



EMPLOYEE BENEFITS

One of the core elements of the Windward experience is our nurturing, supportive, and inclusive community. This includes Windward's strong focus on Community Well-being for all members of its community, including our employees! We seek to help employees lead healthy, balanced lives and have designed a Benefits and Wellness program to support them in doing so.

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Please remember to review the CHIP notice within this brochure. It includes information on how employees can contact their state to check if you are eligible for premium assistance under Medicaid or Children's Health Insurance Program (CHIP) and how to apply for the programs. See page 16-17 for more details.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See page 15 for more details.

CONTACT INFORMATION

MEMBER SERVICE NUMBERS

Anthem Medical

Medical Member Services.....(800) 888-8288

MetLife

Dental Member Services.....(800) 438-6388

Vision Member Services(855) 638-3931

Basic and Voluntary Life/AD&D Member Services(800) 438-6388

Long and Short Term Disability Member Services(800) 438-6388

Employee Assistance Program(800) 319-7819

Legal Shield

Identity Theft, IDShield.....(888) 494-8519

LegalPlan.....(800) 526-8585

United Pet Care

Member Services.....(888) 781-6622

BENEFITS SERVICE CENTER

Toll-Free.....(855) 545-8891

Email windwardbenefits@sullicurt.com

HELPFUL WEBSITES

Benefits Website..... www.windwardschool.benefitsmap.com

Username: windwardschool

Password: benefits

Anthem..... www.anthem.com/ca

MetLife..... www.metlife.com

MetLife EAP..... metlifecap.lifeworks.com

Questions?

Windward School employees can call a convenient, toll-free number to reach experienced benefits administrators and licensed insurance professionals for information on benefits, eligibility, claims assistance and how to enroll in the online enrollment system.

Windward School employees have access to the Benefits Service Center from 7:30 am to 5:00 pm Pacific Time, Monday through Friday (Excluding Holidays). Spanish speaking representatives are available.

Toll Free: 855.545.8891

Email: windwardbenefits@sullicurt.com

welcome to
**WINDWARD
SCHOOL**

We are committed to providing you with a comprehensive, high quality, affordable employee benefits program that meets your needs and serves as an integral and valuable component of your total compensation package. Designed to provide you with protection and security, this program allows you to choose the plans and coverage that are right for you.



WELCOME TO YOUR 2019 BENEFITS

We are excited to introduce Windward School's comprehensive Health Benefits program for 2019! Benefit eligible employees are offered a variety of plans to help address your health needs and create peace of mind for you and your families. Many of these plans are paid in whole or in part by Windward School. An overview of the benefit plan offerings for 2019 are as follows:

- **NEW!** Medical carrier - Anthem Blue Cross!
 - HMO plans
 - PPO plan
 - HSA plan
- **NEW!** Dental, Vision, Life & Disability through MetLife
- **NEW!** Voluntary Critical Illness, Accident and Hospital Indemnity through MetLife
- **NEW!** Employee Assistance Program through MetLife
- Flexible Spending Accounts through IGOE
- **NEW!** Voluntary Legal Services through LegalShield
- **NEW!** Voluntary Pet Insurance

OPEN ENROLLMENT

Open enrollment occurs one time each year in May. During this time, you may add or delete dependents from your coverage, change your coverage level or change your benefit elections without experiencing a qualifying event. The benefits and coverage you select during this enrollment period will remain in effect throughout the plan year from June 1, 2019 until May 31, 2020.



WHO IS ELIGIBLE?

Employees at 60% full-time equivalency and up, are eligible to participate in the Windward School employee benefits program. You are eligible to participate on your date of hire.

You may also enroll your eligible dependents including:

- Your legal spouse
- Your registered domestic partner
- Your (or spouse/domestic partner) dependent children, up to age 26, provided they qualify as your tax dependents

CHANGE IN STATUS?

During the year, you can change your benefit elections only if you experience a qualifying change in status event. You must notify Human Resources within 30 days from the event to make any changes to your benefits.

Examples include changes in:

- Marital status (marriage, divorce, legal separation)
- Number of dependent children (birth, adoption)
- Employment status (part-time to full-time)
- Eligibility status (change in hours, job loss)
- Death

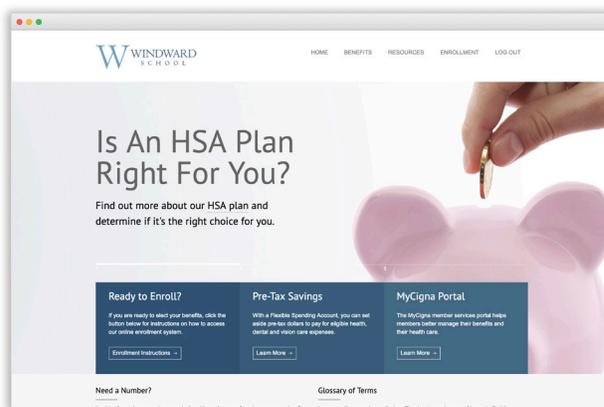
BENEFITS WEBSITE

In 2019, we are pleased to introduce our benefits website, an online destination for you to find benefits information, carrier forms, educational resources and enrollment information. This site, which is available 24/7, will allow you to quickly access the information you need to make an informed decision about choosing your benefit plans. To access the site, simply log on to:

www.windwardschool.benefitsmap.com

username: windward

password: benefits



COST OF COVERAGE:

How You Pay for Health Care Costs

You share the cost of services with Windward School and the insurance plans you select. As you review your plan options you should consider the types of costs listed below.

PREMIUM: A premium is the total cost for your medical insurance. You and Windward School share this cost. You pay your portion through pre-tax payroll deductions.

COPAY: A copay is a set payment you make for a specific service. For example, in the PPO plan you will have a \$15 copay for visits to your primary care physician.

COINSURANCE: When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan. For example, in the PPO plan, after you satisfy your deductible, you will pay 10% coinsurance for most medical care that you receive from preferred providers.

OUT-OF-POCKET MAXIMUM: The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay, including your deductible, for eligible expenses during a plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services. For example, if you are enrolled in the PPO HSA 2000 plan, your calendar year out-of-pocket maximum for in-network care is \$3,000 per person or \$6,000 per family, which includes the annual deductible.

DEDUCTIBLE: A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits. For example, if you are enrolled in employee only coverage in the PPO plan, you must pay \$250 per person or \$750 per family for covered care, over the course of the plan year, before the plan pays any benefits.

Your Total Cost of Care

Remember, your total health care cost for the year is the combination of your out-of-pocket expenses when you access medical care and the premium contributions you make for coverage.

Premiums
+ Out-of-Pocket Costs

Total Cost of Health Care

Depending on your personal situation, the plan with the lowest deductibles and copays may not be the best plan for you. Be sure to take a good look at the total cost of your expected care before making your plan decisions for the 2019-20 plan year.

MEDICAL INSURANCE

Health insurance is an important component of the Windward School benefits program. A quality health insurance plan provides you with protection against the financial uncertainty that can come with treating a major illness or injury. Our health insurance plans offer you the peace of mind of knowing you have that financial protection.

The following medical plan options are available for you and your dependents:

- Anthem Narrow HMO Plan
- Anthem Full HMO Plan
- Anthem PPO Plan
- Anthem High Deductible PPO HSA Plan

HOW YOUR HMO WORKS

An HMO plan is a type of health care coverage that coordinates health care services with a medical group or independent practice association and a primary care physician. With the HMO plans, you pay no deductible and can access a broad range of medical services and wellness programs at a low copay when you receive health care services from your Primary Care Physician (PCP).

All services and care (except emergencies) must be provided through your PCP and/or Medical Group. An authorized referral must be obtained from your PCP or Medical Group for all specialty care including no-cost preventive care. While you cannot change from HMO to PPO during the plan year, in most cases you can change your PCP and/or Medical Group or IPA if you provide one month's advance notice.

HOW YOUR PPO PLAN WORKS

With our PPO plan, you can visit any licensed doctor, hospital or medical provider you want. However, the method of payment and the cost of the service may vary, depending on whether the doctor is in Anthem's network or not. With a PPO, you will be responsible for copays for certain services and will need to meet your deductible and coinsurance for other services.

HOW YOUR PPO HSA PLAN WORKS

Our PPO HSA plan works just like a traditional PPO plan in that members can seek care from the provider of their choice, whether in or out of the plan's network. And just like a traditional PPO, there is no requirement that you select a primary care physician or obtain referrals to specialists – you have the freedom of choice to control how you access health care services. However, the HSA plan is one of a new generation of plans known as “consumer driven health care plans,” or CDHPs for short. CDHPs combine a high deductible PPO style health plan with an underlying Health Savings Account (HSA).

ANTHEM ANYWHERE MOBILE APP

On The Go? Download the Anthem Anywhere Mobile app.

- Find a doctor
- Get your ID card
- Check your claims
- Estimate your costs
- View your medical benefits
- Manage prescription benefits
- Access your mobile health record





HEALTH SAVINGS ACCOUNTS

WHAT IS AN HSA

An HSA is a special type of tax-preferred savings account that allows you to cover your deductible and pay for other out-of-pocket health care spending with pre-tax dollars.

WHO IS ELIGIBLE?

The HSA is completely owned by you. You are eligible to open and fund an HSA if:

- You are enrolled in the HSA medical plan as your sole health plan coverage.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration Benefits

Please note, employees over the age of 55 can make catch up contributions totaling up to \$1,000 any time during the plan year.

WHAT ARE ELIGIBLE EXPENSES?

You can use your HSA for expenses that would generally qualify for the medical and dental expenses income tax deduction, including:

- Deductibles
- Speech/occupational/physical therapy
- Office visits
- Dental, Rx drugs, Vision, Hospital stays and lab work
- Cobra Premium

Visit www.irs.gov/publications/p969/ar02.html for a complete list.

WHEN CAN YOU ACCESS YOUR FUNDS?

You can access your funds anytime! Contributions are not limited to just your deductible amount in the health plan. HSA funds roll over and accumulate year after year if not spent.

HOW DO I USE MY HSA?

START IT: You can set up your own HSA

BUILD IT: Your contributions to your HSA are pre-tax through payroll contributions! (Limits apply)

USE IT: You can use the money in your HSA to pay for covered health care for you and your qualified dependents (like the deductible and coinsurance). Withdrawals from your HSA (for qualified expenses) are tax-free!

GROW IT: Unused money in your account will roll over to the next year. Your account will earn interest and grow over time.

KEEP IT: You always own the money in your HSA, including all contributions and any interest and other investment earnings. You can also take the account with you if you change employers.

FAST FACTS ABOUT YOUR HSA

- Optum Bank is our HSA administrator

2019 HSA Maximum Annual Contribution (set by the IRS):

- Enrolled as Employee Only: \$3,500
- Enrolled with Dependent(s): \$7,000
- Age 55+: \$1,000 catch-up contribution (additional)

Who Sets Up the Health Savings Account?

- If you are a first time enrollee, Windward School will handle the setup

Medical Plan Options

ANTHEM	VIVITY NARROW HMO PLAN	TRADITIONAL FULL HMO PLAN	PREMIER PPO PLAN		HIGH DEDUCTIBLE HSA PPO PLAN	
	In-Network (Vivity Network)	In-Network (Full Network)	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Calendar Year Deductible	None	None	Individual: \$250 Family: \$750	Individual: \$250 Family: \$750	Individual: \$2,000 Individual in a Family: \$2,700 Family: \$4,000	Individual: \$6,000 Individual in a Family: \$6,000 Family: \$12,000
Calendar Year Out-of-Pocket Max	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$2,500 Family: \$5,000	Individual: \$7,500 Family: \$15,000	Individual: \$3,000 Family: \$6,000	Individual: \$9,000 Family: \$18,000
Physician Services Primary Care Visit Specialist Visits Preventive Care Telehealth	\$10 copay \$10 copay No charge \$10 copay	\$10 copay \$10 copay No charge \$10 copay	\$15 copay \$15 copay No charge \$10 copay	30% after ded. 30% after ded. 30% after ded. 30% after ded.	20% after ded. 20% after ded. No charge 20% after ded.	40% after ded. 40% after ded. 40% after ded. 40% after ded.
Hospital Services Inpatient Outpatient	No charge No charge	No charge No charge	10% after ded. 10% after ded.	30% after ded. 30% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.
Urgent Care	\$10 copay	\$10 copay	\$15 copay	30% after ded.	20% after ded.	40% after ded.
Diagnostic X-Ray/Lab Lab X-Ray	No charge No charge	No charge No charge	10% after ded. 10% after ded.	30% after ded. 30% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.
Chiropractic Services	\$10 copay per visit	\$10 copay per visit	\$15 copay per visit; 30 visits max, combined in/out-of-network	30% after ded.; 30 visits max, combined in/out-of-network	20% after ded.; 30 visits max, combined in/out-of-network	40% after ded.; 30 visits max, combined in/out-of-network
Emergency Room Services	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	20% after ded.	20% after ded.
Prescription Drugs Tier 1a/1b Tier 2 Tier 3 Tier 4	\$5/\$15 copay \$25 copay \$45 copay 30% up to \$250	\$5/\$15 copay \$25 copay \$45 copay 30% up to \$250	\$5/\$15 copay \$25 copay \$45 copay 30% up to \$250	50% up to \$250 50% up to \$250 50% up to \$250 50% up to \$250	<i>Subject to plan ded.</i> \$5/\$15 copay \$40 copay \$60 copay 30% up to \$250	<i>Subject to plan ded.</i> 40% up to \$250 40% up to \$250 40% up to \$250 40% up to \$250
Cost Per Pay Period Employee Employee + Spouse Employee + Child(ren) Employee + Family	\$0.00 \$278.68 \$153.25 \$560.91	\$0.00 \$417.94 \$267.19 \$757.14		\$155.57 \$865.09 \$628.58 \$1,397.22		\$18.46 \$458.57 \$300.43 \$814.38

Copays and coinsurance percentages shown in the above plan descriptions represent the amount paid by the member.

1. Members are responsible for coinsurance, copays and any charges above the allowable amounts.



DENTAL INSURANCE

Windward School offers two distinct dental insurance plans, through MetLife. Our dental PPO plans allow you to have the freedom to go in or out-of-network for care; however, you can maximize your benefits and pay less out of pocket when you see an in-network dentist. When visiting an out-of-network dentist, please remember that you are responsible for amounts in excess of charges above the allowable amounts. Out-of-network dentists are not contracted with the carrier; therefore, members may expect to pay more for utilizing a dentist outside of the network.

METLIFE	PPO Low Plan		PPO High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible	Individual: \$50 Family: \$150		Individual: \$50 Family: \$150	
Annual Maximum Benefit	\$1,500 per member		\$2,000 per member	
Preventive & Diagnostic Services Prophylaxis (Cleaning) Bitewing X-Rays	No charge No charge	20% after ded. 20% after ded.	No charge No charge	No charge No charge
Basic Services Amalgam (Filling) one surface Scaling & Root Planning - Per Quadrant Root Canal, Molar	20% after ded. 20% after ded. 20% after ded.	20% after ded. 20% after ded. 20% after ded.	10% after ded. 10% after ded. 10% after ded.	20% after ded. 20% after ded. 20% after ded.
Major Services Porcelain Crown	50% after ded.	50% after ded.	40% after ded.	50% after ded.
Orthodontia Services Orthodontic Benefits – Child Orthodontic Benefits – Adult Orthodontic Lifetime Maximum	Not covered Not covered Not covered	Not covered Not covered Not covered	50% after ded. 50% after ded. \$1,500	50% after ded. 50% after ded. \$1,500
Cost Per Pay Period Employee Employee + Spouse Employee + Child(ren) Employee + Family	\$0.00 \$18.22 \$20.68 \$42.73		\$0.00 \$28.52 \$36.83 \$72.18	

Copays and coinsurance percentages shown in the above plan descriptions represent the percentages paid by the member.

1. Members are responsible for all charges above the usual, customary and reasonable rates when using non-network dentists.



VISION INSURANCE

Vision examinations not only determine the need for corrective eye wear but also may help detect other general health problems such as glaucoma, cataracts, and diabetes. Plus, eye exams for children can help detect problems that can impact learning and development.

You will get the best value from your vision care plan when you visit an in-network provider. If you decide to see an out-of-network provider, the plan copays will still apply. Your vision benefits are a tremendous part of your overall benefits package.

METLIFE	VISION PLAN	
	In-Network	Out-of-Network
Frequency limits	Exams, Lenses, Frames and Contacts available once every 12 months	
Exams	\$25 copay	Up to \$45 reimbursement
Single vision lenses	No charge	Up to \$30 reimbursement
Bifocal lenses	No charge	Up to \$50 reimbursement
Trifocal lenses	No charge	Up to \$65 reimbursement
Frames	\$130 allowance	Up to \$70 reimbursement
Contact lenses Medically Necessary Elective	Covered in full after \$25 copay \$130 allowance	Up to \$210 reimbursement Up to \$105 reimbursement
Cost Per Pay Period		
Employee		\$0.00
Employee + Spouse		\$4.13
Employee + Child(ren)		\$2.87
Employee + Family		\$7.38

LIFE INSURANCE

BASIC LIFE AND AD&D

Windward School provides all full time employees with Life and Accidental Death and Dismemberment insurance at no cost to you! Although we don't like to think about it, should death occur, your family might need an alternative source of income to pay off bills and meet ongoing financial responsibilities. This policy will help ease financial burden during that time.

Should death occur as a result of an accident, or loss of limbs or eyesight, additional sums will be paid. This coverage also features an accelerated death benefit.

Employee Basic Life

Coverage Amount	\$30,000
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Employee Basic AD&D

Coverage Amount	Equal to life insurance amount
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NAMING YOUR BENEFICIARY

You may name anyone you wish as the beneficiary who will receive your life and AD&D insurance benefits in case of your death. You can assign your beneficiaries when you initially enroll or by contacting the Windward School Human Resources Department. Once you have selected your beneficiary, your designation will remain unchanged until you decide to make a change. You may change your beneficiary as often as you wish.

VOLUNTARY LIFE INSURANCE

As an employee of Windward School, you have the option of purchasing additional life insurance* for yourself, a spouse/domestic partner and/ or children. When you purchase additional life insurance, it includes the same amount of accidental death & dismemberment insurance. When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Please note that you may need to complete an evidence of insurability form if you elect an amount above the guaranteed issue or if you declined to enroll at your initial eligibility date. Employees need to elect coverage, before they can elect coverage for a Spouse/Domestic Partner or their Child(ren). You can download a complete Benefit Summary from the Benefits Website.

Employee Voluntary Life and AD&D

Coverage Options	\$10,000 - \$500,000
Guarantee Issue Amount	\$150,000
Maximum Amount	\$500,000

Spouse/Domestic Partner Voluntary Life and AD&D¹

Coverage Options	\$5,000 - \$100,000
Guarantee Issue Amount ²	\$25,000
Maximum Amount	\$100,000 (not to exceed 50% of employee amount)

Child(ren) Voluntary Life and AD&D¹

Coverage Options	\$10,000
Guarantee Issue Amount ²	\$10,000
Maximum Amount	\$10,000

Employee and Spouse Monthly Cost Per \$1,000 of Coverage

Under age 30	\$0.08
Age 30 - 34	\$0.10
Age 35 - 39	\$0.11
Age 40 - 44	\$0.16
Age 45 - 49	\$0.24
Age 50 - 54	\$0.35
Age 55 - 59	\$0.55
Age 60 - 64	\$0.90
Age 65 - 69	\$1.46
Age 70+	\$2.84

Child Monthly Cost

Per \$5,000 of coverage	\$1.09
Per \$10,000 of coverage	\$2.19

VOLUNTARY LIFE/AD&D PREMIUM EXAMPLE:

In this example, there is an employee who is 35 years old who wants \$50,000 of Voluntary Life/AD&D Coverage. Here is what they would pay:

$$(\$50,000 / \$1,000) \times \$0.11 = \$5.50 \text{ per month}$$

↘ Coverage amount ↘ Rate

1. Spouse/Domestic Partner and Child coverage only available if Employee has coverage under this plan.
2. Evidence of Insurability is required for all amounts if you decline to enroll at your initial eligibility date.



DISABILITY

Both of our disability plans are 100% paid for by Windward School and don't cost you anything!

EMPLOYER-PAID SHORT TERM DISABILITY (STD)

Short term disability insurance pays out a weekly benefit if you were to become disabled. This Short Term Disability insurance is provided to you at no cost.

Employer Paid Weekly Benefit	
Percentage of Covered Salary	20%
Maximum Weekly Benefit	\$2,309
Waiting Period (# Days after Accident/Sickness)	
	8th day
Maximum Benefit Period	
	25 weeks
Pre Existing Limitations	
	None

EMPLOYER-PAID LONG TERM DISABILITY (LTD)

Long term disability insurance will start paying out at the end of the short term disability coverage period. This Long Term Disability insurance is provided to you at no cost.

Employer Paid Monthly Benefit	
Percentage of Covered Salary	60%
Maximum Monthly Benefit	\$10,000
Definition of Disability (Own Occupation Period)	
	2 years
Waiting Period	
	180 days
Maximum Benefit Period	
	Social Security Normal Retirement Age (SSNRA)
Pre Existing Limitations	
	3/12

**Disabilities that occur during the first 3 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

As an active employee of Windward School, you and your dependents can receive confidential support and service specifically designed to help with issues that may arise. LifeWorks through MetLife provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or a on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at (888) 319-7819
- Referrals to local counselors - up to five sessions free of charge
- State-of-the-art website and mobile app featuring educational resources, training courses, tools and assessments on topics related to helping with work and personal lives.

LIFEWORKS CAN OFFER HELP WITH:

- Family, relationship and parenting issues
- Child and elder care needs
- Emotional and stress-related issues
- Conflicts at home or work
- Alcohol and drug dependencies
- Health and wellness issues
- Legal issues
- Financial problems

An EAP counselor is available around the clock for emergency and crisis situations. Please visit www.metlifeeap.lifeworks.com (username: metlifeeap, password: eap).

MetLife's Will Preparation Services

We don't like to think about this, however, thinking through these matters will be a great help to your loved ones at a time of great sorrow. MetLife's Will Preparation Services offered through Hyatt Legal Plans is a secure, easy to use resource. Once you register on the site, you can begin using their services. Services include:

- Preparing and updating wills, including complex wills, living wills and powers of attorney for both you and your spouse/domestic partner
- In-person or via telephone consultations with a participating plan attorney
- Unlimited access to prepare or update a will for as long as you participate in the MetLife Group Life Plan

MetLife's Will Preparation Services are available to all members who are enrolled in the Voluntary Life and AD&D plan. For more information, call a Client Services Representative at **(800) 821-6400**.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSA Enrollment period is in November for a January Plan Year (Page 12)

Windward School is offering another tax-savings opportunity for benefit eligible employees through a Flexible Spending Account (FSA). The dollars you contribute to an FSA are deducted from your paycheck pre-tax and are available to pay for most medically necessary health care services that are not covered by insurance.

THE HEALTH CARE FSA

- \$2,700 max annual contribution
- Pre-tax dollars
- Pays for health, dental and vision deductibles and copays
- Other non-cosmetic expenses that are not covered by insurance
- You cannot elect Full Health Care FSA if you enroll in the High Deductible PPO with HSA

THE DEPENDENT CARE FSA

- \$5,000 max annual contribution
- Pre-tax dollars
- Account is not pre-funded
- Pays for eligible dependent care expenses including elder care
- Dependent child must be under the age of 13 or a dependent physically or mentally unable to care for themselves
- Dependents need not be enrolled in any other plan

THE LIMITED PURPOSE FSA

- \$2,700 max annual contribution
- Pre-tax dollars
- Pays for dental and vision deductibles and copays
- Other non-cosmetic, non-medical expenses that are not covered by insurance
- Elect this limited purpose FSA if you enroll in the High Deductible PPO with HSA

\$500 ROLLOVER

If you have unused funds in your Health Care FSA account on December 31, 2019 up to \$500 of your remaining funds will roll over to your 2020 Health Care FSA only if you re-enroll for the 2020 plan year. You must re-enroll in the Health Care FSA for the money to roll over.

RUN-OUT PERIOD

Active employees have 90 days from the end of the plan year to submit all eligible claims for reimbursement (3/31/2020).

How to Find a Provider

Follow the steps below to find an in-network medical, dental or vision care provider or facility

MEDICAL

If you are enrolled in one of our Anthem medical plans, follow the steps below to find a provider in your plan network:

- Go to www.anthem.com/ca/find-doctor
- Search as Guest; Click continue
- Under , "How Do You Get Insurance?", select, "Through My Employer"
- Under, "What State Do You Want To Search In?", select, "California" or state of residence
- Under, "What Type of Care are You Searching For?", select "Medical"
- Select a Plan/Network:

Vivity Narrow HMO Plan – "Vivity HMO"

Traditional Full HMO Plan – "Blue Cross HMO (CA Care) - Large Group"

Premier PPO or High Deductible HSA PPO Plans – "Blue Cross PPO (Prudent Buyer) - Large Group"

DENTAL

- Go to www.metlife.com
- Select "I want to find a MetLife:"
- Click "Dentist" and enter your ZIP Code, and select your network.
- Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

VISION

- Go to www.metlife.com
- Select "I want to find a MetLife:"
- Click "Vision Provider" and enter your Zip Code, and select your network.
- Use the Refine Your Search option to locate a provider by frame brand, language spoken or a specific service.



TRAVEL ASSISTANCE

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Take comfort in knowing that Travel Assistance travels with you worldwide and that an AXA representative is just a phone call away and can help you with:

- Emergency Medical Evacuation
- Emergency Cash
- 24 hour multilingual assistance, translation and interpretation
- Toll-free Emergency message relay; urgent messages to and from family and work
- Pre-trip planning: passport and immunization requirements, exchange rates, weather conditions, cultural information
- Assistance with lost or stolen items: luggage, documents, and other personal possessions
- Medical referrals; prescription refill services
- Emergency changes to travel plans (airline, hotel or car)

CONTACT

Call from the U.S.: (800) 454-3679

Call from other locations: (312) 935- 3783 (collect)

Visit: www.webcorp.axa-assistance.com

Username: axa

Password: travelassist

VOLUNTARY BENEFITS

Windward School offers a variety of voluntary benefits through MetLife. If you elect one of these plans, most benefits will be paid directly to you unless otherwise specified. Coverage is purchased through convenient payroll deductions and stays with you beyond retirement. Most plans pay benefits regardless of other insurance coverage you may have.

VOLUNTARY HOSPITAL INDEMNITY PLAN

A hospital stay can be expensive, and costs like plan deductibles, copays for doctor visits can add up fast. With the Hospital Indemnity Plan, you can be ready for costs not covered by your medical plan. Hospital Indemnity Insurance provides coverage for things such as hospital admission, accident-related inpatient rehabilitation and hospital stays.

VOLUNTARY ACCIDENT

Lemonade provides employees the opportunity to purchase Voluntary Accident Insurance. This policy is designed to help employees deal with the out-of-pocket costs of medical treatment for accidental injuries, from everyday incidents to catastrophic events.

VOLUNTARY CRITICAL ILLNESS

Critical Illness Insurance compliments your major medical coverage by providing a lump sum benefit you can use to pay the direct and indirect costs related to a covered critical illness. This product focuses on critical illnesses like heart attack, stroke, end-stage renal failure or a major organ transplant. This plan pays a lump sum benefit for diagnosis of a covered critical illness.

LEGAL AND IDENTITY THEFT

COMPREHENSIVE LEGAL PLAN

Legal Shield offers a pre-paid legal plan that allows you to consult an experienced lawyer whenever you and/or your family encounter a legal issue, major or minor. Members are given access to a nationwide network of provider law firms prepared to advise in a number of areas. Benefits include:

- Advice on any personal legal matter, even on pre-existing conditions.
- 24/7 Emergency Assistance
- Legal Document Review, up to 15 pages each
- Trial Defense Hours assistance if you or your spouse is named defendant or respondent in a covered civil action suit
- Will predation amiable to covered family members
- Residential Loan Document preparation
- Uncontested Name Change preparation
- Uncontested Adoption Representation
- Uncontested Separation Representation
- Uncontested Divorce Representation
- 25% off additional various Legal services

IDENTITY THEFT PLAN - SHIELD

Legal Shield's comprehensive identity theft plan monitors for signs of criminal activity and gives you all you need to keep your identity secure from thieves and fraud. Benefits Include:

- Comprehensive Restoration Services
- Live Member Support
- Unlimited identity theft consultation
- Experian Credit Monitoring and Activity Alert
- Monthly ID updates
- Lost /Stolen wallet Assistance
- Reduced pre-approved card offers
- Data Breach Notifications
- Credit Inquiry Alerts
- Credit Report with Score and Analysis
- Quarterly Credit Score Tracker
- Bank Account Number monitoring
- Passport Number monitoring
- SSN Fraud detection

For more information, call 800-654-7757 or visit www.legalshield.com.

Comprehensive Legal Plan	
Per Month	\$15.95 per month
Identity Theft Plan - Shield	
Employee	\$8.45 per month
Family	\$15.95 per month
Legal and Identity Combined	
Employee	\$24.40 per month
Family	\$28.90 per month



PET DISCOUNT PROGRAM

The pet care discount program through United Pet Care puts an end to deductibles and frustrating claim forms that traditional pet insurance requires. As a United Pet Care member, you simply take your pet to the vet as often as you need and instantly save 20-50% on everything from check-ups, vaccines, skin treatments, and surgeries.

Preferred Plan

1 pet	\$12.50
2 pets	\$24.20
3 pets	\$35.60
Additional Pet	\$11.30

Select Plan

1 pet	\$10.75
2 pets	\$20.60
3 pets	\$30.30
Additional Pet	\$9.70

Partner Plan

1 pet	\$12.50
2 pets	\$24.20
3 pets	\$35.60
Additional Pet	\$11.30

Note: It is the member's responsibility to seek services with a United Pet Care contracted facility, provider, and specialists. Non-contracted facilities, providers and specialists do not recognize United Pet Care discounts.

For more details, call (888) 781-6622 or visit www.unitedpetcare.com/windwardschool.

ADDITIONAL BENEFITS

RETIREMENT – TIAA/CREF

- Windward will match up to 6% of an employee's earnings (no waiting period).
- No vestment period; funds vested day one of plan enrollment.

FLEX CHECK

- Each September every full-time employee receives a \$2,000 Flexible Benefit Check, part-time employees receive a pro-rated amount.
- Employees may use these funds to pay for medical premiums, dental costs, retirement contributions, or in any other way they see fit recognizing that each employee has individual needs.

WELLNESS BANK

- Wellness Bank days are available for time off for personal or sick time.
- Days are also used by faculty to cover each other's classes when absent.
- 10 days are allocated per year for full-time employees, part-time employees are pro-rated accordingly.
- Unused days are paid out at the end of the school year at a value of \$100 per day.

VACATION DAYS AND SCHOOL HOLIDAYS

- Employees are allowed time off for all school holidays.
- Faculty receives time off in the summer months.
- Administration and Staff receive 4 weeks for full-time exempt employees and 3 weeks full-time non-exempt employees, part-time employees are pro-rated accordingly.

FACULTY, ADMINISTRATIVE, AND STAFF RESEARCH AND DEVELOPMENT

- Faculty and staff who want to attend conferences, workshops, or classes to enhance their professional skills can apply for funding.
- Employees can apply for up to \$6,000 per year for approved advance degree programs for fulltime employees.

ONE CARD/LUNCH ALLOWANCE

- Windward provides food service on campus for faculty, staff, and students.
- Each full-time employee receives \$2,000 applied to their One Card for the school year.

Windward's organic food service is committed to providing healthy, delicious food that includes hot entrees and soups, as well as a wide variety of cold options such as sandwiches, wraps, sushi, and salads. There are vegetarian and vegan options daily. The food service has sites open for breakfast, nutrition, lunch, and after-school snacks to ensure that employees are nourished during their workday.

PEAK PERFORMANCE CENTER

Windward's Peak Performance Center strives to create a community-wide culture of wellness that promotes both physical and mental health through a commitment to a balanced lifestyle.

The Peak Performance Center features a weight training room with individual fitness stations, an upstairs cardio room with state-of-the-art equipment, and remodeled and expanded sports medicine, training, and injury prevention facilities. The center is open to faculty and staff from 7 a.m. to 7 p.m. daily.

MILESTONE FORGIVABLE LOAN PROGRAM

- This forgivable loan program demonstrates Windward's appreciation for years of dedication and service.
- After 5 years of service, the full-time employee receives a \$10,000 interest free loan, \$2,000 is forgiven each year thereafter.
- After 10 years of service and every 5 years thereafter the full-time employee receives \$3,000.

TRAVEL AWARD

- All full-time employees who have completed 7 years of service with the school receive \$3,000 to recognize their performance and service.
- Employees in good standing with the school are eligible for this award.

TUITION REMISSION FOR EMPLOYEE'S CHILDREN

- Upon acceptance to Windward School by the Admissions Committee, employees may apply for tuition remission for their children.
- The rates are based on the full-time tenure of the parent employed by the school.
 - New Staff, 50% tuition remission.
 - 1 full year of service, 55% tuition remission.
 - 2 full years of service, 60% tuition remission.
 - 3 full years of service, 65% tuition remission.
 - 4 full years of service, 70% tuition remission.
 - 5 + years of full service, 75% tuition remission.

NEW HIRE MOVING STIPEND

- \$1,000 to \$10,000 for moving expenses, depending on distance, for new hires moving from outside of the Los Angeles area.
- Stipend provided to employee before move.
- Receipts for expenses to be turned into Human Resources for reconciliation.

ANNUAL NOTICES AND DISCLOSURES

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998—IMPORTANT NOTICE

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications in all stages of mastectomy, including lymphedemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

HIPAA PRIVACY NOTICE—IMPORTANT NOTICE ABOUT YOUR HEALTH INFORMATION

The HIPAA Notice of Privacy Practices applies to Protected Health Information associated with the Group Health plan provided to our employees, employee's dependents and, as applicable, retired employees. The Notice describes that Windward School may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning protected health information. We are required to abide by the terms of the Notice so long as it remains in effect. We reserve the right to change the terms of the Notice as necessary and to make the new Notice effective for all protected health information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the group health plan. Copies of our current notice may be obtained by contacting:

Peter Christian
(424) 289-1017
pchristian@windwardschool.org

Vanessa Vazquez
(424) 289-1016
vvazquez@windwardschool.org

NEWBORNS' AND MOTHERS HEALTH PROTECTION ACT

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

PATIENT PROTECTION DISCLOSURE

Anthem HMO health plan generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem HMO at (800) 888-8288.

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

You do not need prior authorization from Anthem or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem HMO at (800) 888-8288.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining for yourself or your dependent (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 towards you or your dependent's other coverage). However, you must request enrollment within 30 days after your or your dependent's other coverage ends (or after the employer stops contributing towards the other coverage). Note: if the change is due to Medicaid/CHIP eligibility, there is a 60 day window for Medicaid/CHIP eligibility changes only.

MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice from Windward School About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Windward School and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Windward School has determined that the prescription drug coverage offered by the Anthem Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

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

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

You should also know that if you drop or lose your current coverage with Windward School and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Windward School changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Peter Christian
(424) 289-1017
pchristian@windwardschool.org

Vanessa Vazquez
(424) 289-1016
vvazquez@windwardschool.org

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 January 31, 2019. 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 Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
IOWA – Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

FLORIDA – Medicaid
Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: Medicaid: www.medicaid.georgia.gov – Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
KANSAS – Medicaid
Website: http://www.kdheks.gov/hct/ Phone: 1-785-296-3512
KENTUCKY – Medicaid
Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/mashealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

NEWYORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ 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 http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
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: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law.

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