team is here to help with any questions. We've included important information regarding our availability should you need assistance!

Save in 25+ Categories



Automotive



Electronics



Travel



Health & Wellness



Apparel



Food



Education



Tickets & Attractions

How to Register

To get started:

1. Sign up at **avantperks.perkspot.com**
2. When you're on PerkSpot site, click **"Create an Account"** to get started.

Employee Contributions

All rates are shown monthly.

Medical

	PPO 1000	PPO 2000	HDHP 4000
Employee Only	$284.00	$100.00	$75.00
Employee + Spouse	$480.00	$244.00	$200.00
Employee + Child(ren)	$390.00	$192.00	$156.00
Employee + Family	$750.00	$398.00	$324.00

Dental

	Premium Plan	Enhanced Plan	Standard Plan
Employee Only	$13.00	$7.00	$1.00
Employee + Spouse	$37.00	$16.50	$3.50
Employee + Child(ren)	$49.00	$23.00	$5.00
Employee + Family	$83.50	$38.00	$8.50

Vision

	Mutual of Omaha (EyeMed)
Employee Only	$1.00
Employee + Spouse	$2.30
Employee + Child(ren)	$2.70
Employee + Family	$4.75

Critical Illness Rates

	Mutual of Omaha			
Age Band	**$10,000**	**$20,000**	**$30,000**	**$40,000**
<30	$3.00	$6.00	$9.00	$12.00
30–39	$4.50	$9.00	$13.50	$18.00
40–49	$9.00	$18.00	$27.00	$36.00
50–59	$20.10	$40.20	$60.30	$80.40
60–69	$44.30	$88.60	$132.90	$177.20
70–79	$83.30	$166.60	$249.90	$333.20
80–99	$124.10	$248.20	$372.30	$496.40

Note: Spouse's Critical Illness rate is based on the employee's age.

Accident Rates

	Mutual of Omaha Low Plan	Mutual of Omaha High Plan
Rates		
Employee Only	$8.92	$10.75
Employee + Spouse	$15.60	$17.83
Employee + Child(ren)	$17.51	$21.73
Employee + Family	$26.43	$30.19

Voluntary Life and AD&D

Age	Monthly Rates per $1,000	Age	Monthly Rates per $1,000
Under 25	$0.08	**55–59**	$0.48
25–29	$0.09	**60–64**	$0.73
30–34	$0.10	**65–69**	$1.29
35–39	$0.11	**70–74**	$2.30
40–44	$0.12	**75–79**	$3.79
45–49	$0.19	**80+**	$7.65
50–54	$0.31	**Child Rate**	$0.20

Note: Spouse's Voluntary Life and AD&D rate is based on the employee's age.

Hospital Indemnity Rates

	Mutual of Omaha Low Plan	Mutual of Omaha High Plan
Employee Only	$22.26	$31.78
Employee + Spouse	$40.36	$69.54
Employee + Child(ren)	$31.26	$43.85
Employee + Family	$48.82	$84.20






Required Notices






REQUIRED NOTICES

HIPAA Special Enrollment Notice

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

LOSS OF OTHER COVERAGE

If you are declining coverage 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

MARRIAGE, BIRTH OR ADOPTION

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

MEDICAID OR CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

FOR MORE INFORMATION OR ASSISTANCE

To request special enrollment or obtain more information, please contact: Jill Berls, 847-527-6750, **jill.berls@lbl.com**

HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice is effective 11/11/26

This notice describes:

- How medical information about you may be used and disclosed and how you can get access to this information;
- How health information about you may be used and disclosed;
- Your rights with respect to your health information; and
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

Please review this notice carefully.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Jill Berls at 847-527-6750, **jill.berls@lbl.com** if you have any questions.

YOUR RIGHTS

You have the right to:

- Consent to most uses and disclosures of your health information
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information, including but not limited to, health care providers who have received your information through certain third parties
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information
- With your consent or as otherwise permitted under HIPAA, we can use and share your information as we:
- Process and Pay Claims
- Communicate with applicable providers treating you
- Administer the Plan
- Coordinate benefits with other coverage
- Fulfill your requests to share information with your consent
- Comply with appliable laws and regulations

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive, including but not limited to, helping with medical emergencies, communicating within our program and with our contractors
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues such as reporting crimes and threats of crimes and suspected child abuse and neglect
- Aid scientific research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits, legal actions, court orders, audits and evaluations

In these circumstances, we must protect your information and limit how we use and share it. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment or health care operations purposes.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes.
- We are not required to agree to your request, and we may say "no" if, for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care or payment for your care;
- Share information in a disaster relief situation; or
- Share information with someone authorized to act on your behalf

If you are not able to tell us your preference, for example if you are incapacitated, we may share your information if we believe it is in your best interest or permitted by law. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

In these cases we never share your information unless you give us written permission:

- Marketing purposes (except as expressly permitted by HIPAA);
- Sale of your information; or
- Any other use or disclosure requiring your prior authorization under applicable law.

You may revoke any authorization at any time, except to the extent we have already relied on the authorization by notifying us in writing

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive & communicate within ours substance use disorder programs and with contractors

We can use your health information and share it with professionals who are treating you.

We can share your information within our substance use disorder programs and with an organization that has administrative control over our substance use disorder program, and with contractors who help us run our substance use disorder program.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. We may also use and share your information to prevent multiple enrollments in withdrawal management or maintenance treatment substance use disorder programs, to report participation in treatment required by the criminal justice system and to report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, or legislative investigations or proceedings against you without (1) your consent or (2) a court order or subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

For your medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Aid scientific research

We can use or share your information for health research. Researchers cannot include any patient identifying information in their reports about the research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Legal Proceedings, court orders, and respond to lawsuits and legal actions

We may use or share your health information as permitted or required by law when responding to legal proceedings. This includes disclosures in response to a valid court order, warrant, subpoena, or other lawful process, consistent with HIPAA's rules for judicial and administrative proceedings (45 CFR §164.512(e)) and law enforcement requests (45 CFR §164.512(f)). When responding to legal requests, we disclose only the information required and follow all conditions and limitations imposed by HIPAA. We can share health information about you in response to a court or

administrative order, or in response to a subpoena. With respect to information related to substance use disorder program, we must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provided testimony about your information in any civil, administrative, criminal or legislative proceedings against you with your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comp.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our substance use disorder program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

With respect to substance use disorder program we may use or disclose your information in order to:

Respond to management and financial audits and substance use disorder program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect or prevent or reduce crime

We will only report the information required by law. We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Communicate within our program and with contractors

We may use and disclose your information within our health plan and with organizations that help us administer our program, including contractors and business associates who perform services for us. These disclosures occur only as permitted by HIPAA for health care operations.

OUR RESPONSIBILITIES

- We may use and disclose your protected health information as permitted or required by HIPAA and other applicable laws. Certain uses and disclosures require your written authorization.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

REDISCLOSURE ACCORDING TO HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

CHANGES TO THE TERMS OF THIS NOTICE

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Michelle's Law Enrollment Notice

Pursuant to Michelle's Law, you are being provided with the following notice because the Kuvare US Holdings' group health plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.

When a dependent child loses student status for purposes of Kuvare US Holdings' group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the Kuvare US Holdings' group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the Kuvare US Holdings' group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

The Kuvare US Holdings' group health plan must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary; and

To obtain additional information, please contact: Jill Berls, 847-527-6750, **jill.berls@lbl.com**

Women's Health and Cancer Rights Act Initial Notice

ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the applicable deductible and coinsurance will apply based on the plan you select during open enrollment. If you would like more information on WHCRA benefits, call your plan administrator at 800-538-8833.

Important Notice from Kuvare US Holdings About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kuvare US Holdings 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. Kuvare US Holdings has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Illinois 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 to December 7.

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 coverage will not be affected. If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Kuvare US Holdings 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 NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Kuvare US Holdings 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**
- 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,** 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: 11/11/2026

Name of Entity/Sender: Kuvare US Holdings

Contact--Position/Office: Jill Berls

Address: 5600 N River Road, Rosemont, IL 60018

Phone Number: 847-527-6750

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

STATE	WEBSITE/EMAIL	PHONE
Alabama Medicaid	myalhipp.com	855-692-5447
Alaska Medicaid	The AK Health Insurance Premium Payment Program: myakhipp.com Email: customerservice@myakhipp.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx	866-251-4861
Arkansas Medicaid	http://myarhipp.com/	855-MyARHIPP (855-692-7447)
California Medicaid	HIPP Website: www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Email: hipp@dhcs.ca.gov	Phone: 916-445-8322 Fax: 916-440-5676
Colorado Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: healthfirstcolorado.com CHIP+: hcpf.colorado.gov/child-health-plan-plus Health Insurance Buy-In Program (HIBI): mycohibi.com	Health First Colorado: 800-221-3943 Relay 711 CHP+: 800-359-1991 Relay 711 HIBI: 855-692-6442
Florida Medicaid	Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	877-357-3268
Georgia Medicaid	GA HIPP: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp GA CHIPRA: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	GA HIPP: 678-564-1162, press 1 GA CHIPRA: 678-564-1162, press 2
Illinois Medicaid	Illinois Medicaid Premium Assistance Information Medicaid applicaiton website: abe.illinois.gov HIPP Email: mhfs.boc.hipp@illinois.gov	217-524-8268
Indiana Medicaid	HIPP: https://www.in.gov/fssa/dfr/ All other Medicaid: in.gov/medicaid	Family & Social Services: 800-403-0864 Member Services: 800-457-4584
Iowa Medicaid and CHIP (Hawki)	Medicaid: hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki HIPP: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	Medicaid: 800-338-8366 Hawki: 800-257-8563 HIPP: 888-346-9562
Kansas Medicaid	kancare.ks.gov	Medicaid: 800-792-4884 HIPP: 800-967-4660
Kentucky Medicaid and CHIP	KI-HIPP: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP Email: KIHIPP.PROGRAM@ky.gov KCHIP: kynect.ky.gov Medicaid: chfs.ky.gov/agencies/dms	KI-HIPP: 855-459-6328 KCHIP: 877-524-4718

STATE	WEBSITE/EMAIL	PHONE
Louisiana Medicaid	Medicaid website: ldh.la.gov/healthy-louisiana Medicaid email: **healthy@la.gov** LaHIPP website: **www.ldh.la.gov/lahipp** LaHIPP email: **La.HIPP@la.gov** LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084	Medicaid: 888-342-6207 LaHIPP Phone: 877-697-6703 LaHIPP Fax: 888-716-9787
Maine Medicaid	Enrollment: **mymaineconnection.gov/benefits** Private health insurance premium: **maine.gov/dhhs/ofi/applications-forms**	Enroll: 800-442-6003 Private HIP: 800-977-6740 TTY: Maine Relay: 711
Massachusetts Medicaid and CHIP	**mass.gov/masshealth/pa** Email: **masspremassistance@accenture.com**	800-862-4840 TTY: 711
Minnesota Medicaid	**mn.gov/dhs/health-care-coverage**	800-657-3672
Missouri Medicaid	**dss.mo.gov/mhd/participants/pages/hipp.htm**	573-751-2005
Montana Medicaid	HIPP: **dphhs.mt.gov/MontanaHealthcarePrograms/HIPP** HIPP Email: **HHSHIPPProgram@mt.gov**	800-694-3084
Nebraska Medicaid	**ACCESSNebraska.ne.gov**	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada Medicaid	Medicaid: **dhcfp.nv.gov**	800-992-0900
New Hampshire Medicaid	**dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program** Email: **DHHS.ThirdPartyLiabi@dhhs.nh.gov**	603-271-5218 or 800-852-3345, ext. 15218
New Jersey Medicaid and CHIP	Medicaid: **state.nj.gov/humanservices/dmahs/clients/medicaid** CHIP: **njfamilycare.org/index.html**	Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 CHIP: 800-701-0710 TTY/Relay: 711
New York Medicaid	**health.ny.gov/health_care/medicaid**	800-541-2831
North Carolina Medicaid	**medicaid.ncdhhs.gov**	919-855-4100
North Dakota Medicaid	**hhs.nd.gov/healthcare**	844-854-4825
Oklahoma Medicaid and CHIP	**insureoklahoma.org**	888-365-3742

STATE	WEBSITE/EMAIL	PHONE
Oregon Medicaid	healthcare.oregon.gov/Pages/index.aspx	800-699-9075
Pennsylvania Medicaid and CHIP	Medicaid: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: dhs.pa.gov/CHIP/Pages/CHIP.aspx	Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437)
Rhode Island Medicaid and CHIP	eohhs.ri.gov	855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina Medicaid	scdhhs.gov	888-549-0820
South Dakota Medicaid	dss.sd.gov	888-828-0059
Texas Medicaid	hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	800-440-0493
Utah Medicaid and CHIP	UPP: medicaid.utah.gov/upp/ UPP Email: upp@utah.gov Adult Expansion: medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: medicaid.utah.gov/buyout-program/ CHIP: chip.utah.gov	UPP: 877-222-2542
Vermont Medicaid	dvha.vermont.gov/members/medicaid/hipp-program	800-250-8427
Virginia Medicaid and CHIP	coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	Medicaid/CHIP: 800-432-5924
Washington Medicaid	hca.wa.gov	800-562-3022
West Virginia Medicaid and CHIP	bms.wv.gov/ mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 855-MyWVHIPP (855-699-8447)
Wisconsin Medicaid and CHIP	dhs.wisconsin.gov/badgercareplus/p-10095.htm	800-362-3002
Wyoming Medicaid	health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility	800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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