

**RMH**

REILLY | McDEVITT | HENRICH

# 2025

## EMPLOYEE BENEFITS GUIDE



# WELCOME TO REILLY, MCDEVITT & HENRICH



At Reilly, McDevitt & Henrich, we are committed to providing our employees and their eligible family members with an affordable benefits package that is comprehensive, while also being flexible enough to suit their needs.

This guide is designed to help you make informed decisions when selecting benefits for the plan year. We encourage you to take some time to review this guide and take advantage of the various benefit programs and resources available to you and your family.

## Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center (“Benefits MAC”) at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or go to [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy) and complete the fields.

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# ELIGIBILITY & ENROLLMENT



## Who is Eligible to Elect Benefits?

If you're a full-time employee at Reilly, McDevitt and Henrich, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

In addition, the following family members are eligible for medical, dental and vision coverage:

- A spouse to whom you are legally married
- A dependent child under age 26
  - \* Coverage will terminate at the end of the year the dependent turns 26
  - \* Coverage may be extended past the age of 26 for disabled dependents. Dependent children can include natural, adopted children, and stepchildren.

## Making Changes During the Plan Year - Qualifying Life Events

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

**You must notify Human Resources within 30 days of experiencing a Qualifying Life Event.**

## Enrollment Instructions

To enroll or make changes to your benefits, visit [www.benefitsconnect.net/rmhlaw](http://www.benefitsconnect.net/rmhlaw) and follow the directions below to login:

- Your username is your last name, first initial and the last 4 digits of your SSN.
- Your password is your SSN (without hyphens)
- Example:
  - Employee Name: Matt Sample
  - Social Security Number: 949-12-1234
  - Username: samples1234
  - Password: 949121234



# MEDICAL BENEFITS

## HIGHMARK



Employees have the option to enroll in the medical plans below, administered by Highmark. Preventive care services, such as routine physicals and immunizations for adults and children, are covered 100% in-network—no copays, deductibles or coinsurance!

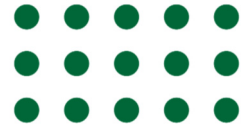
	PPO \$40 - \$70	PPO \$15 - \$35
<b>IN-NETWORK BENEFITS</b>		
<b>Deductible*</b> Individual/Family	\$0 / \$0	\$0 / \$0
<b>Out-of-Pocket Maximum</b> Individual/Family	\$7,900 / \$15,800	\$7,900 / \$15,800
<b>Preventive Care Services</b>	Covered 100%	Covered 100%
<b>Office Visit</b> PCP Specialist	\$40 copay \$70 copay	\$15 copay \$35 copay
<b>Diagnostic Services</b> Basic Lab/X-Ray Advanced Imaging	\$70 copay \$300 copay	\$35 copay \$70 copay
<b>Emergency Room</b>	\$300 copay (Copay waived if admitted)	\$200 copay (Copay waived if admitted)
<b>Urgent Care Center</b>	\$100 copay	\$70 copay
<b>Inpatient Hospital</b>	\$500/Day; max of 5 copays per admission	\$150/Day; max of 5 copays per admission
<b>Outpatient Surgery</b>	100%	100%
<b>OUT-OF-NETWORK BENEFITS</b>		
<b>Deductible</b> Individual/Family	\$5,000 / \$10,000	\$2,500 / \$5,000
<b>Out-of-Pocket Maximum</b> Individual/Family	\$20,000 / \$40,000	\$10,000 / \$20,000
<b>Coinsurance</b>	Plan pays 50% after deductible	Plan pays 50% after deductible

\* The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reach their out-of-pocket maximum.



# PRESCRIPTION BENEFITS

## HIGHMARK



When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage through Highmark. When you use a participating pharmacy and/or the mail order service, you will be responsible for the discounted cost of the prescription drug up until you satisfy the applicable medical plan deductible. Once your medical plan deductible is met, you will be responsible for the copay/member cost share that applies for your script type.

BENEFITS	PPO \$40 - \$70		PPO \$15 - \$35	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Retail Prescription</b>				
Generic	\$20 copay	Not Covered	\$15 copay	Not Covered
Preferred Brand	\$40 copay	Not Covered	\$35 copay	Not Covered
Non-Preferred Brand	\$60 copay	Not Covered	\$50 copay	Not Covered
<b>Mail Order</b>				
Generic	\$40 copay	Not Covered	\$30 copay	Not Covered
Preferred Brand	\$80 copay	Not Covered	\$70 copay	Not Covered
Non-Preferred Brand	\$120 copay	Not Covered	\$100 copay	Not Covered

### Generic Drugs

#### Save. Effective. FDA-Approved.

A generic drug is identical (or bioequivalent) to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand name drugs are. According to the FDA, compared to its brand counterpart, a generic drug is chemically the same, works the same in the body, is as safe and effective, and meets the same standards set by the FDA. The major difference is that the generic drug often costs much less.

Ask your healthcare provider if there is a generic equivalent for your brand-name drug or visit [www.fda.com](http://www.fda.com) for a catalogue of FDA-approved drug products.

### Maintenance Medications

Maintenance medications are those drugs you may take on a regular basis to treat conditions such as high cholesterol, high blood pressure or diabetes. Depending on your benefit plan, you may have coverage to obtain up to a 90-day supply of covered maintenance medications delivered right to your home through Highmark.



# TELEMEDICINE

## AMWELL (WELL360)



WHETHER YOU'RE ON PTO OR IT'S THE MIDDLE OF THE NIGHT, THE CARE YOU NEED IS JUST **A CALL OR CLICK AWAY.**



### Telemedicine

Well360, provided by Highmark, is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat, and prescribe medication (when necessary) for many common medical issues. Well360 uses digital devices such as computers and smartphones, and in most cases videoconferencing. Using Telemedicine is a convenient option when it's not possible to visit your doctor's office for non-emergency medical conditions such as:

- Allergies
- Asthma
- Pink Eye
- Ear Infections
- Sinus Issues
- Respiratory infections
- Cold and flu symptoms

### Telemedicine: Dermatology

Well360 gives you fast access to a network of leading board-certified dermatologists who can diagnose and treat various skin, hair, and nail conditions. Doctors can review imagery and provide approved medications.

### Telepsychiatry

Members have access to high-quality virtual care for a wide variety of behavioral issues, without the obstacles of conventional in-office options. Members can speak with board-certified psychiatrists and licensed therapists from wherever they feel most comfortable.

Well360 allows plan members to access a counselor or psychiatrist from the comfort of their own home. While in-person behavioral health appointments can take weeks to set up, Well360 behavioral health appointments can be made several days in advance with occasional availability the next day.

### Set Up your Well360 Account

Scan the QR Code to download the My Highmark app or visit [www.myhighmark.com](http://www.myhighmark.com) today to access Well360.



# DENTAL BENEFITS

## PRINCIPAL



Employees and their eligible dependents may enroll in the Principal dental plan, which includes 100% coverage for preventive services such as routine dental exams, cleanings, and X-rays.

Please note, coverage for dental is voluntary.

BENEFITS	LOW PLAN	HIGH PLAN
	IN- AND OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
<b>Deductible</b> Individual/Family	\$50 / \$150	\$50 / \$150
<b>Annual Maximum</b>	\$1,250	\$2,000
<b>Preventive &amp; Diagnostic Services</b> Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 16)	Covered 100%	Covered 100%
<b>Basic Services</b> Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	80% covered after deductible	80% covered after deductible
<b>Major Services</b> Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50% covered after deductible	50% covered after deductible
<b>Orthodontia Benefits</b> (children age 19 and below)	N/A	50% covered; No deductible
<b>Orthodontia Lifetime Maximum</b> (per patient)	N/A	\$1,500



### Did You Know?

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



# VISION BENEFITS

## PRINCIPAL/VSP



If you elect to enroll in one of the medical plans, you will automatically receive the Principal/VSP vision benefits at no additional cost to you. Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

### VISION PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
<b>Eye Exam</b>	\$0 copay	Up to \$45
<b>Lenses</b>		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$65
<b>Frames</b>	\$130 allowance; 20% off amount over allowance	Up to \$70
<b>Contact Lenses (in lieu of eyeglasses)</b>		
Fitting & Evaluation Exam	Up to \$60 copay	Up to \$45
Elective	\$130 allowance	Up to \$105
Medically Necessary	\$10 copay	Up to \$210
<b>Frequency (based on calendar year)</b>		
Eye Exam		Once every 12 months
Lenses		Once every 12 months
Frames		Once every 24 months



# EMPLOYEE CONTRIBUTIONS

## BASED ON 26 PAYROLL DEDUCTIONS PER YEAR

### MEDICAL PLAN CONTRIBUTIONS

BENEFITS	PPO \$40 - \$70 PLAN	PPO \$15 - \$35 PLAN
Employee	\$51.30	\$110.85
Employee + Spouse	\$251.50	\$386.41
Employee + Child(ren)	\$171.79	\$276.68
Family	\$348.91	\$540.47

**Please note:** Vision is included with your medical plan contributions.

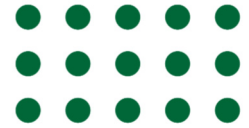
### DENTAL PLAN CONTRIBUTIONS

BENEFITS	LOW PLAN	HIGH PLAN
Employee	\$14.20	\$21.83
Employee + Spouse	\$40.55	\$64.92
Employee + Child(ren)	\$40.55	\$64.92
Family	\$40.55	\$64.92



# LIFE & DISABILITY INSURANCE

## PRINCIPAL



### Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Reilly, McDevitt & Henrich provides full-time employees with a benefit equal \$50,000 in group life and accidental death and dismemberment (AD&D) insurance. **Reilly, McDevitt & Henrich pays for the full cost of this benefit.**

### Voluntary Life Insurance

You may choose to purchase Supplemental Life Insurance coverage in addition to the company-paid benefit.

**Employees pay the total cost of this benefit through payroll deductions.**

- **Employee:** \$10,000 increments up to the lesser of \$300,000
- **Spouse:** \$5,000 increments up to the lesser of \$100,000
- **Child:** Age 14 days or older you choose to purchase benefits of \$10,000 or \$20,000

**NOTE:** You must purchase Voluntary Life Insurance for yourself to be eligible to purchase Life Insurance for your spouse and/or child(ren).

### Short-Term Disability (STD)

Short-Term Disability (STD) is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill and are unable to work.

- **Benefit:** 60% to a \$1,000 maximum
- **Elimination Period:** 8 days
- **Duration of Benefits:** 12 weeks

### Long-Term Disability (LTD)

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement.

This benefit is available to all Non-Union employees working in the U.S. who are scheduled to work a minimum of 30 hours per week. The below charts outline the benefits for Attorneys and Equity Partners.

#### LTD OVERVIEW (EMPLOYEES)

OVERVIEW	
Benefit	60%
Maximum Monthly Duration	\$8,000
Definition of Earnings	Base Wage
Elimination Period	90 days
Own Occupation Period	2 years
Duration of Benefits	SSNRA
Pre-Existing Conditions	3 months prior / 12 months insured

#### LTD OVERVIEW (ATTORNEYS)

OVERVIEW	
Benefit	60%
Maximum Monthly Duration	\$8,000
Definition of Earnings	Base Wage with Bonus
Elimination Period	90 days
Own Occupation Period	End of Benefit Duration
Duration of Benefits	SSNRA
Pre-Existing Conditions	3 months prior / 12 months insured

#### LTD OVERVIEW (EQUITY PARTNERS)

OVERVIEW	
Benefit	60%
Maximum Monthly Duration	\$10,000
Definition of Earnings	Base Wage
Elimination Period	90 days
Own Occupation Period	End of Benefit Duration
Duration of Benefits	SSNRA
Pre-Existing Conditions	3 months prior / 12 months insured

# BENEPORTAL

## ADDITIONAL RESOURCES



### Your Benefits Information in One Place!

At Reilly, McDevitt & Henrich, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links, and other applicable benefit materials.

### Secure Online Access

Visit [www.rmh-benefits.com](http://www.rmh-benefits.com) to access your benefits information today!

### Mobile-Friendly Site

BenePortal is **mobile-optimized**, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

### Other Features Include:

- Direct links to important websites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable documents
- Additional resources



# BENEFITS MEMBER ADVOCACY CENTER

## CONNER STRONG & BUCKELEW

**Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!**

The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

### Contact the Benefits MAC

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

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:  
[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via fax: **856.685.2253**
- Via email: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)

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



# VALUE-ADDED SERVICES

## CONNER STRONG & BUCKELEW

### Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: <https://connerstrong.corestream.com>

### HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Learn more at:  
<https://marketplace.huskwellness.com/connerstrong>

### GoodRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: <https://connerstrong.goodrx.com>

### HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: [www.healthylearn.com/connerstrong](http://www.healthylearn.com/connerstrong)



# CARRIER CONTACTS

Below is a list of important contacts for all of your employee benefits needs.

BENEFITS/RESOURCES	CONTACT	PHONE NUMBER	WEBSITE
<b>Medical/Prescription</b>	Highmark	800-457-4062	<a href="http://www.myhighmark.com">www.myhighmark.com</a>
<b>Telemedicine</b>	Amwell	800-457-4062	<a href="http://www.myhighmark.com">www.myhighmark.com</a>
<b>Dental, Life/AD&amp;D, STD and LTD</b>	Principal	800-986-3343	<a href="http://www.principal.com">www.principal.com</a>
<b>Vision</b>	Principal/VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Member Advocacy</b>	Benefits MAC	800-563-9929	<a href="http://www.connerstrong.com/memberadvocacy">www.connerstrong.com/memberadvocacy</a>





# LEGAL NOTICES

## Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children’s Health Insurance Program)** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

## Loss of coverage for Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program (CHIP).

## New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women’s Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](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, 2024. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

# LEGAL NOTICES

## COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

## FLORIDA - Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

## GEORGIA - Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

## INDIANA - Medicaid

Health Insurance Premium Payment Program

All other Medicaid Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fss/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

## IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

## KANSAS - Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

## KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA - Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE - Medicaid

Enrollment Website: [www.mymaineconnection.gov/benefits/s/?language=en\\_US](http://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS - Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA - Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

## MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

## MONTANA - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA - Medicaid

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

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-495-1178

## NEVADA - Medicaid

Medicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE - Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 15218

Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY - Medicaid and CHIP

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

Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

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

CHIP Phone: 1-800-701-0710 (TTY: 711)

## NEW YORK - Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

## NORTH CAROLINA - Medicaid

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

Phone: 919-855-4100

# LEGAL NOTICES

## NORTH DAKOTA – Medicaid

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

Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

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

Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

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

Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>

CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

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

Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

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

Email: [upp@utah.gov](mailto:upp@utah.gov)

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

## VERMONT – Medicaid

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

Phone: 1-800-562-3022

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

## U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565





*Reilly, McDevitt & Henrich reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.*