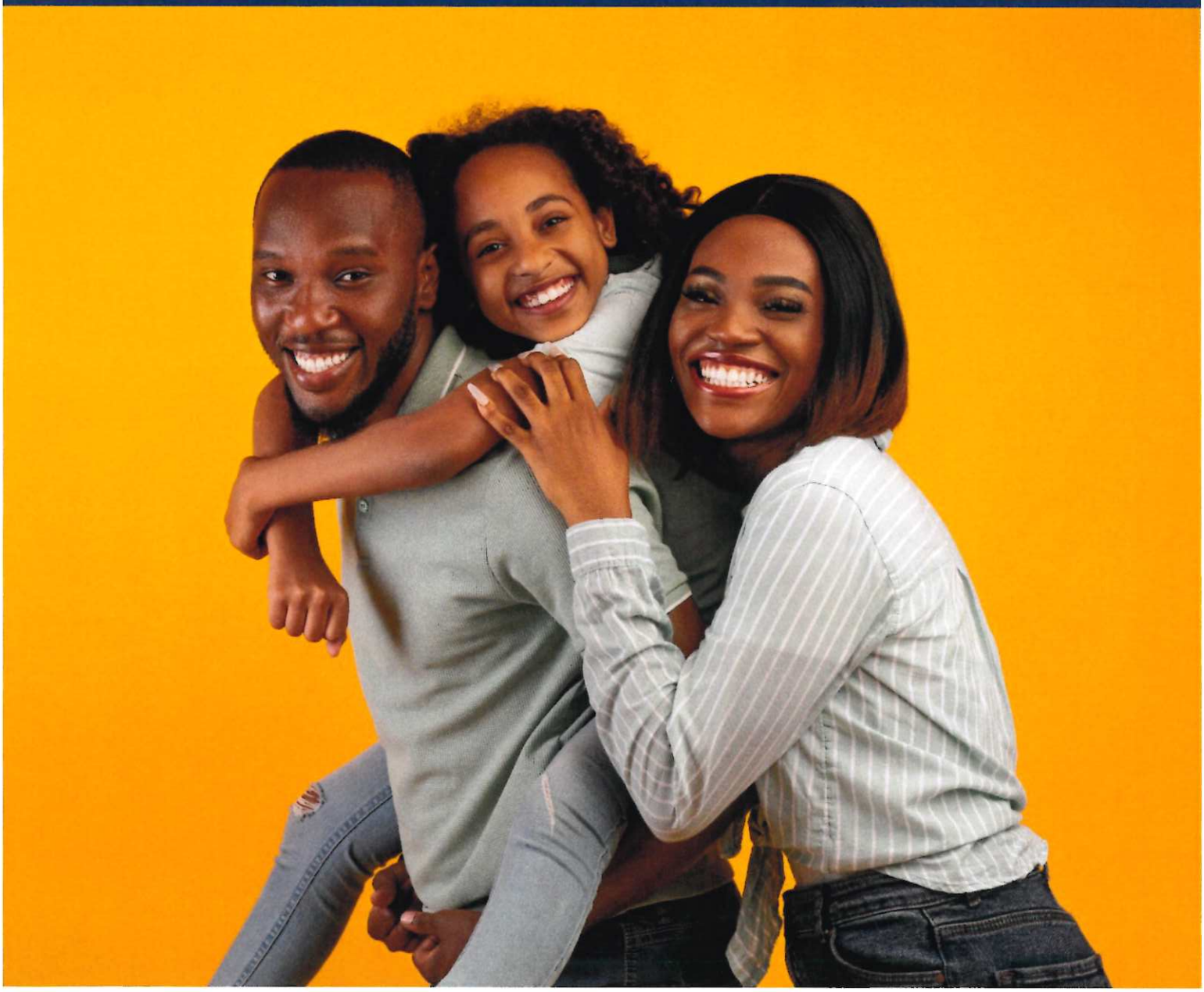
KAIROS
HEALTH ARIZONA, INC.

2025-2026 BENEFITS

Globe USD No. 1



888.331.0222 | WE'VE GOT YOU COVERED | SVC.KAIROSHEALTHAZ.ORG

GETTING STARTED

MEET KAIROS

Hey! We're Kairos, your benefits plan administrator. Throughout this guide, you'll find great information on the benefits offered by your employer. When in doubt, give Kairos a call if you have questions about any of these benefits. **We're your friendly experts, here to help you!**

PLAN YEAR

The Kairos plan runs from July 1 to June 30 of each year. That means every July 1, deductibles and out-of-pocket maximums will reset.

WHAT'S NEW?

There are some exciting enhancements this year, called out in the appropriate section in the guide. Just look for anything labeled "new!".

ABOUT THIS GUIDE

This interactive guide provides a summary of benefit options to help you make the right decisions for yourself and your family. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. A copy of the plan document is distributed annually or available upon request.

HOW TO USE

It's simple to use; just follow these instructions.

Looking for something? To navigate through the eGuide, simply click through the pages using the arrows. Prefer to skip to a certain section? Just click on the **Table of Contents** or **Pages** icons to jump to the section you need.
You will also see a **Search** bar. When you're looking for something, simply type the word in the search bar, and it will direct you to that section.

Clickable links. When you see an icon like the ones listed below, just click on it to access more information such as:



View websites, member portals, and documents



Watch a short, educational video



Listen to a voiceover about the information on the applicable page (click to start or stop the voiceover)



Send an email and get in contact with someone

IMPORTANT!

Please note that the voiceover feature in this guide will only work if you use the electronic link provided. If you download the eGuide as a PDF, the voiceover will not work. Also, not every page will offer a voiceover option. To get a link to your eGuide, please contact Kairos or your employer.

PLAN RULES

WHO'S ELIGIBLE?

Eligibility varies by employer so it's important to check with your employer to confirm eligibility. However, here are some general participation requirements for participants in Kairos:

- ✓ Full-time employees
- ✓ Part-time employees*
- ✓ Active board members or council members*
- ✓ Dependents of enrolled employees, including:
  - lawfully married spouses
  - domestic partners* (domestic partner's children are **not** eligible)
  - dependent children up to age 26
  - unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance

**Varies by employer. Please check with your employer to verify their specific eligibility requirements.*

WHEN CAN I MAKE A CHANGE?

You can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur in order to make changes to your benefits.

Examples of qualified life events:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, placement for adoption, or legal guardianship of a child
- Death of a dependent
- Change in your spouse's employment or involuntary loss of health coverage under another employer's plan
- Change in your dependent's eligibility status

If you experience a qualified life event and need to make a change to your benefits, you must notify your employer within 31 days of the event. Otherwise, you will have to wait until the next open enrollment period.

HAD A BABY?

If you recently had a baby, please note that newborns are **not** automatically added to your medical coverage. You must notify your employer within 31 days of the date of birth and pay the full premium amount for the month the child is added.

If you do not take action within 31 days of the birth, you will have to wait until next open enrollment period to add your child to your benefits.

ELIGIBLE FOR MARKETPLACE COVERAGE?

If you lose medical coverage through the Marketplace mid-year, you may not then join the Kairos plan outside of your open enrollment period. You may, however, drop your Kairos medical coverage to join a Marketplace plan outside of your open enrollment period.

LIG SOLUTIONS

Speaking of other coverage, LIG Solutions is here to help compare your health insurance options such as Medicare, COBRA, individual coverage, and more. Contact LIG Solutions at 866.676.8502 or visit partner.LIGSolutions.com/Kairos-Arizona.

UNDERSTANDING YOUR BENEFITS

STARTING WITH THE BASICS

We get it, insurance is complicated. It doesn't have to be. Kairos strives to simplify this for you by providing educational information, short videos, and spending the time to walk you through it.

So, let's start with the basics like what a deductible is and how it works. Check out this short video that explains the different terminology of how a medical plan works.

Medical Benefits 101
Click the link or scan the code to watch this quick video

HOW A MEDICAL PLAN WORKS

Let's walk through an example together using a $2,000 high deductible health plan with a $4,000 out-of-pocket maximum.

YOU PAY	BOTH PAY	KAIROS PAYS
DEDUCTIBLE $2,000 You're responsible for paying 100% of costs	**COINSURANCE 20%** After your deductible, you pay 20% of expenses & Kairos pays 80%	**OUT-OF-POCKET $4,000** After your maximum, Kairos pays 100% of all expenses

Note: This is a general overview of how a medical plan works. Actual amounts may vary based on the plans offered by your employer. Always remember to stay in-network to maximize your benefits. Refer to the medical plan section for more details about plans offered to you.

PREVENTION IS PRICELESS

There are services under a medical plan that are 100% paid for when visiting an in-network provider. These are called your preventive services, or wellness care, and are set by the Affordable Care Act (ACA).

Examples of preventive benefits include:

- ✓ Annual wellness visit
- ✓ Prostate screenings
- ✓ Immunizations and flu shots
- ✓ Hearing exams
- ✓ Mammogram screenings
- ✓ Colonoscopy screenings
- ✓ Cancer screenings
- ✓ Generic contraceptives
- ✓ Blood pressure tests

But what happens if I receive a bill from my provider for a qualified wellness screening?

This could mean that you had a diagnostic screening or it may have been coded incorrectly. Get in touch with Kairos at the number below and we can help you through it.

MEDICAL BENEFITS

UMR

UMR is the medical claims processor and uses the UnitedHealthcare (UHC) Choice Plus network. This is a PPO network, which is a group of health care providers who discount what they charge you for services. By staying in-network, services will cost you less.

NEW: Since our medical plans have changed, UMR will be issuing new ID cards to all participants for 7/1. Be on the lookout for your new cards.

Where does Kairos fit in?



KAIROS
The Plan

Kairos manages and funds all of the health care plans and voluntary coverages. We also work closely with your employer to administer your benefits.



UnitedHealthcare
Medical Network

Kairos medical plans use the UnitedHealthcare network. If your doctor asks what medical network you have, you'll say, "United."



UMR
Claims Handling

UMR processes your medical claims. When you see your doctor, he or she submits the claim to UMR. For questions about your medical coverage, call Kairos or UMR (not United).

FIND A DOCTOR

If you want to find a doctor, there's no need to log in! Instead, follow these simple steps:

- ✓ Go to umr.com
- ✓ Select "Find a Provider"
- ✓ In the Provider Network search bar, type the network name: **UnitedHealthcare Choice Plus**
- ✓ Click search, then view providers
- ✓ Type in your address or zip code

Now you'll be able to search by provider name, locations, services, and more.

MANAGE YOUR BENEFITS

Create your mobile-friendly account at umr.com to take full advantage of your medical benefits. You'll need to have your ID card handy to register. From there, you can:

- ✓ View/print/order ID cards
- ✓ View medical claims
- ✓ Monitor your deductible and out-of-pocket limits
- ✓ Shop for the best and most cost-effective care

did you know?

Not all doctors and facilities charge the same amount for services.

Individuals who compare costs before receiving care pay 36% less.

You shop for car insurance, so why not shop for your medical care?

When logged into the UMR portal, leverage their Cost Transparency Tool to get cost estimates for services.



PHARMACY BENEFITS

MAXORPLUS

When you enroll in our medical plan, you automatically receive prescription drug coverage through MaxorPlus, the Pharmacy Benefit Manager (PBM). This benefit allows you to fill prescriptions through any participating pharmacy listed in the MaxorPlus pharmacy network.

MANAGE YOUR BENEFITS

Your pharmacy coverage includes access to a member portal at members.maxorplus.com. At a glance, you can use the member portal to:

- ✓ View your prior authorization activity
- ✓ Manage pharmacy refills
- ✓ View deductible and out-of-pocket limits
- ✓ Sign up for home delivery
- ✓ Shop around for pharmacies and medications

TIPS

- If you're on a high deductible health plan (if offered by your employer), you must pay for the full cost of medications prior to meeting your deductible unless it's considered a covered and qualified preventive medication.
- Thanks to the ever-changing market, covered medications change often throughout the year. If you're ever concerned about a medication being covered, contact Maxor at the number below or Kairos (888.331.0222).
- If you like convenience, sign up for mail order to have your 90-day medications delivered right to your doorstep. This might not be an option for everyone but is a great benefit for those who qualify.

SHOPPING FOR PRESCRIPTIONS

Depending on your medication type, dosage, and frequency, the dollars can add up quickly. But you have options for lowering your out-of-pocket costs. Try these simple steps to help you save a buck or two!

TAKE THE GENERIC

Generics have the same strength and active ingredients as the name brand version of your medications. The only difference is that they're significantly cheaper. Talk to your prescriber to see if generics are right for you.

SIGN UP FOR MYMAXORLINK

The myMaxorLink discount program does the work for you. Once enrolled, you'll automatically receive information on lower-cost prescriptions, reminders specific to your benefits, and other important health updates. Call 888.596.0723 to enroll or go to mymaxorlink.com/maxorplus.

TRY GOODRx

GoodRx could be a good option for those expensive medications or medications not covered by insurance. Please note, however, that when using GoodRx, your insurance will not apply.

ADDED SUPPORT

NURSES ON YOUR SIDE

KAIROSPRO NAVIGATORS

Navigating health care and insurance can be complicated and leave you feeling overwhelmed. That's where we come in. Through the **KairosPro Navigators** program, our dedicated Kairos nurses help guide you through the health care system, choose the best treatment, and keep your costs to a minimum.

With this program, you have a real person in your corner who not only has a clinical background but understands your insurance coverage and is there to provide support **at no cost to you.**

How can our nurses help you?

- ✓ Finding in-network providers
- ✓ Assisting with appeals and prior authorizations
- ✓ Reviewing and monitoring claims
- ✓ Obtaining medical and prescription orders
- ✓ Monitoring high-cost medications and medical treatment
- ✓ Coordinating medical services, prescriptions, and durable medical equipment supplies
- ✓ Monitoring inpatient admissions
- ✓ Helping with post-discharge needs
- ✓ Overseeing and collaborating with partner case management programs
- ✓ Arranging for redirection of care, if appropriate
- ✓ Attending onsite biometric screening events and engaging in outreach and follow-up
- ✓ Researching and connecting members with community resources

Bonus: This program offers personalized mental health support for finding in-network mental health providers, lining up post-discharge resources, and more!

Want to speak to a Nurse Navigator? Call 888.331.0222 or send an email to nurse@kairoshealthaz.org
(Please include the name of your employer and refrain from emailing sensitive and personal information.)

SKIP THE ER & USE TELADOC

Teladoc allows those enrolled in the medical plan to use their phone or computer to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.

TELADOC

COVERED SERVICES

- **General medicine:** Treat cold & flu, allergies, strep throat, and more
- **Dermatology:** Treat psoriasis, eczema, acne, and more (no phone call needed)
- **Counseling:** Support for anxiety, eating disorders, depression, and more

NEW: Starting July 1, 2025, Teladoc will now collect a fee for services for those on a high-deductible health plan until they meet their deductible. However, these fees can be significantly lower than if you were to go to Urgent Care or the Emergency Room.

WAIT! DID YOU REGISTER?

You must create an account through Teladoc before you can access your benefits. Click the link, scan the code, or call Teladoc at 800.835.2362.

Please note: Enrolled dependents ages 18+ must set up their own Teladoc account prior to receiving care.

WELLNESS PROGRAMS

Our wellness programs—available through **KairosPro Wellness**—include a variety of options to help promote a healthier and happier you. Take advantage of these offerings at no cost (unless you see a cost listed).

KAIROSPRO WELLNESS

Active&Fit Direct fitness program

Starting at $28/month, you'll get access to 18,000+ fitness centers with no long-term contracts. With your membership, you also get online workout videos, one-on-one life coaching, and options for enrolling your spouse.

For more information on how to access this benefit, please visit kairoshealthaz.org/AFD.

UMR online wellness center

Our online wellness hub provides wellness activities to keep you on track for healthy eating, weight management, physical activity, and more.

Log in at umr.com, click on Health Center, and then Wellness Activity Center to use these benefits.

Real Appeal weight loss program

A no-cost healthy lifestyle and weight loss program for employees and dependents 18+. Participants on the medical plan who qualify based on BMI or comorbidities can work directly with a health coach.

Sign up at enroll.realappeal.com.

Employee Network discount tool

Through EmployeeNetwork.com, you can register to receive over 300 exclusive discounts. These include tickets to theme parks, concerts, sporting events, and more.

Use **Company Code: Kairos Health** when registering. (Yes, there should be a space between Kairos and Health.)

UMR CARE programs

Maternity care program: Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. When completing the program, you'll receive a $25 incentive!

Ongoing condition care program: For those who need help when managing chronic conditions like diabetes, COPD, asthma, hypertension, and more, this program is for you.

Complex condition care program: Get assistance with complex cases such as transplants, oncology, high-risk maternity, and neonatal care.

KAIROS VITALITY VIBE

Vitality Vibe is your monthly newsletter dedicated to promoting healthy habits and recipes, wellness offerings, and other valuable benefit insights.

These are emailed out to you from your employer on a monthly basis. They are also posted on the Kairos website underneath **Resources**: www.svc.kairoshealthaz.org.

Vitality Vibe Newsletters
Scan the code to access

Questions: 888.331.0222 or www.svc.kairoshealthaz.org

EMPLOYEE ASSISTANCE PROGRAM

COMPSYCH EAP

Everyone can use a little help sometimes. That's where your EAP benefit comes in. Through the employee assistance program (EAP) with ComPsych, you can speak with a highly-trained and compassionate guidance consultant who can help you and your family 24/7.

FREE SHORT-TERM COUNSELING

- ✓ Stress and anxiety
- ✓ Relationship/marital conflicts
- ✓ Grief, loss, and life adjustments
- ✓ Substance abuse
- ✓ Minor depression management

Your benefit includes 6 one-on-one counseling sessions per family member, per issue, per year at no cost to you.

WORK-LIFE SOLUTIONS

Get the everyday help you need with work-life solutions. Call the number at the bottom of the page for assistance with topics including:

- ✓ Finding child, pet, or elder care
- ✓ Housing searches
- ✓ Seeking financial assistance
- ✓ Will preparation
- ✓ Sending a child off to school
- ✓ Planning a major project or event

ONLINE RESOURCES

You have 24/7 access to vital information, tools, and support through the ComPsych website.

WHAT TO EXPECT

- Product and service discounts
- Educational articles, podcasts, and videos
- On-demand trainings
- "Ask the Expert" personal responses to your questions

HOW TO ACCESS

1. Go to guidanceresources.com
2. Click Register
3. Enter Web ID: **KAIROSEAP**
4. Complete your registration
5. Gain access to endless resources



Questions: 833.955.3386 or www.guidanceresources.com

WHERE TO GO FOR CARE

OPTIONS, OPTIONS, OPTIONS

Kairos offers an abundance of health care options for you to choose from. At times, this could feel overwhelming. Don't let it be. Save this guide to help you when deciding where to go.

TELADOC	URGENT CARE	PRIMARY CARE OR SPECIALIST	EMERGENCY ROOM
$	$$	$$	$$$$
• Sore throat • Mild cold and flu symptoms • Skin conditions • Short-term counseling	• Allergic reaction • Cuts requiring stitches • Minor burns • Sprains or strains • Suspected broken bones	• Check ups or physicals • Wellness/preventive care • Common illness • Flu shots and other vaccines • Health advice • Medication refills • Routine tests	• Broken bones • Coughing/vomiting blood • Chest pain • Head or eye injury • Poisoning or overdose • Severe burns • Signs of stroke • Shortness of breath
To get in touch with Teladoc, visit www.teladochealth.com	To find in-network facilities, visit www.umr.com	To find in-network providers, visit www.umr.com	To find in-network facilities, visit www.umr.com

These examples are general guidelines, and it's important to use your judgment and consult with health care professionals when deciding where to seek care. If in doubt, especially in potentially life-threatening situations, it's always best to err on the side of caution and seek emergency care.

CENTERS OF EXCELLENCE

carrumhealth

Do you have an upcoming non-emergent surgery planned? Find care with fewer headaches at our Centers of Excellence facilities, in partnership with Carrum Health. This benefit is available to those enrolled in a medical plan, ages 18 to 65.

COVERED PROCEDURES

- Joint replacement: Hip, knee, ankle, shoulder—total or partial replacement revisions
- Spine (neck and back): Fusion, decompression, laminectomy
- Heart (valve repair)
- Cancer care: Breast, thyroid
- NEW: Substance use therapy

BENEFITS

- ✓ Most procedures covered from pre-op consult to post-op discharge
- ✓ Pay no- or low-cost for covered procedures
- ✓ Receive care from proven quality specialists throughout the country
- ✓ Transportation is covered!

Ready to get started? Visit www.carrum.me/kairos or call 888.855.7806.

HOW TO ENROLL

SIMON LOGIN INSTRUCTIONS

To enroll in your benefits, you will need to log in to the online benefit portal called SIMON at the link below:

kairos.simon365.com

FIRST-TIME USERS

On the first day of your open enrollment window, you'll receive an invite to create a username and password from kairos@vimly.com. If you aren't sure when your open enrollment starts and ends, please check with your employer.

TIPS

- ✓ If you didn't receive the email invite, check your junk or spam folder.
- ✓ The email invite will most likely be sent to your work email address, but if you still don't see it, try your personal email.
- ✓ If you've tried the above and still can't find the invite, call Kairos at the number below.

EXISTING USERS

If you've previously enrolled in SIMON, you will log in with the same username and password you've used before.

Username help: If you aren't sure of the username you used when first registering, try your work or personal email address. If you're still having issues recovering your username, call Kairos.

Password help: If you can't remember your password, select the **Forgot Password** link. You'll be sent an email to create your new password.

READY TO START? ENROLLMENT TIPS!

- ➢ View and update your benefit plan options and life insurance beneficiaries.
- ➢ If you're enrolling a dependent, make sure you have their date of birth (DOB) and social security number (SSN). This information is required.
- ➢ Is your address up to date? If not, make sure to update your address on file to ensure you receive important mailings!
- ➢ Re-enter your HSA contributions. The IRS requires these to "reset" each year, so you will be required to re-enter any HSA contributions, if offered by your employer.
- ➢ When you're done enrolling, print a copy of your enrollment confirmation statement.

DON'T WAIT...

Don't wait until the last day to sign up for your benefits. Why, you ask? You might run into tech hiccups like forgetting your login details, having trouble navigating the system, or getting stuck on a weekend when no one's around to help. If you leave it to the last minute, you risk missing your open enrollment period. So, when in doubt, just give Kairos a call, and we'll be happy to walk you through it!

CORE PLAN

OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$500/individual $1,000/individual +1 $1,500/individual +2 or more	$3,000/individual $6,000/individual +1 $9,000/individual +2 or more
OUT-OF-POCKET MAXIMUM[2]	$5,000/individual $10,000/individual +1 or more	No maximum
OFFICE VISITS/TELEHEALTH	$25 copay primary care physician $50 copay specialist	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 20%	Deductible, then 50%
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, $0	Not available

PRESCRIPTIONS

RETAIL 30-DAY	• Generic: $10 • Preferred: 30% up to $80 max • Non-preferred: 30% up to $200 max • Specialty: 50% up to $200 max
RETAIL 90-DAY or MAIL ORDER	• Generic: $30 • Preferred: 30% up to $200 max • Non-preferred: 30% up to $500 max

[1]This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.

COPAY PLAN

OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$750/individual $1,500/individual +1 $2,250/individual +2 or more	$3,500/individual $7,000/individual +1 $10,500/individual +2 or more
OUT-OF-POCKET MAXIMUM[2]	$5,500/individual $11,000/individual +1 or more	No maximum
OFFICE VISITS/TELEHEALTH	$25 copay primary care physician $50 copay specialist	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	$100 copay	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	$25 copay $75 copay $250 copay $250 copay	Deductible, then 50%
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, $0	Not available

PRESCRIPTIONS

RETAIL 30-DAY	• Generic: $10 • Preferred: 30% up to $80 max • Non-preferred: 30% up to $200 max • Specialty: 50% up to $200 max
RETAIL 90-DAY or MAIL ORDER	• Generic: $30 • Preferred: 30% up to $200 max • Non-preferred: 30% up to $500 max

[1]This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.

DELTA DENTAL INSURANCE

The PPO dental plan through Delta Dental allows you and your eligible dependents to visit any dentist or specialist without a referral. The plan also travels with you anywhere in the country.

While both PPO and Premier dentists are in-network, you will save more money when using a PPO dentist. Out-of-pocket costs increase when visiting a non-participating dentist.

Delta Dental issues ID cards to new enrollees. If you ever need a replacement, please contact Kairos or Delta Dental.

SELECT PLAN
OVERVIEW

	PPO, PREMIER, OR NON-PARTICIPATING DENTIST
ANNUAL DEDUCTIBLE[1]	$50/individual $150/family
ANNUAL MAXIMUM BENEFIT[1]	$1,500/individual
PREVENTIVE & DIAGNOSTIC SERVICES (TWICE A YEAR)[2] Exams, fluoride, and cleanings X-rays Sealants: For children up to age 18 Space maintainers Periodontal maintenance	No deductible, $0
BASIC SERVICES Fillings Emergency palliative treatment Endodontics: Root canal treatment Periodontics: Gum disease treatment Oral surgery: Simple and surgical extractions	Deductible, then 20%
MAJOR SERVICES[3] Crown repair Prosthodontics: Bridges, implants, dentures Bridge and denture repair	Deductible, then 50%
CHILD ORTHODONTIA Braces: For children ages 8-19. (Children must be banded prior to age 17) There is a separate $1,500/person lifetime maximum for orthodontic services	Deductible, then 50%

[1]Your annual maximum benefit is a combination for in-network and out-of-network services.
[2]Preventive services are charged against the annual maximum benefit.
[3]Major services have a five-year waiting period.

THIRD CLEANING BENEFIT

Delta Dental offers a third cleaning benefit for those with certain medical conditions that have oral health implications. Research shows that increased frequency of cleanings can greatly impact oral health and play an important role in managing conditions like diabetes, heart disease, pregnancy, cancer and more.

Qualified members must enroll for the enhanced preventive benefits to receive coverage for a third dental cleaning. Contact Delta Dental at 800.352.6132 to enroll.

VSP VISION INSURANCE

Using your VSP Choice benefit is easy. Once enrolled, create an account at VSP.com where you can review your benefit information and find an eye doctor who's right for you.

NO ID CARD NECESSARY. At your appointment, tell the office staff that you have VSP. They may ask for additional personal information to verify your coverage. From there, you're good to go. You can also print out an ID card for reference through your online VSP account.

CHOICE PLAN
OVERVIEW

	IN-NETWORK COPAY	FREQUENCY
WELL VISION EXAM	$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE Retinal imaging for members with diabetes Additional exams to treat pink eye to sudden changes in vision	$20/exam	As needed
PRESCRIPTION GLASSES	$25	See Frames & Lenses
FRAMES $200 featured frame brands allowance $180 frame allowance 20% savings on amount over your allowance $100 Walmart/Sam's Club frame allowance	Included in prescription glasses copay	Every 12 months
LENSES Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for children	Included in prescription glasses copay	Every 12 months
LENS ENHANCEMENTS Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses	$0 $0 $95–$105 $150–$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES) $150 allowance; copay does not apply Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months

MEMBER-EXCLUSIVE DISCOUNTS

Eyeconic: Save up to $220 on prescription glasses, sunglasses, and contacts with VSP's online eyewear store. Browse the store here, eyeconic.com.

Member Extras: Want access to over $3,000 in savings? Visit vsp.com/offers for discounted offers on LASIK, contacts, hearing aids, and more!

METLIFE BASIC LIFE INSURANCE

Your employer provides eligible employees with basic life and AD&D through MetLife. This benefit is at no cost to you, and enrollment is automatic. Once you reach age 65, the original amount reduces by 35% and then reduces again by 50% at age 70.

Finally, this coverage includes an Accidental Death and Dismemberment benefit. Refer to the plan document for more information.

WHAT YOUR LIFE/AD&D BENEFITS INCLUDE

- **Grief counseling:** Included at no cost to help you with loss. You can have up to five face-to-face grief counseling sessions per event. Simply call 888.319.7819 to access these services.
- **Funeral discounts and planning services:** You and your family have access to funeral discounts, planning, and support to help honor a loved one's life. To use these benefits, call 866.853.0954.
- **Travel assistance:** Offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. For more information, visit www.metlife.com/travelassist or call 800.454.3679.

BENEFICIARY TIPS!

A beneficiary must be selected during enrollment. If no beneficiary is designated, the policy will pay out in this order: spouse; children; parents; siblings; then finally, insured estate.

Multiple beneficiaries and contingents can be listed. However, together should total 100%.

Finally, please update your beneficiary's date of birth and social security numbers. Though not required, it can streamline the life insurance claims process.

CHOOSING A BENEFICIARY

- ✓ **Can I name a child as a beneficiary?** Yes! However, benefits cannot be paid to a minor. Benefits would be paid to a court-appointed guardian or trust set up for the minor until the child reaches 18 or until MetLife receives a court order to release the benefit to a legal guardian.
- ✓ **How about a pet?** Interesting question and unfortunately, no. Pets aren't legal people, and benefits cannot be paid to them.
- ✓ **Can I choose a charity, non-profit, or school?** Yes. We will need the applicable Tax ID number.
- ✓ **Can I choose a funeral home or trust?** Absolutely.



METLIFE VOLUNTARY LIFE INSURANCE

You have the opportunity to purchase additional life insurance coverage for yourself, your eligible spouse, and your dependent children through MetLife. You are responsible for paying the cost of this benefit, as stated in the plan summary.

Unlike basic life insurance, your supplemental life insurance amount will not reduce with age. However, the amount you pay out of pocket may increase as you age.

Finally, this coverage includes an Accidental Death and Dismemberment benefit. Refer to the plan document for more information.

COVERAGE AMOUNTS

	YOU	YOUR SPOUSE	YOUR CHILDREN
AVAILABLE AMOUNTS	$10,000–$500,000 in increments of $10,000 Cannot exceed 5 times your annual salary	$10,000–$250,000 in increments of $10,000 Cannot exceed the combined amount of your basic life and supplemental life benefits	Up to 15 days old: $1,000 15 days to 26 years: $2,000–$10,000 in increments of $2,000
GUARANTEED ISSUE AMOUNT	$150,000	$30,000	$10,000

WHAT'S NOT COVERED?

Voluntary life insurance does not pay benefits for death by suicide within the first two years of the effective date or an increase in coverage.

STATEMENT OF HEALTH

You may need to complete a statement of health (SOH) to be approved for your supplemental life insurance. Those who need to complete a form are listed below.

If you're enrolling during annual open enrollment and are:

- Electing supplemental life for the first time
- Increasing your supplemental life amount

If you're enrolling as a new hire and are:

- Electing more than the guaranteed issue amount listed above

If you neglect to complete an SOH form, your requested amount will not be approved and you will have to wait until the next open enrollment period to make changes.

IMPORTANT: When completing your form, you will need your group number AND reporting location number in order to submit. These can be provided by your employer or Kairos, at the number below. Copies of this form can also be found on the Kairos website, here: svc.kairoshealthaz.org/Forms

METLIFE SHORT-TERM DISABILITY

You can elect to purchase short-term disability coverage through MetLife. This benefit replaces a portion of your pre-disability earnings. Disability insurance helps provide income protection for those with unexpected health events, associated expenses, and possible time away from work due to a non-occupational injury or sickness.

BENEFIT STIPULATIONS

- The monthly disability benefit may not exceed 66 2/3% of your salary, up to a $1,500 weekly maximum.
- Benefits begin following the plan's 14-day elimination period and are paid for up to 25 weeks of continuous disability.
- This plan includes maternity as part of the coverage, and typically pays 6 weeks of benefits for a normal pregnancy.
- **NEW:** Short-term disability benefits will no longer be offset by sick or vacation pay.
- If you receive a salary increase, your short-term disability does not increase automatically.
- You may sign up for this coverage only during open enrollment or as a new hire.
- You may not drop coverage until the next open enrollment period.

PRE-EXISTING LIMITATIONS

The policy does not cover an illness or accidental injury that arose in the 3 months prior to your plan effective date and is excluded for 12 months. In addition, to be eligible for coverage during pregnancy, your pregnancy must occur on or after the benefit effective date (e.g. July 1 if you are enrolling during open enrollment).

For more information about this benefit, please refer to the plan summary.

IMPORTANT!

You may sign up for this coverage only during open enrollment, or as a new hire.

You may not drop coverage until the next open enrollment period.



THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

This guide attempts to describe important details and changes to the Kairos health plans in a clear, simple, and concise manner. If there is a conflict between the guide and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.



Disclaimer: It is the responsibility of the employer to ensure that all required notices are provided to employees and their covered dependents in a timely and accurate manner. Failure to provide these notices can result in significant penalties and legal consequences.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change in status event as outlined below:

Special enrollment event: If you are declining enrollment 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 your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- change in number or status of dependents (e.g., birth, adoption, death);
- change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;
- have a Qualified Medical Child Support Order (QMCSO);
- have a change in entitlement to or loss of eligibility for Medicare or Medicaid;
- experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan; and
- have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or S-CHIP coverage ends.
- become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Kairos at 888.331.0222.

Mid-year change in status event: Because Kairos pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- change in legal marital status (e.g., marriage, divorce/legal separation, death);
- coverage of the employee's or spouse's plan; and
- changes consistent with special enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting your employer. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Marketplace is not considered a qualified life event with Kairos, and you will not be allowed to join the plan mid-year. However, you can drop your medical coverage to join a Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents 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.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888.331.0222.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. A copy of this notice is posted on the Kairos website at www.svc.kairoshealthaz.org.

DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Kairos do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network healthcare provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional who specializes in obstetrics or gynecology. The healthcare 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 healthcare professionals who specialize in obstetrics or gynecology, contact Kairos at 888.331.0222.

REQUIREMENT TO PROVIDE THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH HEALTH PLAN ENROLLEE

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) for each medical plan participant and include that number on reports that are provided to the IRS each year. If you have a covered dependent who does not yet have a social security number, you can go to this website To request one: www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each dependent enrolled in the health plan, please contact your employer.

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.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through Kairos is creditable with (as valuable as) Medicare's prescription drug coverage.

Kairos has determined that the prescription drug coverage under the following prescription drug plan options is "creditable": Core, Copay, $1,200 PPO and all HDHP's.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Kairos at 888.331.0222.

COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Care Marketplace. (See https://www.healthcare.gov/.) In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Kairos via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact Kairos at 888.331.0222.

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 the 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).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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.

To see if any other states have added a premium assistance program since July 31, 2024, contact U.S. Department of Labor at 866.444.3272 or US Department of Health and Human Services at 877.267.2323.

ALABAMA – Medicaid

Website: myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

Website: myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website:
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: 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: www.in.gov/medicaid/ www.in.gov/fssa/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:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: 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: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or 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
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA - Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI - Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA - Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: 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

NEW JERSEY - Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK - Medicaid

Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON - Medicaid and CHIP

Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP

Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP

Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

MINNESOTA - Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI - Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

SOUTH CAROLINA - Medicaid

Website: www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp/ Email: 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: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid and CHIP

Website: dhhr.wv.gov/bms/ mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269