EMPLOYEE BENEFITS

2027 BENEFIT GUIDE

UP MANAGEMENT
A HOGAN FAMILY COMPANY









Important Contacts

Coverage	Contact	Phone	Website
Medical	UMR	800-826-9781	www.umr.com
Pharmacy	SmithRx	844-454-5201	www.smithrx.com
Telemedicine	Teladoc	800-835-2362	https://www.teladoc.com/
Health Savings Account	Lively	888-576-4837	www.livelyme.com
Flexible Spending Accounts	Lively	888-576-4837	www.livelyme.com
Dental	United Healthcare	1-800-445-9090	www.myuhc.com
Vision	United Healthcare	1-800-638-3120	www.myuhcvision.com
Life and AD&D	United Healthcare	1-888-299-2070	www.myuhcfp.com
Disability	United Healthcare	1-888-299-2070	www.myuhcfp.com
Employee Assistance Program	United Healthcare	1-877-660-3806	www.liveandworkwell.com
Critical Illness	United Healthcare	1-888-299-2070	www.myuhcfp.com
Accident Insurance	United Healthcare	1-888-299-2070	www.myuhcfp.com
Pet Insurance	Pet Partners	866-774-1113	www.petpartners.com
Identity Theft	Norton LifeLock	800-607-9174	www.nortonlifelock.com/us/en/
401(k) Retirement	John Hancock	800-225-5291	www.johnhancock.com/retirement.html
Human Resources	HR Assistance	309-797-1500	HR@rockislandauction.com HR@cmbeb5visa.com

Welcome to Your Benefits!

This benefit summary describes the benefit plans available to you as an employee of UP Management. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. 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 UP Management.



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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.



Qualifying Life Events

Your benefit elections made during Open Enrollment will be effective January 1st, 2027. 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.

TAKE ACTION!

OPEN ENROLLMENT

November 9 – 20, 2026

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, 2027,** and you will not be able to enroll until the next Open Enrollment unless you experience a Qualifying Life Event (QLE).

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 HR or login to UKG to process a Qualifying Life Event.

Benefits Eligibility

You and your eligible family members may participate in the 2027 employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

New-Hire Eligibility

New hires can join the plan the first of the month following 30 days from 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:

Children under the age of 26

Regardless of martial status, full-student, or dependency.

Your legal spouse

Children over the age of 26

And claimed as a dependent on your federal income tax return as fully dependent due to a mental or physical disability.



Choose Your Medical Plan

Your medical plans will be offered through UMR. 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, 2027, and remain in effect until December 31st, 2027, 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.



TAKE ACTION!

Register Online

Your connection to great healthcare is only a click away. Register for an account at www.umr.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 UMR 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.

Search, Compare, & Save

UMR provides tools to help you find the right options for you. Visit www.umr.com or use the UMR app.

Medical Plan Comparison

UMR

	Gold	Silver	Bronze
IN-NETWORK			
DEDUCTIBLE Calendar Year			
Individual	$1,000	$2,500	$5,000
Family	$3,000	$5,000	$10,000
OUT-OF-POCKET (OOP) MAXIMUM Calendar Year			
Individual	$2,500	$5,000	$5,000
Family	$7,500	$10,000	$10,000
BENEFIT DETAILS			
Coinsurance Percentage	10%	30%	0%
Virtual Visits	$25 copay	$30 copay	Deductible, 0%
Teladoc Virtual Visits	No charge***	No charge***	No charge***
Preventive Care	No charge	No charge	No charge
Primary Care Physician (PCP)	$25 copay	$30 copay	Deductible, 0%
Specialist*	$50 copay	$60 copay	Deductible, 0%
Mental Health Office Visit	$25 copay	$30 copay	Deductible, 0%
Chiropractic Services	Deductible, 10%	Deductible, 30%	Deductible, 0%
Emergency Room	$200 copay	$400 copay	Deductible, 0%
Inpatient Hospital	$250 copay, Deductible, 10%	Deductible, 30%	Deductible, 0%
Outpatient Hospital	Deductible, 10%	Deductible, 30%	Deductible, 0%
Urgent Care	$75 copay	$75 copay	Deductible, 0%
Outpatient Surgery	Deductible, 10%	Deductible, 30%	Deductible, 0%
Lab/X-Ray (Outpatient) – CT/MRI	Deductible, 10%	Deductible, 30%	Deductible, 0%
OUT-OF-NETWORK**			
Deductible – Individual/Family	$5,000/$15,000	$5,000/$15,000	$10,000/$20,000
Coinsurance	40%	50%	60%
Out-of-Pocket Maximum (OOP) – Individual/Family	$16,500/$30,600	$16,5000/$36,000	$12,000/$24,000

* 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.
***Dermatology visits through Teladoc will have a copay or member cost-share depending on which plan you're enrolled in.

Understanding Your Deductibles

In all 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

SmithRx

Specialty Medications

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

Search, Compare, & Save

SmithRx provides tools to help you find the right options for you. Visit www.smithrx.com .

		Gold	Silver	Bronze
Retail 30-day supply	Preventive	No charge	No charge	No charge
	Tier 1 (Generic)	No charge	No charge	Deductible, 0%
	Tier 2 (Preferred Brands)	$35 copay	$50 copay	Deductible, 0%
	Tier 3 (Non-Preferred Brands)	$75 copay	$100 copay	Deductible, 0%
	Tier 4 (Preferred Specialty)	$150 copay*	$150 copay*	Deductible, 0%
	Tier 5 (Non-Preferred Specialty)	$250 copay*	$250 copay*	Deductible, 0%
Mail order 90-day supply	Tier 1 (Generic)	$20 copay	$20 copay	Deductible, 0%
	Tier 2 (Preferred Brands)	$70 copay	$100 copay	Deductible, 0%
	Tier 3 (Non-Preferred Brands)	$150 copay	$200 copay	Deductible, 0%

* 30-day supply limit

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:

ePrescribe
Your doctor can send an electronic prescription

Visit the website on your ID card

Call the toll-free number on your ID card

For any questions about Smith Rx or your prescription drugs, call 844-454-5201

Telehealth

Teladoc

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
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections
- Dermatology issues*

*Dermatology visits through Teladoc will have a copay

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 treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

To access telehealth benefits please download the Teladoc app, visit https://www.teladoc.com/ or call 800-835-2362



Health Savings Account (HSA)

Lively

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 more control 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%

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

How Much Can I Contribute?

Employee only coverage per calendar year:

$4,500

Employee plus dependents coverage:

$9,000

Anyone 55+ can make an additional annual catch-up contribution of

$1,000

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more

*For a list of eligible expenses, see IRS Publication 502, available at **www.irs.gov**.*

Flexible Spending Account (FSA)

Lively

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 $3,500 in 2027.

What happens at the end of the year?

This benefit does not rollover year to year. If you do not spend the money in your FSA at the end of the year, you will forfeit those funds. However, your plan does allow you to rollover up to $700 of unused FSA funds to use in the following year.

Dependent Care FSA

Who can participate?

Any employee.

What are the contribution limits?

Employees can contribute up to $7,500 annually per family or $3,750 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.

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.

Run-Out Period

The run-out period for submitting claims is 90 days after the end of the plan year, which means you have until March 31 of the following year to submit claims for expenses incurred during the plan year.



HSA & FSA Comparison

This chart shows the features of the healthcare FSAs and the Health Savings Account (HSA

	HSA	Health Care FSA
Available if you select these plans	Bronze	Gold/Silver*
How much you may contribute	$4,500 (EE only) $9,000 (all other coverage levels) Catch-up contributions of up to $1,000 for 2026 year for age 55+	Up to $3,500 for 2027 plan year.
Expenses you may pay from your account	Out-of-pocket Medical Prescription drug Dental Vision	Out of pocket expenses incurred during the current calendar year: Medical Prescription drugs Dental Vision
Account balance available to reimburse expenses	Current account balance	Entire contribution amount elected for the plan year
Time limits for using your account balance	No limit	Must use 2027 account balance for expenses incurred through **December 31, 2027.** Claims must be filed by March 31, 2028.
If you don't use all your account balance each year	Any account balance carries over from year-to-year	You must submit claims by March 31, 2028, for all expenses incurred through **December 31, 2027.** The FSA plan allows you to rollover up to $700 of unused FSA funds to use in the following year; but any additional funds will be forfeited.
How it saves you money	Your contributions are tax free, which reduces your taxable income. Any investment or interest earnings on your account balance is tax free. Distributions are tax free if used for qualified healthcare expenses.	Your contributions are tax-free, which reduces your taxable income and increases your take-home pay You pay for healthcare expenses with pre-tax dollars

* You don't have to participate in a company medical plan to enroll in a healthcare FSA.

Search, Compare, & Save Lively provides tools to help you find the right options for you at www.livelyme.com. You may also visit hsastore.com for more information.

Dental Plan

United Healthcare

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 option administered by United Healthcare.

In-Network Plan Features	
Annual Calendar Year Deductible – Individual	$25
Annual Calendar Year Deductible – Family	$75
Annual Maximum	$1,500
Preventive Care	No Charge
Basic Services	20% after deductible
Major Services	50% after deductible
Orthodontia Services (dependents to age 19)	50% (deductible waived)
Orthodontia Lifetime Maximum	$1,500



Vision Plan

United Healthcare

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 United Healthcare with the Spectera network 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.

	In Network	Out Of Network
Routine Exam		
Routine Exam	No charge	Up to $40
Eyeglass Lenses Materials & Frames		
Single Vision Lenses	No charge	Up to $40
Standard Lined Bifocal Lenses	No charge	Up to $60
Standard Trifocal Lenses	No charge	Up to $80
Lenticular	No charge	Up to $80
Frames	Up to $200, then 30% off*	Up to $45
Elective Contact Lenses	Up to $200	Up to $175
Contact Lens Fitting/Evaluation	Up to $60	N/A
Frequency of Services		
Comprehensive Eye Exam	12 months	
Lenses	12 months	
Frames	24 months	
Contact Lenses	12 months	

*At participating providers

To find an in-network provider visit www.myuhcvision.com using the Spectera network

Life Insurance

United Healthcare

Basic Life & Accidental Death & 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 UP Management so you will automatically be enrolled at no cost to you. Your coverage will be 1 times your salary up to $50,000.

Supplemental Life Insurance

You may purchase additional life insurance at group rates:

- Available in increments of $10,000 up to $500,000, not to exceed 5x your annual salary
- You pay the full cost of this plan, and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over $120,000 is made, you are subject to medical underwriting by the carrier

Life Insurance for Spouses & Dependents

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of $5,000 up to a max of $250,000, not to exceed 100% of your election
- Can elect up to $25,000 without medical underwriting as a new hire
- Child life is available for $1,000 from birth to 6 months and in increments of $1,000 up to a max of $10,000 for children 6 months and older
- Children are not subject to medical underwriting
  - The cost remains the same regardless of the number of children you have

TAKE ACTION!

Don't forget to designate a beneficiary!

Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your employer-sponsored Basic or Voluntary Term Life Insurance coverage by either porting or converting it.

If you can continue your life insurance policy, you can port it, which means continuing the same type of policy, or you can convert it, which means change it to a new type of individual policy. Remember, no matter which option you choose, you become responsible for the premiums.

Benefit Reduction

Benefits will automatically be reduced according to the table shown.

Benefit Reduction Schedule:

Age	65	70
Rate	35%	50%

Note: *Employee rates automatically increase with age.*

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. If you did not elect coverage when you were first eligible, EOI may be required to elect coverage during Open Enrollment.

Disability Insurance

United Healthcare

In the event that you become disabled from an 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.

Short-Term Disability (STD)

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your employment status.

Your STD benefits begin on the 8th consecutive day of your disability. STD replaces up to 60% of your monthly income with a maximum benefit of $1,500 per week for up to 25 weeks per claim.

Long-Term Disability (LTD)

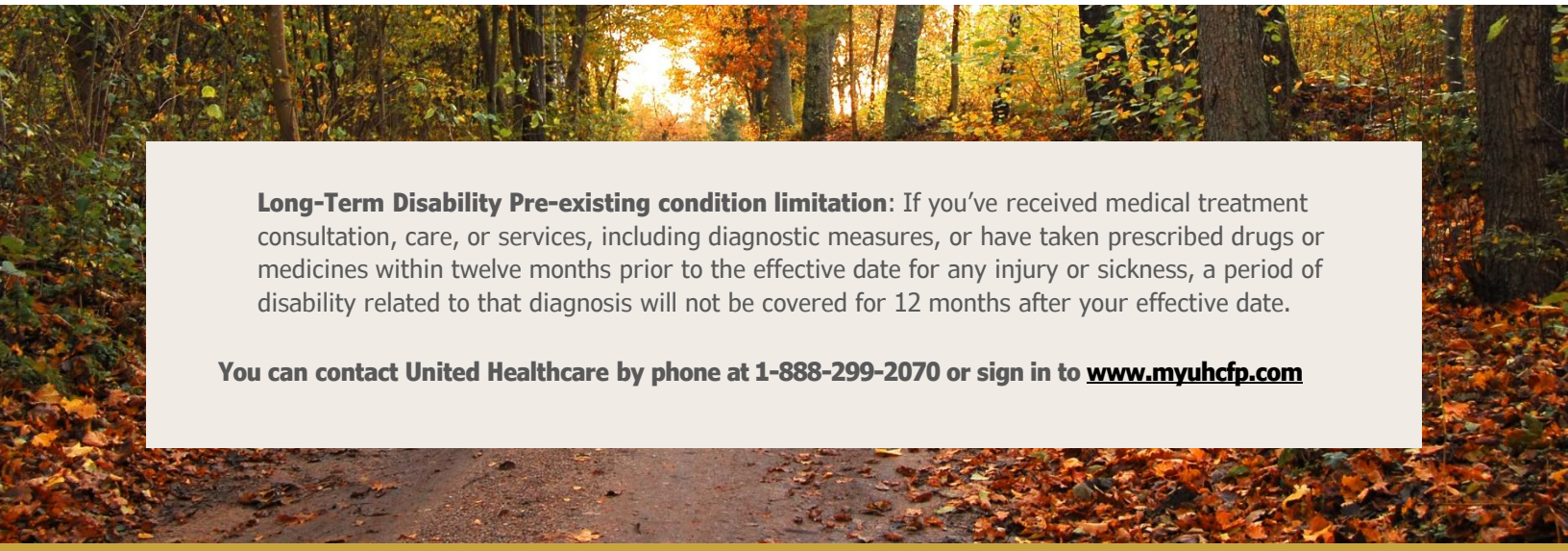
Long-Term Disability (LTD) is available after your short-term disability benefits end or 180 days after the illness or injury -- whichever is greater.

If you elect LTD, the benefit is 60% of your pre-disability earnings, up to a maximum of $10,000 per month. Disability benefits last until you recover or reach your Social Security retirement age.

Filing a Short-Term Disability Claim

In order to receive benefits, you must report your disability claim to United Healthcare if you will be out of work for more than seven days.

SHORT-TERM DISABILITY COVERAGE
• 60% of your weekly earnings up to $1,500 maximum for 25 weeks • Benefit begins after 7 days of disability.
LONG TERM DISABILITY COVERAGE
• Coverage you pay for based on your age and salary • 60% of your monthly earnings to a $10,000 maximum • Benefit begins after 180 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner



Long-Term Disability 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 twelve 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 United Healthcare by phone at 1-888-299-2070 or sign in to www.myuhcfp.com

Employee Assistance Program

United Healthcare

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

The United Healthcare 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 free of cost for the first 3 visits. 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 your EAP benefit and to reach out to United Healthcare.



24 HOURS A DAY, 7 DAYS A WEEK

Professional counselors are available to provide you with support, guidance and resources. Spanish and TTY/TDD phone lines also available.

www.liveandworkwell.com (enter anonymously using access code FP3EAP)

1-877-660-3806

Voluntary Benefits

United Healthcare

Wellness Benefit – Both Accident and Critical Illness plans include an annual health screening benefit of $50. This is payable once per calendar year per insured person. Health screening examples include blood screenings, annual physical exams, colonoscopies and more.

Accident Insurance

Accident insurance pays out a lump sum if you become injured because of an off the job accident — even if the injuries you incur do not keep you out of work. 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 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

Accident Covered Expenses Include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Critical Illness Insurance

While Medical insurance is vital, it doesn't cover everything. 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?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Childcare costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

Critical Illness Covered Expenses Include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ transplant

Learn more about your new United Healthcare plans!

1-888-299-2070 **www.myuhcfp.com**

Voluntary Benefits

Pet Partners/Norton LifeLock

Pet Insurance

Let's not forget about our furry friends! Pet Insurance offers offset the cost of caring for your pet with a wide range of covered medical treatments.

Pet Partners covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries, and hospital stays. You can either choose your own vet or use a licensed in-network vet. The cost of coverage depends on your pet's age, species, and the coverage level (Accident only or Accident & Illness) that you select.

Identity Theft Protection

Identity Theft insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status.

Identity theft protection provides all-in-one protection for your identity. Once enrolled, you will receive an email with instructions on how to take full advantage of your membership.

Identity theft protection looks for uses of your personal information and, with proprietary technology, alerts you to a wide range of potential threats to your identity.

Norton Device Security protects against existing and emerging threats, including ransomware, viruses, spyware, malware and other online threats.

Parental Control helps keep your kids safer online. Help your kids explore the web more safely by staying informed of sites they are visiting and blocking harmful or inappropriate ones.

Privacy Monitor scans common public people-search websites for your personal information and helps you opt out, giving you peace of mind and greater control over your online privacy.



Financial Security

John Hancock

401(k) Plan

Helping you prepare for retirement is extremely important to UP Management, LLC. To help you achieve long-term retirement security, UP Management offers you the ability to build individual wealth through the 401(k) employee contributions.

Eligibility for Employee Contribution

The first of the month after you have completed 60 days of service, you are eligible to make pre- and post-tax contributions to the plan. Employee contributions will be effective as soon as administratively feasible after election.

Enrollment

The HR department will reach out to you once become eligible to enroll.

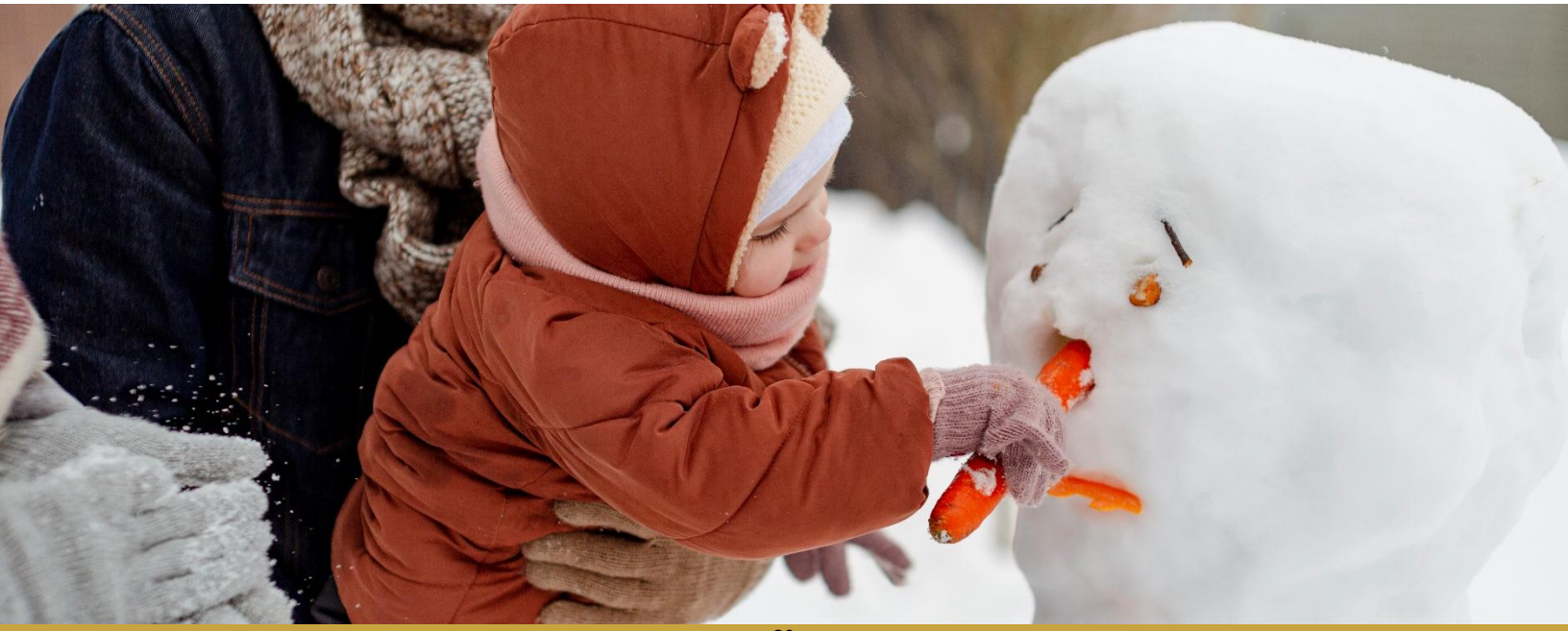
Visit the John Hancock website to:

View your current 401(k) balance and investments

Add or change your beneficiary on the plan

Rollover funds from a previous employer plan or qualified 401(k) plan

For more information and access to the John Hancock site, go to www.myplan.johnhancock.com or call 800-225-5291.



Employee Contributions

Rates will be paid on a weekly basis

Medical	Gold	Silver	Bronze
Employee	$68.68	$38.08	$18.46
Employee & Spouse	$182.46	$120.95	$81.47
Employee & Child(ren)	$156.11	$82.88	$42.10
Family	$216.00	$148.85	$94.53

Dental	
Employee	$3.97
Employee & Spouse	$7.94
Employee & Child(ren)	$10.46
Family	$15.71

Vision	
Employee	$1.20
Employee & Spouse	$2.28
Employee & Child(ren)	$2.68
Family	$3.77

Pet Insurance (per animal)	Accident Only	Accident & Illness
Cat	$2.33	$6.29
Dog	$2.33	$12.45

ID Theft	Essential	Premier
Employee	$2.07	$3.46
Employee & Family	$4.15	$6.92

Accident	
Employee	$2.31
Employee & Spouse	$3.66
Employee & Child(ren)	$5.44
Family	$8.12

Employee Contributions *Continued*

Rates will be paid on a weekly basis

Short-Term Disability Rates Per $10 of Weekly Benefit	
Age	**Rate**
Under 25	$0.502
25-29	$0.527
30-34	$0.478
35-39	$0.444
40-44	$0.434
45-49	$0.455
50-54	$0.551
55-59	$0.718
60-64	$0.891
65+	$0.912

Long-Term Disability Rates Per $100 of Monthly Covered Payroll	
Age	**Rate**
Under 25	$0.048
25-29	$0.084
30-34	$0.149
35-39	$0.205
40-44	$0.350
45-49	$0.440
50-54	$0.622
55-59	$0.800
60-64	$0.478
65+	$0.602

Voluntary Life Monthly Rates Per $1,000 of Coverage (Spouse Rate Based on Spouse age)	
Age	**Rate**
Under 24	$0.057
25-29	$0.063
30-34	$0.085
35-39	$0.126
40-44	$0.192
45-49	$0.299
50-54	$0.440
55-59	$0.630
60-64	$0.810
65-69	$1.270
70-74	$2.182
75+	$6.744
AD&D	$0.026
Child Rate – All Ages 26 and Under	
Life	$0.150
AD&D	$0.050

Critical Illness Per $1,000 of Coverage (Spouse Rate Based on Employee's Age)		
Employee Age	**Employee Rate**	**Spouse Rate**
Under 25	$0.250	$0.240
25-29	$0.320	$0.320
30-34	$0.410	$0.430
35-39	$0.570	$0.590
40-44	$0.880	$0.890
45-49	$1.430	$1.260
50-54	$2.380	$2.010
55-59	$3.150	$3.070
60-64	$3.640	$4.490
65-69	$6.910	$4.140
70-74	$8.640	$8.640
75+	$11.700	$12.420
Child Rate		
All Ages 26 and Under	$0.47	



How Do I Enroll?

1 Log In

Log into UKG and review your current elections.

2 Choose Your 2027 Plans

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

3 Enroll By Date

If you don't complete your enrollment by November 20th, 2026, you will not have coverage in 2027.

Reminder

Benefit mid-year changes must be completed within 30 days of a qualifying life event.

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."

There is no first dollar coverage with the exception of preventative services.

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."

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).

REQUIRED NOTICES

HIPAA Special Enrollment Rights 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, 309-797-1500.

HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice is effective 11/09/2026

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 Human Resources at **HR@cmbeb5visa.com** 309-757-1500 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.

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 800-826-9781.

No Surprises Act: Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

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

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

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service.

This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

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

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

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

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

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

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact UMR at 800-826-9781.

Visit **www.cms.gov/medical-bill-rights** for more information about your rights under federal law or call 1-800-985-3059 to file a federal complaint.

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 CHP+: 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: www.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 Hawki: 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	Website: **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
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: www.mymaineconnection.gov/benefits/s/?language=en_US 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	Website: www.**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	Website: **dphhs.mt.gov/MontanaHealthcarePrograms/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	Website: **dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program** Email: **DHHS.ThirdPartyLiabi@dhhs.nh.gov**	Phone: 603-271-5218 Toll Free HIPP: 800-852-3345, ext. 15218
New Jersey Medicaid and CHIP	Medicaid: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ CHIP: **njfamilycare.org/index.html**	Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 CHIP: 800-701-0710 TTY: 711
New York Medicaid	www.**health.ny.gov/health_care/medicaid**	800-541-2831
North Carolina Medicaid	www.**medicaid.ncdhhs.gov**	919-855-4100

North Dakota Medicaid	www.hhs.nd.gov/healthcare	844-854-4825
Oklahoma Medicaid and CHIP	www.insureoklahoma.org	888-365-3742
Oregon Medicaid	www.healthcare.oregon.gov/Pages/index.aspx	800-699-9075
Pennsylvania Medicaid and CHIP	Medicaid: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx	Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437)
Rhode Island Medicaid and CHIP	www.eohhs.ri.gov	855-697-4347 or 401-462-0311 (Direct RIte Share Line)
South Carolina Medicaid	www.scdhhs.gov	888-549-0820
South Dakota Medicaid	www.dss.sd.gov	888-828-0059
Texas Medicaid	www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	800-440-0493
Utah Medicaid and CHIP	UPP Website: medicaid.utah.gov/upp/ UPP Email: upp@utah.gov Adult Expansion Website: medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: 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	Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select HIPP Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	Medicaid/CHIP: 800-432-5924
Washington Medicaid	www.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	www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	800-362-3002
Wyoming Medicaid	www.health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility	800-251-1269

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

Notes



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