GCIC Greater Cincinnati Insurance Consortium

2026

BENEFITS

(effective 7/1/2026 – 6/30/2027)



Your guide to physical, financial & personal wellbeing support.

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Benefits Overview

Greater Cincinnati Insurance Consortium is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Greater Cincinnati Insurance Consortium provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Greater Cincinnati Insurance Consortium payroll deductions.

Benefit Plans Offered

- Medical
- Dental
- Vision
- Employee Assistance Program
- Wellness Program

Eligibility

You and your dependents are eligible for Greater Cincinnati Insurance Consortium benefits.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Greater Cincinnati Insurance Consortium eligible dependents.

Current or new hire elections will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 45 days.



Medical Benefits

Effective July 1, 2026 – December 31, 2026

Administered by Anthem

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Greater Cincinnati Insurance Consortium.

Greater Cincinnati Insurance Consortium offers you a PPO medical plan.

With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	PPO Plan 1	
	In-Network	**Out-of-Network**
Annual Deductible	$600 per person / $1,200 per family	$1,200 per person / $2,400 per family
Medical Annual Out-of-Pocket Maximum (includes deductible)	$3,600 per person / $7,200 per family	$6,200 per person / $12,400 per family
Coinsurance	20% coinsurance	40% coinsurance
DOCTOR'S OFFICE		
Office Visits	$25 Primary / $50 Specialist	40% coinsurance
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	No Charge	40% coinsurance
HOSPITAL SERVICES		
Emergency Room	$200 per visit	Covered as In-Network
Urgent Care	$75 per visit	40% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
MENTAL HEALTH SERVICES		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	$25 / visit	40% coinsurance
SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	$25 Office / visit 20% coinsurance	40% coinsurance
OTHER SERVICES		
Maternity Services	$25 1st office visit then 20% coinsurance	40% coinsurance
All Other Maternity Hospital / Physician Services	20% coinsurance	40% coinsurance
PRESCRIPTION DRUGS		
Prescription Drug Annual Out-of-Pocket Maximum (does not include deductible)	$3,000 per person / $6,000 per family	N/A
Retail – Generic Drug	$10	N/A
Retail – Formulary Drug	$40	N/A
Retail – Non-formulary Drug	$60	N/A
Mail Order – Generic Drug	$10	N/A
Mail Order – Formulary Drug	$100	N/A
Mail Order – Non-formulary Drug	$180	N/A
Specialty Drug	20% up to $250	N/A
	Retail and Specialty: 30-day supply; Mail Order: 90-day supply	

Medical Benefits

To be Effective January 1, 2027

Administered by Anthem

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

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	PPO Plan 1	
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Annual Deductible	$600 per person / $1,200 per family	$1,200 per person / $2,400 per family
Coinsurance Maximum	$3,000 per person / $6,000 per family	$6,000 per person / $12,000 per family
Medical Annual Out-of-Pocket Maximum (includes deductible)	$9,000 per person / $18,000 per family	Unlimited
Coinsurance	20% coinsurance	40% coinsurance
DOCTOR'S OFFICE		
Office Visits	$25 Primary / $50 Specialist	40% coinsurance
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	No Charge	40% coinsurance
HOSPITAL SERVICES		
Emergency Room	$200 per visit	Covered as In-Network
Urgent Care	$75 per visit	40% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
MENTAL HEALTH SERVICES		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	$25 / visit	40% coinsurance
SUBSTANCE ABUSE SERVICES		
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OTHER SERVICES		
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All Other Maternity Hospital / Physician Services	20% coinsurance	40% coinsurance
PRESCRIPTION DRUGS		
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Retail – Formulary Drug	$40	N/A
Retail – Non-formulary Drug	$60	N/A
Mail Order – Generic Drug	$10	N/A
Mail Order – Formulary Drug	$100	N/A
Mail Order – Non-formulary Drug	$180	N/A
Specialty Drug	20% up to $250	N/A
	Retail and Specialty: 30-day supply; Mail Order: 90-day supply	

Anthem Health Guide

A caring team to help guide you

Anthem Health Guide is a concierge service for your health and health care

Health care benefits can seem complicated or confusing at times. To make the most of your benefits, you need to understand them.

That is why you have a team of concierge-level customer service experts – ready to answer questions, advocate for your health and explain how to use your benefits. You can call a health guide or chat from your mobile device using our Sydney Health app.

Anthem health guides are here to help

Health guides are team members hand-picked for their kindness and understanding, their ability to listen and find a solution, all while also helping you feel less overwhelmed. They are experts at:

One-call resolution.

- Our guides use advanced technology to see your whole health care picture while talking to you or advocating for you. They understand you are busy and may not have time for multiple conversations so they find the solution in the first call. Health guides take a comprehensive and personal approach, not only to help with your immediate needs but also anticipate future questions.

Advocating for you.

- Health guides bring knowledge and experience to help make sure you are receiving the care you need. They will help break down barriers and eliminate "homework" for you, like calling providers about billing discrepancies, so you can focus on your health. If you need help finding a provider, guides can match you with an in-network provider that suits your needs. They can also help you save money by comparing costs for care at different hospitals and save on your prescription drugs, by switching to generic from brand-name, if available.

Coordinating care for better health.

- Many people see more than one doctor. Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you, when possible. They also have in-depth knowledge about the programs and preventive care services that are part of your benefits, and they work closely with nurses, health coaches and social workers to provide support uniquely suited to you.

Anthem Health Guide is here to give you personalized help when you need it most. That way you can focus on what is most important: your health.

Reach out to an Anthem Health Guide

Connect from your Anthem Blue Cross and Blue Shield Sydney Health mobile app or by logging in at **anthem.com**. Then choose Customer Support, then Contact Us

Call us at **844.995.1752**, Monday to Friday.



Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Greater Cincinnati Insurance Consortium dental benefit plan.

	In-Network PPO	Out-of-Network PPO
Annual Deductible	$50 per member / $100 per family	$50 per member / $100 per family
Annual Benefit Maximum	$2,500 per member	$2,500 per member
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60%	60%
Orthodontic Services Dependent children to age 26	60% up to 1,500 lifetime benefit	60% up to 1,500 lifetime benefit

Dental Plan

Administered by Delta Dental

Stay informed about your dental benefits with Member Portal

Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)
- Sign up for electronic delivery of Explanation of Benefits (EOB) statements by checking the "Paperless Preferences" box.

Get started today

- Visit **www.memberportal.com**
- Log in using your credentials or click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

Questions?

- Call Toolkit Support at **866.356.0301**

Privacy of your online benefit information is assured through highly secure encryption technology.

QRCode

Scan the QR code to access Member Portal.



Processing of Network and Non-Network (Non-Participating) Benefits

Administered by Delta Dental

With Delta Dental, there are three different payment levels based on the provider you choose:

1. PPO Network

- These providers are in-network and have agreed to deeper discounts than those in the Premier network.
- Because of these greater discounts:
  - » Both the plan and the employee pay less.
  - » It takes longer to reach the annual out-of-pocket maximum.
- This is a narrower network compared to Premier.
- There is no balance billing.

2. Premier Network

- These providers are also in-network but offer less discounted rates than PPO providers.
- This network is broader than PPO.
- There is no balance billing.

3. Non-Participating Providers

- These providers are out-of-network.
- Delta Dental pays based on a fee schedule, which may be lower than the provider's billed charges.
- If that happens, the member is responsible for:
  - » Their standard cost share, plus
  - » The difference between the allowed amount and the billed charges (balance billing).

Members can choose any provider at the time of service.

How does this impact the $2,500 out-of-pocket maximum?

Here's a simple example using a $400 root canal (for illustration purposes only):

	PPO Network	Premier Network	Non-Participating
Allowed Amount	$200	$300	$350 (fee schedule)
Member Cost Share	20%	20%	20% + balance billing
Member Cost	$40	$60	$120 ($70 + $50)
Plan Cost	$160	$240	$230

Key point:

The plan cost is what counts toward the $2,500 out-of-pocket maximum. As you can see, using PPO providers results in lower total costs, so it generally takes longer to reach the maximum compared to using Premier or out-of-network providers.

Vision Benefits

Administered by The Standard / VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	In-Network VSP	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam – once every 12 months	$10 copay	Up to $50
LENSES – once every 12 months		
Polycarbonate lenses for children (once every 12 months)	$10 copay	Not covered
Single Vision Lenses	$10 copay	Up to $50
Lined Bifocal Lenses	$10 copay	Up to $75
Lined Trifocal Lenses	$10 copay	Up to $100
Lenticular	$10 copay	Up to $125
Frames – once every 24 months	$10 copay $150 allowance 20% off remaining balance	Up to $70
Contact Lenses – once every 12 months if you elect contacts instead of lenses / frames	$130 allowance (Elective) Medically Necessary covered in full	Up to $120 Up to $210



Vision Plan

Administered by The Standard / VSP

See Healthy and Live Happy

Finding the right eye care provider is important for your eye health and overall wellness. See healthy and live happy with help from VSP® Vision Care. Enroll in VSP to get personalized care from a VSP network doctor at low out-of-pocket costs.

Value and Savings You Love

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. Maximize your benefits with exclusive offers and savings at a Premier Program location, including private practice doctors and Visionworks® locations nationwide.

VSP Premier Program

Preferred private practice and retail in-network choices

- Private Practice Doctors
- Visionworks

Prefer to Shop Online?

Use your vision benefits on Eyeconic®-the VSP preferred online retailer. With the widest selection of quality eyewear, you're sure to find the eyewear you love at a price that's right for you.

Quality Vision Care You Need

You'll get great care from a VSP network doctor, including a WellVision Exam®-an eye exam designed to detect signs of vision and health conditions.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find a VSP network doctor, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

Additional VSP Network Provider Choices

- Walmart
- Pearle Vision
- Sam's Club
- Heartlandvision
- Costco Optical
- SvS Vision Optical Centers

Find a provider: **vsp.com** | **800.877.7195**

QRCode

Employee Assistance Program (EAP)

Administered by GuidanceResources

Your Life. Your Work. Your Best.

Dear Employee:

We are pleased to announce ComPsych GuidanceResources as the new provider of our Employee Assistance Program services. The GuidanceResources program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life experts can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accounts, financial planners and other experts, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak to a counseling professional who can listen to your concerns and guide you to the appropriate services you require.
- Visit GuidanceResources® Online at **www.guidanceresources.com** and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. We hope you will take some time to explore all the benefits it has to offer.

24/7 Live Assistance:

- Call: **855.435.4333**
- TRS: Dial 711
- Online: **guidanceresources.com**
- App: GuidanceNow℠
- Web ID: **GCICEAP**

Scan QR Code to connect

Sydney Mobile App

Administered by SmartShopper and Anthem

You've got quick access to your health care!

Register on **anthem.com** or the Sydney mobile app.* Have your member ID card handy to register.

From your computer	From your mobile device
1. Go to **anthem.com/register**	6. Download the free Sydney mobile app and select Register
2. Provide the information requested	7. Confirm your identity
3. Create a username and password	8. Create a username and password
4. Set your email preferences	9. Confirm your email preferences
5. Follow the prompts to complete your registration	10. Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical, pharmacy, dental, vision, life insurance – in one place. Making your health care journey simple, personal – all about you.

Need help signing up? Call us at **866.755.2680.**

**You must be 18 years or older to register your own account.*

SmartShopper

Administered by SmartShopper and Anthem

Meet your new favorite health plan benefit!

During open enrollment it's important to know all your options. As an Anthem member, you'll have SmartShopper®. It's a simple-to-use tool that compares locations so you can save money and earn cash rewards on routine medical care.

Earn cash rewards up to $500 with SmartShopper

Since SmartShopper is part of your benefits, there are no extra steps or fees. It's quick and easy to compare costs and cash reward amounts before scheduling your procedure. And the best part? Your cash reward will be sent automatically.

It's Simple To Use		
Compare locations at **SmartShopper.com** or call the Care Concierge Team at **866.285.7078**.	Go to a reward-eligible location for your procedure.	Earn a cash reward up to $500!

The Care Concierge Team is here to support you. Not only can they help you compare costs, but they can even take care of prior authorizations and scheduling your procedure for you. Call today!

Go green by going paperless! Scan the QR code or contact us to register your email today.

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET. The Care Concierge Team closes at 3 p.m. EST on Fridays from Memorial Day to Labor Day.*

The Christ Hospital

Are You In Need Of Orthopedic Care?

Greater Cincinnati Insurance Consortium (GCIC) has partnered with The Christ Hospital to offer world-class orthopedic and heart care through The Center of Excellence programs.

GCIC has partnered with The Christ Hospital to offer The Center of Excellence program for both Orthopedic and Heart care. The programs offer access to some of the best surgeons in the region and nurse navigators to assist patients with questions, scheduling and education through a concierge's experience. Patients experience world class care and experiences as well as an all-inclusive episode of care all while saving money. GCIC waives all deductibles, coinsurance, and copayments for having a procedure in the Center of Excellence program saving health plan members potentially hundreds of dollars per service.

Your COE Benefit

ORTHOPEDIC CARE

The Orthopedic Center of Excellence includes procedures such as knee and hip replacements, spine procedures and shoulder procedures.

For information regarding knee and hip replacements as well as shoulder procedures please call our Joint Navigator at 513.557.4882. For information on spine procedures please call our Spine Navigator at 513.557.4881.

HEART CARE

The Cardiac Center of Excellence includes a wide variety of procedures and care.

For information regarding Heart care in this program please contact our Cardiac Navigator at **513.263.9194**.

GCIC plan members have their deductibles, coinsurance, and copayments waived for eligible procedures in the Christ Hospital Excellence programs.

Questions about the programs? Ready to get started?

- Please call **513.557.4882** for knee, hip or shoulder.
- Please call **513.557.4881** for spine.
- Please call **513.263.9194** for heart.
- **thechristhospital.com/gcic**
- Or scan the QR code to get started.



Hinge Health

What is Hinge Health?

How does the program work?

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal health (back, muscle, ankle, wrist, joint, pelvic pain and more).

How does Hinge Health help?

They assess your condition and match you to a care team to help personalize your treatment to you.

Who is in my care team?

Depending on your treatment plan, your care team could include a physical therapist and a health coach. You will keep the same care team throughout your experience.

What could be included in my treatment plan?

1. Access to the Hinge Health app with guided exercise therapy
2. Virtual visits with members of your care team
3. Kit with tools to assist in guiding exercise therapy

How much does the program cost?

It's free for eligible participants. This includes access to your care team, the Hinge Health app, and any materials that we send to assist in your care.

Who is eligible?

Employees and dependents 18+ enrolled in an Anthem medical plan through Greater Cincinnati Insurance Consortium are eligible.

How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.

Exercise therapy made easy

Follow along in the app for simple, 10-minute exercise therapy sessions.

Treatment from your care team

Get help overcoming pain, recovering from an injury, preparing for surgery, and more!

Scan the QR code to learn more

Apply at **hinge.health/gcinsurance-oe** or call **855.902.2777**

Interested in learning more about the Women's Pelvic Health program? Visit **hinge.health/gcinsurance-wph**



Wellness Program

Kick-start your wellbeing!

User Guide

Getting healthier is easier when you do it with friends. Participate in fun challenges with your with your coworkers to help you build healthy habits and experience the rewards of better health. Are you ready? Brace yourself for some serious cheering, competition and fun along the way!

Have questions? We're here to help.

- Check out **support.personifyhealth.com**
- Send us an email: **support@personifyhealth.com**

Sign up and get started

Step 1

Visit join **personifyhealth.com** or open the app and select Create Account.

Follow the progress bar as you complete these easy steps:

- **Tell us who you are.** We'll ask for a few details about you and your sponsor organization to check your eligibility. Some of the fields may already be filled.
- **Legal and privacy.** Review and agree to the rules, data collection and privacy policy.
- **Create your account.** Add your email, make a password and give us some additional details to customize your experience.
- **You're all set.** Your account is ready. Click Take Me There to sign in.

Step 2

Connect a device or app to get credit for your wellbeing activities like steps and sleep. We sync with many trackers, such as Max GO, Apple Watch, Fitbit and MyFitnessPal, just to name a few.

Step 3

Upload a profile picture and add some friends.

Step 4

Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!

Step 5

Download the Personify Health mobile app for iOS or Android. Access your account and track your activity anywhere, anytime. Turn on your notifications to stay motivated and get friendly reminders.

Syncing is the simple process of uploading information from your fitness tracker to the mobile app, so it's all in one place. Be sure to sign in to your Personify Health app at least once a week so your data syncs and counts toward your activity goals. Activity tracking varies by device. Please consult your device instructions to learn more about available tracking features.

Scan the QR code to download the app.

bewell
GROWING. CARING. INSPIRING. CHANGING.



Engage in activities that fit your interests

Challenges
Rally your coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.

Daily Cards
Every day we'll send you two new tips to help you live well. Plus, we'll make sure they're about the areas that interest you the most.

Friends and Family
Add your work friends so you can encourage and motivate one another. You can also invite up to 10 friends and family members outside of work!

Health Check
This short, confidential survey assesses your health across seven factors, from mental health to fitness. You'll receive a personalized report and recommended actions you can take to start improving your wellbeing.

Healthy Habits
Healthy Habits offer you bite-size ways to build a healthy routine and improve your wellbeing. Your Healthy Habits will be customized based on your Health Check results and the interests you set in your profile.

Journeys®
Want to exercise more? Better manage a health issue? Now you can use our digital coaching tool to make simple changes to your health, one small step at a time.

Media Library
The Media Library offers interactive videos led by our team of trainers and coaches on a variety of topics. There's something for everyone.

My Care Checklist
My Care Checklist is a handy healthcare tracker that assists you in managing your health by keeping track of well visits, screenings and vaccinations-all in one place.

Pillars
Get straight to the information that matters to you the most. Pillars make it easy to find content that is important to you and provide quick access to many helpful tools and resources.

Shoutouts
Support a colleague or friend with a message of thanks or appreciation using the Shoutout feature.

Social Groups
Getting healthier and learning something new is easier with friends. Join a group to stay motivated, chat with others and achieve goals together.

Create a challenge

Personal Challenges

Create a personal step challenge to increase your activity for one, two or five days in a week. Make sure your fitness tracking device or app is connected to your account and start stepping. Invite your coworkers for some friendly competition and see who comes out on top.

Healthy Habit Challenges

You can create a challenge for a Healthy Habit you're currently tracking, or try out one of the many other habits from topics like Sleeping Well, Being Productive, Managing My Finances and more. Simply track it every day in order to reach your goal.

How to start a challenge:

Step 1

From the home page, go to the Social tab, select Challenges and then select Create. Once you're in this section, choose Personal Challenge or Healthy Habit Challenge.

For personal challenges, you'll choose the duration of the challenge and start it up.

For Healthy Habit challenges, you'll select the habit you want to work on, write a personal message and get it started.

Step 2

Now that your challenge is set up, invite others to join! Select Invite Players, and you'll have the option to invite from your friends list, search for friends, or invite a Group. You can also add an email list of up to 250 people.

Things to explore:

Chat

If you invited others to join your challenge, connect and share images or tips on how to build habits and stay active via the challenge Chat feature.

Leaderboard

If you're in a group challenge and are competitively motivated, take a look at the Leaderboard in the app to see who's in the lead. If you're falling behind, put the pedal to the metal and aim for that #1 spot.

Try Journeys®

Journeys can help you:

- Reduce stress
- Embrace diversity, equity and inclusion
- Increase your healthy nutrition knowledge
- Add more physical activity throughout the day
- Improve sleep

How to get started:

Step 1

Open the Personify Health mobile app or go to the website and find Journeys in the Health menu.

Step 2

Find the Journey that's right for you. If you would like to view all the available Journeys in a topic, click View All.

Step 3

Click on the Journey you would like to learn more about. Click Start to begin your Journey.



Max GO™

Get started with these easy steps:

Step 1

Before you pair Max GO, charge it and place it near your phone. Also, make sure your phone's Bluetooth, Location and Nearby Devices are turned on.

Step 2

Go to More and select Devices and Apps. Click on Max GO in the Available Devices and Apps section.

Step 3

Tap the Connect button on the new screen that opens. Select Start Pairing. Found devices will appear on the screen and your device will have Max GO in its name. Tap on Connect next to it.

Step 4

Tap the green check mark on the device to complete the pairing process. When paired successfully, you will be able to tap Continue, which will take you to the final step in the process: entering your height and weight. Then select Continue to save your information. A pop-up should appear, letting you know you're all set!

Max GO can help you:

Reach your step goal

You'll get a notification on your device when you reach your step goal. You can also turn on call, text and email notifications by going to the settings section on the mobile app.

Track your sleep

Max GO tracks your sleep when you wear it to bed. (Say hello to your new sleep buddy!)

What to expect:

Your Max GO has three different clock faces that you can choose from. By swiping through the screens, you can also view daily activity such as steps, calories, distance traveled, and more. Max GO tracks and syncs steps, sleep, calories burned, workouts and active minutes.

Keep it up to date!

To upload your fitness tracker data to your wellbeing account, open the mobile app and pull down on the home screen to refresh.

Syncing is the simple process of uploading information from your fitness tracker to the mobile app, so it's all in one place. Be sure to sign in to your app at least once a week so your data syncs and counts toward your activity goals.

Note: The Max GO is only compatible with smartphones that have the Personify Health mobile app installed, specifically Android 9.0 and iOS 15.0 and above.

Your Rewards

Earn up to $165 in Rewards Cash Annually!

	Level 1	Level 2	Level 3	Level 4
POINTS	7,000	25,000	40,000	60,000
REWARDS	$10 Rewards Cash	$15 Rewards Cash	$20 Rewards Cash	$30 Rewards Cash

Additional Rewards

- Complete the Health Check Survey – $25 Rewards Cash
- Complete the Biometric Screening – $40 Rewards Cash
- First login to the Mobile App **OR visit your PCP for your annual physical** – $25 Rewards Cash

Sign up now at
join.personifyhealth.com

Already a member? Login at
login.personifyhealth.com

Questions?
Contact Member Services at
888.671.9395

Rewards		
ACTIVITY UPLOAD STEPS FROM YOUR ACTIVITY TRACKER (MAX GO, FITBIT, APPLE HEALTH, S HEALTH, HEALTH CONNECT, ETC.)		
DAILY (up to 140 Points / day)	Per 1,000 steps	10 Points
	15 or more active minutes	70 Points
	30 or more active minutes	100 Points
	45 or more active minutes	140 Points
MONTHLY	20-Day Triple Tracker (moderate activity)	400 Points
	20-Day Triple Tracker (high activity)	500 Points
NUTRITION AND SLEEP		
DAILY	Calorie Tracking	20 Points
	Track sleep manually	10 Points
	Track sleep nightly via a device	20 Points
	Sleep > 7 hours in a night	50 Points
SELF TRACKING		
DAILY	Track your healthy habits (up to 30 Points/Day)	10 Points
MONTHLY	Track healthy habits 10 days in a month	200 Points
	Track healthy habits 20 days in a month	300 Points
CARDS		
DAILY	Complete daily tip card (2/day)	20 Points
MONTHLY	Complete 10 daily cards in a month	100 Points
	Complete 20 daily cards in a month	200 Points
CHALLENGES		
MONTHLY	Create a personal challenge	50 Points
	Join a personal challenge	100 Points
	Join the Company Challenge	100 Points
JOURNEYS		
DAILY	Complete a step	20 Points
QUARTERLY	Complete a Journey	250 Points
MORE!		
ONE-TIME	Complete registration	100 Points
	Add a profile picture	100 Points
	Connect activity device	200 Points
	First 5 friends	250 Points
	First login to mobile app	250 Points
YEARLY	Complete the Nicotine Free Agreement	250 Points
	Set a wellbeing goal	200 Points
QUARTERLY	Set interests	100 Points

Contact Information

Carrier	Phone	Website
Anthem Medical Plan or Prescription Drug Assistance	844.995.1752	Anthem Health Guide
Delta Dental Dental Plan	800.524.0149	www.memberportal.com
The Standard Vision Plan	800.877.7195	vsp.com
The Standard Life, Voluntary Life and Voluntary Long-Term Disability	800.628.8600	www.standard.com
ComPsych Employee Assistance Program	877.373.4763	www.guidanceresources.com
SmartShopper Earn cash rewards for shopping and using high quality, appropriately priced providers	866.285.7078	www.SmartShopper.com



Gallagher

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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Frequently Asked Questions

Help! I am traveling and need care.

When you travel and need care due to an emergency, call 911 or seek treatment at the closest Emergency Room. This includes life threatening conditions, severe bleeding or severe pain. You are covered anywhere in an emergency situation.

For non-emergencies, use the phone number on the back of your ID card. You can call this number to assist in finding a network provider and/or facility for non-emergent / urgent care in your area of travel.

You also have access to care across the country through the BlueCard PPO Program. If you are outside the country, you can use the BCBS Global Core Program.

For the BCBS Global Care Flyer, see page 26.

How do I register for Anthem.com or download the Sydney App?

From your computer:

1. Go to **Anthem.com** and register
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete the registration

From your mobile device:

1. Download the free Sydney App from the App store
2. Follow steps 2-5 listed above

For further instruction, see page 13.

How do I find a provider that participates in the network?

You can search for network providers by using the Find Care Tool on **Anthem.com** or the Sydney Health Mobile App.

Follow the instructions listed in the preceding question and select FIND CARE.

For more information on how to find appropriate care, see page 27.

I want to schedule my preventive care over the summer. What is covered at 100%?

Your Anthem health plan offers preventive care services as outlined in the Affordable Care Act (ACA) at no cost to you. As long as you use a network provider, approved services will be covered at 100%. If you use providers that are not participating in the network, you may have out-of-pocket costs.

To find which services are covered at 100%, it is best to call Anthem in advance of obtaining the service. They can provide you with a list of services for adults and children.

Preventive care is very important to your long term health. So we encourage you to talk to your doctor about the screenings that are appropriate for you.

I can never locate my ID card. Where can I easily find it?

You can use **Anthem.com** or the Sydney Mobile App to download your ID card.

Go to **Anthem.com** and from the member home page, click on MyPlan at the top of the page and select ID Card from the drop down menu.

Using the Sydney App on your phone – log in and your ID Card is available.

While you are logged into the Sydney App, set your ID card preferences to “digital” and download your ID card. This way, it will always be with you as long as you have your phone!

You can also request a new card by calling the Anthem Health Guide at **844.995.1752**.

Am I getting any new ID cards for the new plan year beginning 7/1/2026?

New Anthem ID cards will not be mailed out. Your current cards are still active.

You do not need an ID card to obtain dental services but be sure to tell your dental provider that you are a member of Delta Dental.

Frequently Asked Questions

I would like to see a provider virtually rather than in person, is that covered? For medical and behavioral health?

Yes, your Anthem plan includes benefits for video visits using LiveHealth Online. With LiveHealth Online, you can see a board – certified physician 24/7, visit with a licensed therapist or consult a board certified psychiatrist.

To schedule a therapist or psychiatric visit, you can schedule on-line at **Anthem.com** or through the Sydney app from 8am to 8pm, seven days a week.

I heard that I can get bonus dollars if I shop for care?

SmartShopper is a program that helps you save money by allowing you to shop for lower cost options for certain covered services while earning cash incentives in return.

To get started, when your doctor recommends a medical test, procedure or lab work, call SmartShopper at **866.285.7078** or visit **Smartshopper.com** Price and quality of care varies greatly depending on the provider that you use. SmartShopper will research high quality, appropriately priced providers. If you use a provider they recommend, you will get a cash reward.

It is completely voluntary. Rewards range from $25 to $500.

For more information, see page 13.

I'm confused and need someone to help me figure out my healthcare bills.

You have access to the Anthem Health Guide who can assist you with any questions on claims. They make it easy to understand your plan and provide easy steps when dealing with a health issue.

You can reach an Anthem Health Guide at **844.995.1752**.

For information on the Anthem Health Guide, see page 6.

How do I find Urgent Care or Convenience Care locations?

You can search for participating network providers by using the Find Care Tool on **Anthem.com** or by using the Sydney App. This will allow you to find facilities in the area where you live or work.

Can I get a 90-day supply of medication at my retail pharmacy?

Yes, you may obtain a 90-day supply of maintenance drugs at a retail pharmacy. Keep in mind, if you are being prescribed a prescription for the first time, ask if there is a generic equivalent. You will save money!

Also, try the medication for a shorter timeframe to ensure it works before filling a 90-day supply. Be sure that your provider prescribes drugs on the Anthem Formulary (preferred list) or you will pay more.

Use the Sydney App while in the provider's office to check drug tiers and cost!

I need to go to the dentist – How do I find an In-Network provider?

Utilizing providers in the Delta Dental plan will obtain the most affordable care. There are two networks to choose from, the PPO and the Premier Network.

Offering both networks provides our members with the choice of many dental providers. Providers in the PPO network are more cost effective so you will pay less for care. To find a dental provider visit **www.deltadental.com/findadentist** Select Delta Dental PPO and Delta Dental Premier.

Be sure to register or log-in to the member portal. **www.memberportal.com** Please Note: all deductibles, maximums and benefit limits will start over on July 1.

You do not need an ID to seek service.

For more information, see page 8.

Frequently Asked Questions

How do I find an In-Network vision provider?

You can search for a provider by going to **www.vsp.com**.

For more information, see page 10.

You will not receive an ID card for vision benefits. Simply provide your name and social security number to a participating provider and they will be able to check your eligibility in their system.

Is there a program to help me when I am overwhelmed or just need some support?

Yes! Support is available via our Employee Assistance Program, ComPsych. This is a free program for you and anyone who lives in your household whether they are covered on your benefits or not. It is for anything that stresses you! Not only did we increase the number of visits per issue to 6 but we are offering a program that has experts in so many fields to assist with financial questions, legal assistance, stress or anxiety, family concerns, and so much more.

Their service is comprehensive offering FamilySource – for Family and Personal Convenience Services

LegalConnect – lawyers who will provide insightful coaching and guidance

FinancialConnect – unlimited telephone access to CPAs, certified financial planners to help with everything from budgeting to investing

Plus a host of online tools to assist with all aspects of life's daily challenges.

For more information, see page 12.



Blue Cross Blue Shield Global Core

Know Before You Go

Healthcare Coverage When You Are Traveling Abroad

As a BCBS member, you may have the ability to take your healthcare benefits with you when you go abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors, hospitals, support tools, and resources around the world.

To take advantage of the program:

- Always carry your current BCBS member ID card and convenient access to supporting tools and resources which are also available through the BCBS Global Core program app.
- Before you go, contact your BCBS Plan at the number on the back of your BCBS member ID card for benefits and coverage details because they may be different outside the United States.
- If you need to locate a doctor or hospital, call the BCBS Global Core Service Center (see numbers below). An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
- If you need inpatient care, call the BCBS Global Core Service Center (see numbers below) to arrange direct billing. In most cases, you should not need to pay up front for inpatient care except for the out-of – pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting the BCBS Global Core Service Center, call your BCBS Plan for precertification or preauthorization. Refer to the phone number on the back of your BCBS member ID card. Note: This is a different phone number than those listed below.
- If direct payment has not been arranged or your local BCBS Plan is unable to verify your benefit coverage at time of service, you may need to pay up front and submit a claim for reimbursement. Complete a BCBS Global Core international claim form and send it with the bill(s) and proof of payment to the BCBS Global Core Service Center (the address is on the form). You can also submit your claim online or through the BCBS Global Core mobile app. The claim form is available from your BCBS Plan or online at **www.bcbsglobalcore.com**.

In an emergency, go directly to the nearest hospital.

To learn more about Blue Cross Blue Shield Global® Core:

- Visit **www.bcbsalobalcore.com**.
- Call your BCBS Plan at the phone number on the back of your member ID card
- Call the BCBS Global Core Service Center at one of the toll-free numbers; **800.810.BLUE (2583)** / **877.547.2903 or** collect at **804.673.1177**.
- Download the BCBS Global Core program app for Apple and Android devices at **www.bcbsalobalcore.com/Home/MobileApp/** (rates from your wireless provider may apply).

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

Find Care

Connect with the care that's right for you

The Find Care tool helps you search for doctors / dentists and compare costs

Choosing a provider you trust is important – and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or **anthem.com**.

How to use Find Care

The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:

1. Search for providers and facilities in your plan's network by name, specialty, or procedure.
2. Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.
3. Review details about doctors / dentists such as their specialties, gender, educational background, and contact information.
4. Choose a doctor/ dentist from the list to review their patient ratings and compare costs for services.

Choose with confidence

You can start using Find Care by downloading the Sydney Health app to your mobile device or logging in to **anthem.com**. Select Find Care and the Find Care tool will guide you through the steps.

We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high – quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **anthem.com**.

QRCode

Download Sydney Health today to find a provider that's right for you

Use your smartphone camera to scan this QR code.



Legal Notices

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 **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 **866.444.EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your state for more information on eligibility.

ALABAMA – Medicaid

http://myalhipp.com
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
http://myakhipp.com/ | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

http://myarhipp.com
855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)
https://www.healthfirstcolorado.com
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
https://hcpf.colorado.gov/child-health-plan-plus
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
https://www.mycohibi.com/
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

GA HIPP: https://medicaid.georgia.gov/
health-insurance-premium-payment-program-hipp
678.564.1162, Press 1
GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/
childrens-health-insurance-program-reauthorization-act-2009-chipra
678.564.1162, Press 2

ILLINOIS – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application: https://abe.illinois.gov
HIPP Hotline Number: 217.524.8268 | HIPP Email: hfs.boc.hipp@illinois.gov

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
https://www.in.gov/medicaid/ | 800.457.4584
Family and Social Services Administration
http://www.in.gov/fssa/dfr/ | 800.403.0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
800.338.8366
Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/
hawki
800.257.8563
HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
888.346.9562

KANSAS – Medicaid

https://www.kancare.ks.gov/
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855.459.6328 | KIHIPP.PROGRAM@ky.gov
KCHIP: https://kynect.ky.gov | 877.524.4718
Medicaid: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Medicaid: www.ldh.la.gov/healthy-louisiana
Customer Service Line: 888.342.6207
Medicaid Email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP):
https://www.ldh.la.gov/lahipp
LaHIPP Phone: 877.697.6703 | LaHIPP Email: La.HIPP@la.gov
LaHIPP Fax: 888.716.9787
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium:
https://www.maine.gov/dhhs/ofi/applications-forms
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

https://www.mass.gov/masshealth/pa
800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

https://mn.gov/dhs/health-care-coverage/
800.657.3672

MISSOURI – Medicaid

http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
573.751.2005

MONTANA – Medicaid

http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
800.694.3084 | Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

http://www.ACCESSNebraska.ne.gov
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

http://dhcfp.nv.gov
800.992.0900

NEW HAMPSHIRE – Medicaid

https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
800.356.1561
CHIP: http://www.njfamilycare.org/index.html
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

https://medicaid.ncdhhs.gov/
919.855.4100

NORTH DAKOTA – Medicaid

https://www.hhs.nd.gov/healthcare
844.854.4825

OKLAHOMA – Medicaid and CHIP

http://www.insureoklahoma.org
888.365.3742

OREGON – Medicaid and CHIP

http://healthcare.oregon.gov/Pages/index.aspx
800.699.9075

PENNSYLVANIA – Medicaid and CHIP

https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
800.692.7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

http://www.eohhs.ri.gov
855.697.4347 or 401.462.0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

http://www.scdhhs.gov
888.549.0820

SOUTH DAKOTA – Medicaid

http://dss.sd.gov
888.828.0059

TEXAS – Medicaid

https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
https://medicaid.utah.gov/upp/ | Email: upp@utah.gov | 888.222.2542
Adult Expansion: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/
CHIP: https://chip.utah.gov/

VERMONT – Medicaid

https://dvha.vermont.gov/members/medicaid/hipp-program
800.250.8427

VIRGINIA – Medicaid and CHIP

https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid and Chip: 800.432.5924

WASHINGTON – Medicaid

https://www.hca.wa.gov/
800.562.3022

WEST VIRGINIA – Medicaid and CHIP

https://dhhr.wv.gov/bms/ or http://mywvhipp.com/
Medicaid: 304.558.1700
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
800.362.3002

WYOMING – Medicaid

https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
800.251.1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 5/31/2029)

Notes

Notes

2026

BENEFITS

GCIC Greater Cincinnati Insurance Consortium

DCN27BGGC