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2026

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# EMPLOYEE BENEFITS

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## TABLE OF CONTENTS

Welcome! .....	3
Eligibility .....	4
Choose Your Medical Plan .....	5
Medical Plan Comparison .....	6
Pharmacy .....	7
Health Reimbursement Account .....	8
Understanding How Your Plan Works .....	9
Telehealth Benefits .....	10
Flexible Spending Account (FSA) .....	11
Health Spending Account (HSA) .....	12
Dental Plan .....	13
Vision Plan .....	14
Life Insurance .....	15
Disability Coverage .....	16
Employee Assistance Program .....	17
Employee Contributions .....	18
How do I Enroll? .....	19
Benefits Definitions .....	20
Important Contacts .....	22
Annual Notices .....	23

This benefit summary describes the benefit plans available to you as an employee of Iowa Legal Aid. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contracts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Iowa Legal Aid.

# WELCOME!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need 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.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.



## OPEN ENROLLMENT: TAKE ACTION!

November 3<sup>rd</sup> – November 17<sup>th</sup>

This Open Enrollment is an active enrollment, meaning all employees must enroll to have benefits in the new plan year. If you do not enroll, your benefits will be waived beginning January 1, 2026 and you will not be able to enroll until the next Open Enrollment unless you experience a Qualifying Life Event (QLE).

Please visit our benefits portal website for complete descriptions of our benefits.

<https://flimp.live/iowaLegalAidBenefitsPortal>



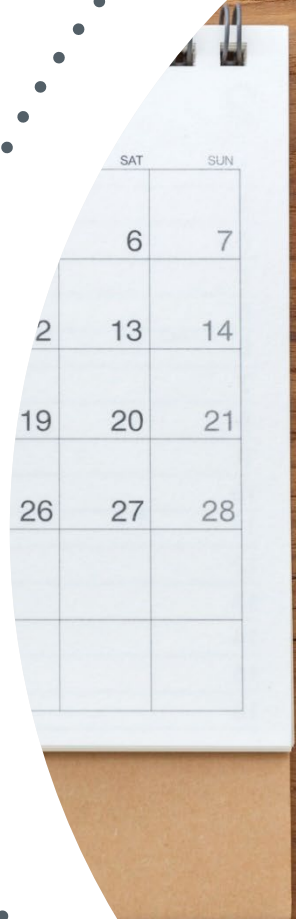
## QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective January 1<sup>st</sup>, 2026. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

### IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event.

Contact Human Resources ([hr@iowalaw.org](mailto:hr@iowalaw.org)) to process a Qualifying Life Event.



# BENEFITS ELIGIBILITY

You and your eligible family members may participate in the 2026 employee benefits program if you are a regular full-time or part-time employee, although not all benefits are available to all regular part-time employees. Temporary employees and AmeriCorps members are not eligible for benefits.



## NEW-HIRE ELIGIBILITY

New hires can join the plan the **first of the month following date of hire**. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

## DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:

- Your legal spouse Children
  - A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
  - Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disability status required)
  - Unmarried, full-time students



## REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an account at [www.wellmark.com](http://www.wellmark.com) so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!



## DOWNLOAD THE MOBILE APP

With the **Wellmark** mobile app, you've got the tools you need to manage your healthcare from your smartphone. The mobile app is available in the Apple and Google Play stores.

# CHOOSE YOUR MEDICAL PLAN

Your medical plans will be offered through **Wellmark**. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective January 1st, 2026 and remain in effect until December 31<sup>st</sup>, 2026 unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates 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.

# MEDICAL PLAN COMPARISON

## Wellmark Blue Cross Blue Shield

### Point of Service (POS) Network

	Copay Plan	Qualified HDHP
<b>IN-NETWORK</b>		
<b>ANNUAL DEDUCTIBLE***</b>		
Individual	\$2,500	\$5,000
Family	\$7,500	\$10,000
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>		
Individual	\$6,350	\$5,000
Family	\$12,700	\$10,000
<b>BENEFIT DETAILS</b>		
Coinsurance Percentage (You Pay)	30%	0%
Virtual Visits - Doctor on Demand	\$15 Copay	Deductible, 0% Coinsurance
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Physician (PCP)	\$35 Copay	Deductible, 0% Coinsurance
Specialist*	\$35 Copay	Deductible, 0% Coinsurance
Emergency Room	\$250 Copay	Deductible, 0% Coinsurance
Inpatient Hospital	Deductible, 30% Coinsurance	Deductible, 0% Coinsurance
Outpatient Hospital	Deductible, 30% Coinsurance	Deductible, 0% Coinsurance
Urgent Care	\$35 Copay	Deductible, 0% Coinsurance
Outpatient Surgery	Deductible, 30% Coinsurance	Deductible, 0% Coinsurance
Lab/X-Ray (Outpatient)	Deductible, 30% Coinsurance	Deductible, 0% Coinsurance
<b>OUT-OF-NETWORK**</b>		
Deductible	\$2,500 Single / \$7,500 Family	\$6,000 Single / \$12,000 Family
Coinsurance	40%	0%
Out-of-Pocket Maximum (OOP)	\$6,350 Single / \$12,700 Family	\$6,000 Single / \$12,000 Family

\* Referrals may be required for some specialist visits.

\*\* When visiting out-of-network providers, costs may be higher, and providers may ask for full payment at time-of-service.

\*\*\* Employer Health Reimbursement Account (HRA) payments reduce your portion of deductible. See HRA information for further details on page 8.

## UNDERSTANDING YOUR DEDUCTIBLES

In Both Plans, the individual deductible in addition to the overall family deductible means that an individual participant may reach their deductible and begin having services paid by the plan regardless of whether the family deductible has been met.



# PHARMACY

## CVS Caremark – BlueRx Value Plus Formulary

PHARMACY			
		Copay Plan	HDHP
Prescription Drugs Deductible*	Single	\$100	Deductible Combined with Medical
	Family	\$200	
Retail 30-day supply	Tier 1	\$8	Deductible, 0% Coinsurance
	Tier 2	\$35	Deductible, 0% Coinsurance
	Tier 3	\$50	Deductible, 0% Coinsurance
	Tier 4	\$50	Deductible, 0% Coinsurance
Mail order 90-day supply	Tier 1	\$24	Deductible, 0% Coinsurance
	Tier 2	\$105	Deductible, 0% Coinsurance
	Tier 3	\$150	Deductible, 0% Coinsurance
	Tier 4	\$150	Deductible, 0% Coinsurance

\* For the Copay plan, the Prescription Drugs Deductible is waived for Tier 1 prescriptions.

### Send Medications Right to Your Home

Home delivery is a convenient, cost-effective and safe option for medications you take regularly. There are four ways to place a new home delivery order:

1. By ePrescribe: Your doctor can send an electronic prescription
2. Go online: Visit the website on your ID card
3. By app: Open the Caremark App, which you can download from the App Store or Google Play
4. By phone: Call the toll-free number on your ID card



### Specialty Medications

CVS Caremark provides resources and personalized support to help you manage your condition.

### SEARCH, COMPARE AND SAVE

Wellmark provides tools to help you find the right drug and pricing options for you. Visit [www.wellmark.com](http://www.wellmark.com) or use the Wellmark app.

For any questions about Wellmark and CVS Caremark or your prescription drugs, call 800-524-9242

# HEALTH REIMBURSEMENT ARRANGEMENT

iSolved Benefit Services

iSolved Benefit Services						
Basics						
Iowa Legal Aid provides money to eligible employees to help pay for qualified expenses of the employee and/or eligible family members on a tax-free basis. Each plan year the amount of money to be contributed for the new year is determined.						
Qualified Expenses						
Medical expenses that count toward your Wellmark medical and prescription deductible are eligible for reimbursement from the HRA. Under Option 1 coinsurance is eligible for reimbursement from the HRA.						
	Option 1		Option 2		Option 3	
Eligibility	Employees enrolled in Wellmark medical Option 1 Copay plan.		Employees enrolled in Wellmark medical Option 2 CDHP plan who are not contributing to an HSA.		Employees enrolled in Wellmark medical Option 2 CDHP plan who are contributing to an HSA.	
	Single	Family	Single	Family	Single	Family
You Pay	50% first \$2,000	50% first \$3,250	50% first \$2,100	50% first \$3,400	First \$1,700	First \$3,400
HRA (Employer) Pays	50% first \$2,000	50% first \$3,250	50% first \$2,100	50% first \$3,400	Next \$800	Next \$1,600
You Pay	Next \$250	Next \$1,750	Next \$650	Next \$1,700		
HRA (Employer) Pays	Next \$250	Next \$2,500	Next \$2,250	Next \$4,900	Next \$2,500	Next \$5,000
Total	\$2,500	\$7,500	\$5,000	\$10,000	\$5,000	\$10,000
Total Payable by You and by Employer Paid HRA						
Total Payable by You	\$1,250	\$3,375	\$1,700	\$3,400	\$1,700	\$3,400
Total Payable by HRA	\$1,250	\$4,125	\$3,300	\$6,600	\$3,300	\$6,600
Total	\$2,500	\$7,500	\$5,000	\$10,000	\$5,000	\$10,000
How are Reimbursements made?						
After your claims are processed by Wellmark they are automatically sent (by Wellmark) to the HRA Administrator for payment. Employee determines if payment is deposited into their bank account or if they receive a check.						

# UNDERSTANDING YOUR PLAN



**1** **YOUR FAMILY** visits your provider (doctor/hospital) and shows their medical insurance card



**2** **YOUR DOCTOR OR PROVIDER** will bill your medical carrier



**3** **YOUR MEDICAL CARRIER** will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider



**4** **YOUR RESPONSIBILITY** You are responsible to pay the amount due to your provider as shown on your EOB

# TELEHEALTH

## Doctor on Demand

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections



We've all been there—it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider but the first appointment isn't for two weeks. Good news... there's an easier way! Telehealth is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you don't have to drive to the doctor's office or sit in a waiting room when you're sick—you can see your doctor from the comfort of your own bed or sofa.

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

To access telehealth benefits please visit [www.DoctorOnDemand.com](http://www.DoctorOnDemand.com)

# FLEXIBLE SPENDING ACCOUNT (FSA)

iSolved



Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

## HEALTH CARE FSA

### Who can participate?

Employees who are not enrolled in the high deductible health plan.

### What are the contribution limits?

Employees can contribute up to \$3,400 in 2026.

### What happens at the end of the year?

A balance of more than \$680 will be forfeited at the end of the year. However, any remaining balance between \$1-\$680 can be used the following plan year once funds are rolled over mid-April. Estimate your contributions carefully so you can avoid losing money.

## LIMITED PURPOSE FSA

### Who can participate?

Employees enrolled in either of the high-deductible health plan.

### What are the contribution limits?

Employees can contribute up to \$3,400 for 2025. You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a LP-HFSA.

### What happens at the end of the year?

Both FSAs are “Use It or Lose It” meaning if you do not spend your funds by the expense deadline, your funds will be forfeited.

## DEPENDENT CARE FSA

### Who can participate?

Any employee.

### What are the contribution limits?

Employees can contribute up to \$7,500 annually per family or \$2,500 if filing separately.

### What happens at the end of the year?

FSA funds expire at the end of each year. Use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

### WHAT'S AN ELIGIBLE EXPENSE?

**Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).

**Limited Purpose FSA** – Dental and vision expenses

**Dependent Care FSA** – Child day care, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).



# HEALTH SAVINGS ACCOUNT (HSA)

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- **Lower paycheck costs** — allowing you to keep control of more of your money
- **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

Coverage Level	Total HSA Contribution Allowed for 2026*
Employee Only	\$4,400
Employee + Spouse	\$8,750
Employee + Child(ren)	\$8,750
Employee + Family	\$8,750

## WHO IS ELIGIBLE FOR AN HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months





# DENTAL PLAN

## Delta Dental

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental coverage administered by Delta Dental of Iowa.

To find an in-network provider visit [www.deltadentalia.com](http://www.deltadentalia.com).

In-Network Plan Features	PPO Network	Premier & Out of Network
Annual Calendar Year Deductible – Individual	\$15	\$25
Annual Calendar Year Deductible – Family	\$45	\$75
Annual Maximum	\$2,000	\$2,000
Preventive Care	Covered at 100%	Covered at 100%
Basic Services	10% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia Services	50% after deductible \$1,000 Lifetime Maximum	

[Age limits may apply to orthodontia.]

# VISION PLAN

## Avesis

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by Avesis and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



To find an in-network provider please visit [www.avesis.com](http://www.avesis.com).

	In Network	Out Of Network
<b>Routine Exam</b>		
<b>Routine Exam</b>	\$10 copay	Up to \$35
<b>Eyeglass Lenses Materials &amp; Framesv</b>		
<b>Single Vision Lenses</b>	\$10 copay	Up to \$25
<b>Standard Lined Bifocal Lenses</b>	\$10 copay	Up to \$40
<b>Standard Trifocal Lenses</b>	\$10 copay	Up to \$50
<b>Lenticular</b>	\$10 copay	Up to \$80
<b>Progressives</b>	\$10 copay	Up to \$40
<b>Frames</b>	\$10 Copay \$150 Retail Allowance	Up to \$50
<b>Contact Lens Elective</b>	\$150 Allowance	Up to \$128
<b>Contact Lens Medically Necessary</b>	Covered in Full	Up to \$250
<b>Frequency of Services</b>		
<b>Comprehensive Eye Exam</b>	Once Every 12 Months	
<b>Lenses</b>	Once Every 12 Months	
<b>Frames</b>	Once Every 24 Months	
<b>Contact Lenses</b>	Once Every 12 Months	

# LIFE INSURANCE

## New York Life Group Benefit Solutions

### BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Iowa Legal Aid, so you will automatically be enrolled at no cost to you. Your coverage will be \$60,000.

You must designate a beneficiary for Life and AD&D insurance benefits when you enroll. Your “beneficiary” is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You can change your beneficiaries at any time during the year.

**Note:** Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your employer-sponsored Basic Life Insurance coverage by converting it, which means change it to a new type of individual policy. You must apply for conversion within 31 days of termination of the policy. Remember, you become responsible for the premiums.



### 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.

# DISABILITY INSURANCE

## New York Life

At Iowa Legal Aid, we want to do everything we can to protect you and your family. That's why Iowa Legal Aid pays for the full cost of long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

### LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) is available after your short-term disability benefits end or 180 days after the illness or injury -- whichever is greater.

The benefit is 66.67% of base pay, up to a maximum of \$3,000 per month. Disability benefits last until you recover or reach your Social Security retirement age.



**Pre-existing condition limitation:** If you've received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date.

You can contact New York Life by phone, website, or through their app. See page 20 for more information.

# EMPLOYEE ASSISTANCE PROGRAM

New York Life

We understand that we all face serious problems at some time in our lives and Iowa Legal Aid is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas including: depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare and elder care.

Participation in the EAP is voluntary, confidential and can be free of cost. For those who require referrals for long-term treatment, there may be fees for the services of outside providers.

However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs. We encourage you and your eligible family members to take advantage of our EAP benefit and to reach out to **New York Life**.



Website: [guidanceresources.com](https://guidanceresources.com)

Web ID: NYLGBS

Phone: 800-344-9752

# EMPLOYEE CONTRIBUTIONS

Medical	Copay Plan	HDHP
Employee	1.25% of base salary	1.25% of base salary
Family	2.88% of base salary	2.88% of base salary

**Dental**

100% Paid by Iowa Legal Aid

**Vision**

100% Paid by Iowa Legal Aid

**Basic Life Insurance**

100% Paid by Iowa Legal Aid



# HOW DO I ENROLL?

## 1. LOG IN

Review the benefit guide and other information found on our benefits portal:

<https://flimp.live/iowaLegalAidBenefitsPortal>

You'll complete the enrollment process on the ADP website provided to you by Human Resources. All eligible employees must complete the electronic enrollment process whether electing or declining benefits.

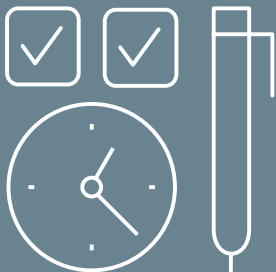
*NOTE: Your initial Flexible Spending Account elections should only take into consideration expenses you expect to incur between your effective date to the end of the current plan year, which is December 31, 2026.*

## 2. CHOOSE YOUR PLAN

Utilize the plan documents to help choose the lowest-cost, best-value health plan based on your medical needs.

## 3. ENROLL BY NOVEMBER 17TH

Make your open enrollment elections by November 17, 2025. If you don't take action, you will not have coverage for next year.



### REMINDER

Benefits enrollment must be completed within 30 days of your qualifying life event.

Make sure you hit 'submit' to save your elections before closing.

# BENEFITS DEFINITIONS

## DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

## COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."



## PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

## OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

# BENEFITS DEFINITIONS (CONT.)

## REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

## PREMIUM

You typically pay premiums through payroll deductions.

## HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).



# IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical	Wellmark	800-524-9242	www.wellmark.com
Health Reimbursement Accounts (HRA)	iSolved	866-370-3040	fbamail@isolvedhcm.com Employee Website: <a href="https://www.isolvedhcm.com/login/benefits">https://www.isolvedhcm.com/login/benefits</a>
Flexible Spending Accounts	iSolved	866-370-3040	fbamail@isolvedhcm.com
Dental	Delta Dental	800-544-0718	www.dentalia.com
Vision	Avesis	800-828-9341	www.avesis.com
Life and Disability	New York Life	800-225-5695	www.newyorklife.com

# REQUIRED NOTICES

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>1 2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children’s Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility.

To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

#### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit [healthcare.gov/medicaid-chip/getting-medicaid-chip](https://healthcare.gov/medicaid-chip/getting-medicaid-chip) for more details.

### **How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1. Indexed annually; see [irs.gov/pub/irs-drop/rp-22-34.pdf](https://irs.gov/pub/irs-drop/rp-22-34.pdf) for 2023.
2. An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## **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 Human Resources.

# Important Notice from Iowa Legal Aid 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 Iowa Legal Aid 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. Iowa Legal Aid has determined that the prescription drug coverage offered by the Wellmark plan 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 Iowa Legal Aid 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 Human Resources. **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 Iowa Legal Aid 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: 01/01/2026  
Name of Entity/Sender: Iowa Legal Aid  
Contact--Position/Office: Suren Hong, Human Resources  
Address: 666 Walnut Street, Floor 25 Des Moines, Iowa 50309  
Phone Number: 515-243-2980

## **Michelle's Law Enrollment Notice**

*Note: Pursuant to Michelle's Law, you are being provided with the following notice because the Iowa Legal Aid 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 Iowa Legal Aid group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the Iowa Legal Aid 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 Iowa Legal Aid group health plan, whichever is earlier.

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

The Iowa Legal Aid 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;

To obtain additional information, please contact Human Resources.

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

### **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. If you would like more information on WHCRA benefits, call your plan administrator.

### **ANNUAL NOTICE**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

# Your Information. Your Rights. Our Responsibilities.

*This notice describes:*

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH Suren Hong AT 515-243-2980 IF YOU HAVE ANY QUESTIONS.

**Please review it carefully.**

## **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
- Get a list of health care providers who have received your information through certain third parties
- Get a copy of this privacy notice
- Choose in advance whether to receive fundraising communications
- 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**

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

## **OUR USES AND DISCLOSURES**

We may use and share your information without your consent as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- For your medical emergencies
- Do 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 and legal actions
- Assist with cause of death inquiries

- Communicate within our program and with contractors
- Respond to management and financial audits and program evaluation
- Prevent or reduce crime in our program

In these circumstances, we must protect your information and limit how we use and share it

## **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, and 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, 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.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say “yes” unless a law requires us to share that information

### **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 in advance about fundraising**

You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

### **Choose someone to act for you**

- If you have given someone 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.

**With your consent, we may also use and share your information in the following ways:**

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

**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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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, talk to 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
- Share information in a disaster relief situation

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

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

- Marketing purposes
- Sale of your information

**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**

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

*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 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.*

*Example 2: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications*

**Bill and Pay for your health services**

We can use and disclose your health information as we bill or 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. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

### **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, only as required by applicable law
- 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

### **Do 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 and Court Orders**

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 provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without 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 comply.
- 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 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.

### **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.

### **Communicate within our program and with contractors**

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

### **Respond to management and financial audits and program evaluation**

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.

#### **Prevent or reduce crime in our program**

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff

#### **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).

#### **OUR RESPONSIBILITIES**

- We are required to obtain your consent for most uses and sharing of your information.
- 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 here 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **CHANGES TO THE TERMS OF THIS NOTICE**

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.

## 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 July 31, 2025. Contact your State for more information on eligibility –

STATE	WEBSITE/EMAIL	PHONE
<b>Alabama</b> Medicaid	<a href="http://myalhipp.com">myalhipp.com</a>	855-692-5447
<b>Alaska</b> Medicaid	Premium Payment Program: <a href="http://myalhipp.com">myalhipp.com</a> Medicaid Eligibility: <a href="http://health.alaska.gov/dpa">health.alaska.gov/dpa</a> Email: <a href="mailto:customerservice@myalhipp.com">customerservice@myalhipp.com</a>	866-251-4861
<b>Arkansas</b> Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	855-MyARHIPP (855-692-7447)
<b>California</b> Medicaid	<a href="http://dhcs.ca.gov/hipp">dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
<b>Colorado</b> Medicaid and CHIP	Medicaid: <a href="http://healthfirstcolorado.com">healthfirstcolorado.com</a> CHIP: <a href="http://hcpf.colorado.gov/child-health-plan-plus">hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="http://mycohibi.com">mycohibi.com</a>	800-221-3943 Relay 711 800-359-1991 Relay 711 855-692-6442
<b>Florida</b> Medicaid	<a href="http://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	877-357-3268
<b>Georgia</b> Medicaid	HIPP: <a href="http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
<b>Indiana</b> Medicaid	HIPP: <a href="https://www.in.gov/fssa/dfr/">https://www.in.gov/fssa/dfr/</a> All other Medicaid: <a href="http://in.gov/medicaid">in.gov/medicaid</a>	800-403-0864 800-457-4584
<b>Iowa</b> Medicaid and CHIP	Medicaid: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid">hhs.iowa.gov/programs/welcome-iowa-medicaid</a> CHIP: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a> HIPP: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a>	800-338-8366 800-257-8563 888-346-9562
<b>Kansas</b> Medicaid	<a href="http://kancare.ks.gov">kancare.ks.gov</a>	800-792-4884 HIPP: 800-967-4660
<b>Kentucky</b> Medicaid and CHIP	KI-HIPP: <a href="http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="http://kynect.ky.gov">kynect.ky.gov</a> Medicaid: <a href="http://chfs.ky.gov/agencies/dms">chfs.ky.gov/agencies/dms</a>	KI-HIPP: 855-459-6328 KCHIP: 877-524-4718
<b>Louisiana</b> Medicaid	<a href="http://ldh.la.gov/healthy-louisiana">ldh.la.gov/healthy-louisiana</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	Medicaid: 888-342-6207 LaHIPP: 855-618-5488
<b>Maine</b> Medicaid	Enrollment: <a href="http://mymaineconnection.gov/benefits">mymaineconnection.gov/benefits</a> Private health insurance premium: <a href="http://maine.gov/dhhs/ofa/applications-forms">maine.gov/dhhs/ofa/applications-forms</a>	Enroll: 800-442-6003 Private HIP: 800-977-6740

		TTY/Relay: 711
<b>Massachusetts</b> Medicaid and CHIP	<a href="http://mass.gov/masshealth/pa">mass.gov/masshealth/pa</a> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	800-862-4840 TTY/Relay: 711
<b>Minnesota</b> Medicaid	<a href="http://mn.gov/dhs/health-care-coverage">mn.gov/dhs/health-care-coverage</a>	800-657-3672
<b>Missouri</b> Medicaid	<a href="http://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
<b>Montana</b> Medicaid	HIPP: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> HIPP Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	800-694-3084
<b>Nebraska</b> Medicaid	<a href="http://ACCESSNebraska.ne.gov">ACCESSNebraska.ne.gov</a>	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>Nevada</b> Medicaid	Medicaid: <a href="http://dhcfnv.gov">dhcfnv.gov</a>	800-992-0900
<b>New Hampshire</b> Medicaid	<a href="http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>	603-271-5218 or 800-852-3345, ext. 15218
<b>New Jersey</b> Medicaid and CHIP	Medicaid: <a href="http://state.nj.gov/humanservices/dmahs/clients/medicaid">state.nj.gov/humanservices/dmahs/clients/medicaid</a> CHIP: <a href="http://njfamilycare.org/index.html">njfamilycare.org/index.html</a>	Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 CHIP: 800-701-0710 TTY/Relay: 711
<b>New York</b> Medicaid	<a href="http://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a>	800-541-2831
<b>North Carolina</b> Medicaid	<a href="http://medicaid.ncdhhs.gov">medicaid.ncdhhs.gov</a>	919-855-4100
<b>North Dakota</b> Medicaid	<a href="http://hhs.nd.gov/healthcare">hhs.nd.gov/healthcare</a>	844-854-4825
<b>Oklahoma</b> Medicaid and CHIP	<a href="http://insureoklahoma.org">insureoklahoma.org</a>	888-365-3742
<b>Oregon</b> Medicaid	<a href="http://healthcare.oregon.gov/Pages/index.aspx">healthcare.oregon.gov/Pages/index.aspx</a>	800-699-9075
<b>Pennsylvania</b> Medicaid and CHIP	Medicaid: <a href="http://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> CHIP: <a href="http://dhs.pa.gov/CHIP/Pages/CHIP.aspx">dhs.pa.gov/CHIP/Pages/CHIP.aspx</a>	Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437)
<b>Rhode Island</b> Medicaid and CHIP	<a href="http://eohhs.ri.gov">eohhs.ri.gov</a>	855-697-4347 or 401-462-0311 (Direct RIte)
<b>South Carolina</b> Medicaid	<a href="http://scdhhs.gov">scdhhs.gov</a>	888-549-0820
<b>South Dakota</b> Medicaid	<a href="http://dss.sd.gov">dss.sd.gov</a>	888-828-0059
<b>Texas</b> Medicaid	<a href="http://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	800-440-0493
<b>Utah</b> Medicaid and CHIP	UPP: <a href="http://medicaid.utah.gov/upp/">medicaid.utah.gov/upp/</a> UPP Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Adult Expansion: <a href="http://medicaid.utah.gov/expansion/">medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="http://medicaid.utah.gov/buyout-program/">medicaid.utah.gov/buyout-program/</a> CHIP: <a href="http://chip.utah.gov">chip.utah.gov</a>	UPP: 877-222-2542
<b>Vermont</b> Medicaid	<a href="http://dvha.vermont.gov/members/medicaid/hipp-program">dvha.vermont.gov/members/medicaid/hipp-program</a>	800-250-8427
<b>Virginia</b> Medicaid and CHIP	<a href="http://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="http://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>	Medicaid/CHIP: 800-432-5924
<b>Washington</b> Medicaid	<a href="http://hca.wa.gov">hca.wa.gov</a>	800-562-3022
<b>West Virginia</b> Medicaid and CHIP	<a href="http://dhhr.wv.gov/bms/">dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 855-699-8447

<b>Wisconsin</b> Medicaid and CHIP	<a href="https://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	800-362-3002
<b>Wyoming</b> Medicaid	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a>	800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

## Patient Protection Notice

Wellmark generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Wellmark designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Wellmark.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Wellmark or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Wellmark.

