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MEDICINE

THOMPSON  
HEALTH

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## 2025 ASSOCIATE BENEFITS

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*YOUR GUIDE.*

*YOUR ADVOCATE.*



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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.



## INTRODUCTION & ELIGIBILITY

On January 1, 2025, the Thompson Health Benefit plan year begins. Associates can develop a personalized benefit package. You will be able to choose the level of health coverage you want for yourself and your family (if you need any at all), and you will be able to elect from a combination of voluntary benefit options that provide additional benefits for you and your family members.

### Your Benefits Guidebook

Reviewing the summarized information contained within this guidebook will help you to make the benefit choices that best protect you and your family. Although Thompson Health cannot directly advise you on the benefit plans you should select, we have secured the services of Canandaigua Financial Group, Gallagher Benefit Services, and Mercer to provide you with information on most of the benefits contained in this guidebook to help you reach an informed decision.

### UR Medicine/Thompson Health Benefit Plans

- Excellus BC/BS Medical
- Excellus BC/BS Dental
- VSP Vision Care
- Group Term Life Insurance
- Carve Out AD&D
- Voluntary Life/AD&D Insurances
- AFLAC Cancer Insurance
- Flexible Spending Account
- Health Savings Account
- Voluntary Short Term Disability Insurance
- Voluntary Long Term Disability Insurance
- Voluntary Accident, Critical Illness, Whole Life w/ Long Term Care rider
- Farmer's Auto/Homeowner's Insurance
- The Thompson Health 403(b) Plan w/ match

### Using the Internet and Intranet

You can access benefit plan information anytime 24 hours/day, 7 days/ week:

#### Internet:

<https://www.thompsonhealth.com/Careers/Compensation-Benefits>

#### Intranet:

<http://sites.mc.rochester.edu/thompson-health/associate-services/benefits/>

## Completing Your Personal Benefits Election Packet

When you have decided on the benefits you want, you must:

1. Complete an enrollment form (if applicable) for that benefit.
2. Return your enrollment forms to John Paul Mlynar in Assoc. Services.
3. You may want to save a copy of your enrollment form and this guidebook for your personal records.



## Eligibility Schedule

In order to be an eligible Associate under the Plan, you must be an active regular full time Associate working 35+ hours per week or an active regular part time Associate working 20 – 34 hours per week.

### **First of the month following benefits eligible status, during open enrollment, or if you have a qualifying change:**

- Medical Insurance
- Health Savings Account (H.S.A.)-coupled with HDHP Plan only
- Dental Insurance
- Vision Insurance
- Group Life (Thompson Health Paid)
- AD&D Insurance (Thompson Health Paid)
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance
- Voluntary Life/AD&D Insurances
- Short Term Disability Insurance
- Long Term Disability Insurance

### **First of the month following 90 days of benefit eligible status:**

- AFLAC Cancer Insurance

### **First of the month following 6 months of benefit eligible status, during open enrollment, or if you have a qualifying change:**

- Flexible Spending Account (health & dependent care)

### **At next enrollment session by broker:**

- Transamerica Universal Life with Living Benefits/Long Term Care Rider

### **Upon Hire:**

- Farmer's (MetLife) Auto/Homeowners Insurance
- The Thompson Health 403(b) Plan (ALL associates are eligible to participate, regardless of status)

### **Changing Your Choices**

You will have an opportunity to make an election once every year during open enrollment. After you have enrolled, you may only change your election during the plan year if:

- ✓ You have a qualifying change of dependent status.
- ✓ You can prove you or a dependent has lost or gained coverage under another plan.
- ✓ Enrollment limitations may apply according to the Health and/or Dental carrier

## Medical Plan Premiums Per Pay (24 pay periods)

\*Medical premiums taken out 2 payrolls of each month FT= Full-time (70+ hours/payroll period)

PT= Part-time (40-69 hours/payroll period)

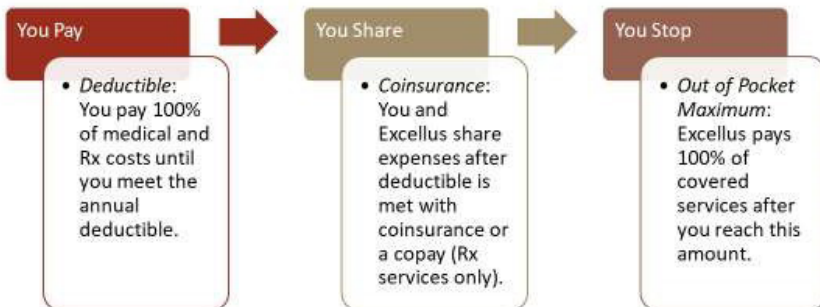
## EXCELLUS MEDICAL PLANS COMPARED (QUICK REFERENCE ONLY)

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit



Quick Reference- Shows in- network only	HDHP with H.S.A. \$1,650/\$3,300 or \$2,500/\$5,000 Deductible
Office Visit Copay (PCP)	70-90% covered, subject to deductible
Office Visit Copay (Specialist)	70-80% covered, subject to deductible
Network	National Bluecard
In-network deductible	see plan deductible limit
In-network co-insurance	10-20%
In-network Out of Pocket Max.	\$3,300 or \$5,000 ind./\$6,600 or \$10,000 fam.
PCP Child up to age 19	70-90% covered, subject to deductible
Well Child Visit	Covered in Full
Preventative Health	Covered in Full
<b>(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)</b>	
Prescriptions	\$5/35/70, subject to deductible at CMG Pharmacies
(w/ mail order 3 for 2 savings-ask for brochure, or see on-line)	\$15/50/95, subject to deductible at all other pharmacies
Diagnostic X-rays	70-90% covered, subject to deductible
Diagnostic Labs	70-90% covered, subject to deductible
Inpatient Hospital	70-80% covered, subject to deductible
Urgent Care Center	70-90% covered, subject to deductible
Emergency Room	80% covered, subject to deductible
Outpatient Surgical Care	80-90% covered, subject to deductible
Routine Vision	80% covered, subject to deductible
Eyewear Allowance	none
ACA-Qualified Dependents to Age:	26

### Cost Sharing Highlights



**Quick Reference Summary only:** PLEASE obtain plan booklet or side-by-side comparisons.

The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents.

If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.

Premium based on wage in effect as of 12/15/2024.

Domestic partner (DP) coverage is available for medical and dental insurance.

A completed affidavit is required with enrollment form; imputed income applies. Certain Rules apply with Affordable Care Act Provisions.



There are several methods to assist you in selecting appropriate benefit plans. Here is what you can find on the Internet/Intranet:

- Medical Plan Comparison
- Dental Plan Information
- AHP Network Link
- Health Savings Account H.S.A Information
- Voluntary Benefit Information

**Access from home:** <https://www.thompsonhealth.com/benefits>

**No Access?** Associate Services can provide you with the forms and information.

**Lowest Cost?** Use AHP Providers or Thompson Health Enhanced Benefits.

**Contact Information:** [www.ahpnetwork.com](http://www.ahpnetwork.com) or 1.585.784.8855 or 1.888.457.7463

Thompson Health offers Domestic Partner (DP) coverage for Medical, Dental and Vision Insurance. A completed affidavit is required with enrollment form; imputed income applies.

- **Full-Time (FT)** = 70+ scheduled hours per pay period
- **Part-Time (PT)** = 40-69 scheduled hours per pay period

### When can I change my election?

Enrollment changes are permitted only under the following circumstance:

**Open Enrollment:** During the open enrollment period, you will have the opportunity to enroll in or make changes to your benefit elections for the upcoming plan year. New enrollments or enrollment changes elected during the Open Enrollment period will become effective the following January 1st.

**Change in Your Benefit Elections:** Federal Regulations restrict you from making any changes to your benefits during the plan year unless you experience a life event status change. If you report an eligible status change within 30 days of the event, you'll be permitted to make midyear changes to your benefit elections. Eligible life events include:

- Marriage, divorce or legal separation
- Birth, adoption or legal custody of a child
- Increase of hours which will qualify you as an eligible employee under the benefit plan
- Your dependent becomes ineligible for coverage
- Your spouse gains or loses group coverage or changes employment
- Your spouse or dependent dies
- Your benefits under Medicaid or CHIP are terminated due ineligibility
- You become eligible for employment assistance under Medicaid or CHIP



### Medical Insurance Eligibility:

1st of the month following your hire date as a FT/PT Associate, or a qualifying event.

**\*\*DURING YEAR END OPEN ENROLLMENT, CONFIRM ELECTIONS ON-LINE ULTIPTRO\*\***

### Medical Insurance Rates and Contributions:

*BLUE PPO - HDHP with H.S.A.; First dollar deductible of \$1,650 single/\$3,300 family with \$3,000 single/\$6,000 family max IN-OOP*

**IF YOU EARN \$21.69/HOUR OR LESS THESE ARE THE PREMIUMS EFFECTIVE 1/1/25-12/31/25:  
(ASSOCIATE SEMI-MONTHLY PREMIUMS TAKEN OUT DURING 2 PAYROLLS EACH MONTH)**

**High Deductible Health Plan with Health Savings Account** - Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

Enrollment Class & Tier	1/1/25 Total Monthly Premium	Thompson Monthly Cost	Associate Monthly Cost	Associate Semi-Monthly	Thompson H.S.A. Contribution x26 Cycles	Final Associate Semi-Monthly Deduction
FT Associate	\$858.95	\$786.95	\$72.00	\$36.00	\$19.23	\$15.17
FT Associate & Spouse/DP	\$1,975.41	\$1,701.41	\$274.00	\$137.00	\$38.46	\$95.33
FT Associate & Child(ren)	\$2,215.63	\$1,912.63	\$303.00	\$151.50	\$38.46	\$109.83
FT Associate & Family	\$2,331.51	\$1,991.51	\$340.00	\$170.00	\$38.46	\$128.33
PT Associate	\$858.95	\$721.95	\$137.00	\$68.50	\$19.23	\$47.67
PT Associate & Spouse/DP	\$1,975.41	\$1,600.41	\$375.00	\$187.50	\$38.46	\$145.83
PT Associate & Child(ren)	\$2,215.63	\$1,779.63	\$436.00	\$218.00	\$38.46	\$176.33
PT Associate & Family	\$2,331.51	\$1,860.51	\$471.00	\$235.50	\$38.46	\$193.83

**IF YOU EARN \$21.70/HOUR OR MORE THESE ARE THE PREMIUMS 1/1/25-12/31/25:  
(ASSOCIATE SEMI-MONTHLY PREMIUMS TAKEN OUT DURING 2 PAYROLLS EACH MONTH)**

Enrollment Class & Tier	1/1/25 Total Monthly Premium	Thompson Monthly Cost	Associate Monthly Cost	Associate Semi-Monthly	Thompson H.S.A. Contribution x26 Cycles	Final Associate Semi-Monthly Deduction
FT Associate	\$858.95	\$763.95	\$95.00	\$47.50	\$19.23	\$26.67
FT Associate & Spouse/DP	\$1,975.41	\$1,651.41	\$323.00	\$161.50	\$38.46	\$119.83
FT Associate & Child(ren)	\$2,215.63	\$1,861.63	\$354.00	\$177.00	\$38.46	\$135.33
FT Associate & Family	\$2,331.51	\$1,937.51	\$394.00	\$197.00	\$38.46	\$155.33
PT Associate	\$858.95	\$701.95	\$157.00	\$78.50	\$19.23	\$57.67
PT Associate & Spouse/DP	\$1,975.41	\$1,557.41	\$418.00	\$209.00	\$38.46	\$167.33
PT Associate & Child(ren)	\$2,215.63	\$1,729.63	\$486.00	\$243.00	\$38.46	\$201.33
PT Associate & Family	\$2,331.51	\$1,809.51	\$522.00	\$261.00	\$38.46	\$219.33



*BLUE PPO - HDHP with H.S.A.; First dollar deductible of \$2,500 single/\$5,000 family with \$5,000 single/\$10,000 family max IN-OOP*

**IF YOU EARN \$21.69/HOUR OR LESS THESE ARE THE PREMIUMS EFFECTIVE 1/1/25-12/31/25:  
(ASSOCIATE SEMI-MONTHLY PREMIUMS TAKEN OUT DURING 2 PAYROLLS EACH MONTH)**

**High Deductible Health Plan with Health Savings Account-In addition to lower premiums,**

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

Enrollment Class & Tier	1/1/25 Total Monthly Premium	Thompson Monthly Cost	Associate Monthly Cost	Associate Semi-Monthly	Thompson H.S.A. Contribution x26 Cycles	Final Associate Semi-Monthly Deduction
FT Associate	\$773.06	\$714.06	\$59.00	<b>\$29.50</b>	\$19.23	\$8.67
FT Associate & Spouse/DP	\$1,777.88	\$1,555.88	\$222.00	<b>\$111.00</b>	\$38.46	\$69.33
FT Associate & Child(ren)	\$1,994.08	\$1,748.08	\$246.00	<b>\$123.00</b>	\$38.46	\$81.33
FT Associate & Family	\$2,098.39	\$1,823.39	\$275.00	<b>\$137.50</b>	\$38.46	\$95.83
PT Associate	\$773.06	\$662.06	\$111.00	<b>\$55.50</b>	\$19.23	\$34.67
PT Associate & Spouse/DP	\$1,777.88	\$1,474.88	\$303.00	<b>\$151.50</b>	\$38.46	\$109.83
PT Associate & Child(ren)	\$1,994.08	\$1,642.08	\$352.00	<b>\$176.00</b>	\$38.46	\$134.33
PT Associate & Family	\$2,098.39	\$1,718.39	\$380.00	<b>\$190.00</b>	\$38.46	\$148.33

**IF YOU EARN \$21.70/HOUR OR MORE THESE ARE THE PREMIUMS 1/1/25-12/31/25:  
(ASSOCIATE SEMI-MONTHLY PREMIUMS TAKEN OUT DURING 2 PAYROLLS EACH MONTH)**

Enrollment Class & Tier	1/1/25 Total Monthly Premium	Thompson Monthly Cost	Associate Monthly Cost	Associate Semi-Monthly	Thompson H.S.A. Contribution x26 Cycles	Final Associate Semi-Monthly Deduction
FT Associate	\$773.06	\$696.006	\$77.00	<b>\$38.50</b>	\$19.23	\$17.67
FT Associate & Spouse/DP	\$1,777.88	\$1,516.88	\$261.00	<b>\$130.50</b>	\$38.46	\$88.83
FT Associate & Child(ren)	\$1,994.08	\$1,708.08	\$286.00	<b>\$143.00</b>	\$38.46	\$101.33
FT Associate & Family	\$2,098.39	\$1,779.39	\$319.00	<b>\$159.50</b>	\$38.46	\$117.83
PT Associate	\$773.06	\$648.06	\$125.00	<b>\$62.50</b>	\$19.23	\$41.67
PT Associate & Spouse/DP	\$1,777.88	\$1,440.88	\$337.00	<b>\$168.50</b>	\$38.46	\$126.83
PT Associate & Child(ren)	\$1,994.08	\$1,601.08	\$393.00	<b>\$196.50</b>	\$38.46	\$154.83
PT Associate & Family	\$2,098.39	\$1,678.39	\$420.00	<b>\$210.00</b>	\$38.46	\$168.33



## HEALTH SAVINGS ACCOUNT (HSA) - HSA BANK



You can establish a Health Savings Account to help you use pre-tax dollars to pay for qualified expenses under IRS Section 125. These are individual accounts, not group insurance plans. **If you participate in a Thompson Health High Deductible Health Plan, in most instances an account will automatically be set up for contributions.** The account can be funded both with associate and discretionary Thompson Health contributions on a payroll deduction basis.

Normally, you must pay for miscellaneous un-reimbursed health expenses after taxes have been deducted from your pay. By using an HSA, you can pay for many of these expenses on a pre-tax basis. By allocating a portion of your pay to an HSA, you reduce the amount of income tax you are required to pay.

### 2025 Maximums (including the Thompson Health contribution):

Thompson Health will contribute \$19.23/pay period (\$500 annual) to a single plan, and \$38.46/pay period (\$1,000 annual) to a family plan (2+)

- All expenses must be incurred after the account is established. Funds are allowed to be carried over year to year.
- NOTE:** You are not able to enroll in the health expense portion of the FSA if you are enrolled in the High Deductible Health Plan with Health Savings Account. Some exceptions apply.

### Your Maximum Annual Contributions:

Single:.....\$3,800 PLUS TH contribution \$19.23/pp

Family (2+).....\$7,550 PLUS TH contribution \$38.46/pp

Associates ages 55+ in the calendar year can contribute +\$1,000 additionally.



## EXCELLUS DENTAL PLAN OPTIONS (24 PAY PERIODS)



\*Dental premiums taken out the 1st and 2nd payrolls of each month

Dental coverage is a stand-alone benefit from the medical coverage. Fill out a separate enrollment form at time of benefits eligibility or prior to the eligible month.

Eligible the 1st of the month following hire.

Domestic partner (DP) coverage is available for dental insurance

A completed affidavit is required with enrollment form; imputed income applies.

DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)		
Eligibility: 1st of the month following hire date		
	BASIC DENTAL	PREMIER DENTAL
Class 1 Preventative	100%	100%
Class 2 (i.e cavities)	60%	80%
Class 3	50%	50%
Class 4	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max	\$1,000	\$2,000 includes adult
Tax dependents to age 26	26	26
PLAN TYPE	ASSOC. SEMI-MO. COST	ASSOC. SEMI-MO. COST
Single	\$ 11.25	\$15.50
Family (2+)	\$ 27.00	\$39.00



## VSP VISION PLAN (24 PAY PERIODS)



### VSP Choice Network

Regular Eye Examinations cannot 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 concern to everyone.

Your Coverage is Outlined Below: Please refer to the Benefits Summary for more Detailed Information.

	In-Network	Out-of-Network
<b>Examination</b>	\$20 Copay	Up to \$45 Reimbursement
<b>Frequency of Service</b>		
Exam		Every Calendar Year
Lenses		Every Calendar Year
Frames		Every Calendar Year
Contact Lenses (In Lieu of Glasses)		Every Calendar Year
<b>Basic Lenses</b>		
Single	\$20 Copay	Up to \$30 Reimbursement
Bifocal	\$20 Copay	Up to \$50 Reimbursement
Trifocal	\$20 Copay	Up to \$65 Reimbursement
Frame Allowance	\$200 Featured Brand Allowance	Up to \$70 Reimbursement
	\$200 Frame Allowance	
	20% Savings on amount over Allowance	
	\$110 Walmart / Sam's Club / Costco Frame Allowance	
<b>Contact Lenses</b>		
Elective Conventional / Disposable	\$200 Allowance	Up to \$185 Reimbursement

	Associate	Associate + Spouse or Domestic Partner	Associate + Child(ren)	Associate + Family
<b>Semi-Monthly Cost</b>	\$3.96	\$7.91	\$8.47	\$13.53





## FLEXIBLE SPENDING ACCOUNT (FSA) - LIFETIME BENEFIT SOLUTIONS

You can establish a Spending Account to help you use pre-tax dollars to pay for certain uninsured health care expenses and work-related dependent care expenses. These are individual accounts, not group insurance plans.



They are funded with associate contributions on a payroll deduction basis. The health expense portion of the plan can only be funded if you are not covered under a High Deductible Health plan. (certain rules may apply for Medicare, Tricare, Veteran Benefits, and/or dependent status as indicated on a tax return (non-spouse)).

Normally, you must pay for miscellaneous un-reimbursed health and childcare expenses after taxes have been deducted from your pay. By using an FSA, you can pay for many of these expenses on a pre-tax basis. By allocating a portion of your pay to an FSA, you reduce the amount of income tax you are required to pay.

Refer to: <https://ebremployer.lh1ondemand.com/login> for more information on this program.

Tax-Advantages of a FSA			
Without Flex Plan (per month)		With Flex Plan (per month)	
		Unadjusted Gross Wages	\$ 1,190.00
		Medical Premium	- 159.14
		Med. & Dental Exp	- 40.00
		Child Care Expenses	- 200.00
Old Gross Wages	\$1,190.00	New Gross Salary	790.86
Fed. & State Tax	-226.10	Fed. & State Tax	- 150.26
Social Security Tax	- 91.40	Social Security Tax	- 60.50
Net Paycheck	\$ 872.50	Net Paycheck	\$ 580.10
Medical Prem	- 159.14	Medical Prem	- 0.00
Spendable Income	\$ 713.36	Spendable Income	\$ 580.10
Med. & Dental Exp	- 40.00	Med. & Dental Exp	- 0.00
Spendable Income	\$ 673.36	Spendable Income	580.10
Child Care Expenses	- 200.00	Child Care Expenses	- 0.00
Spendable Income	\$ 473.36	Spendable Income	\$ 580.10

By paying for certain eligible expenses with “tax-free” dollars instead of taxable dollars, the associate in this example increased his spendable income by \$1,280.88 over a 12-month period. That’s like receiving a 9% raise. Whether you contribute towards your health insurance, have childcare expenses, or predictable out-of-pocket medical expenses, our Flexible Benefits Plan can give you more real spendable income each pay period.

For instance, if you earn \$20,000 and decide to contribute \$2,000 to your FSA, your gross income, as reported on your W-2 form, will be \$18,000. That would save you approximately \$552 in taxes. Not only will you pay less tax on your income, you will have money set aside to pay for eligible health and child/dependent care expenses.

### 2025 Maximums:

\$3,300 Per Calendar Year for qualified health expenses

\$5,000 Per Calendar Year for qualified dependent-care expenses

- All expenses must be incurred in the same calendar year as the elected benefit amount.
- All eligible receipts must be submitted no later than 4/30 of the following year to receive available fund balances.
- **NOTE: You are not able to enroll in the health expense portion of the FSA if you are enrolled in a HDHP, or a Thompson Health High Deductible Health Plan with Health Savings Account.**
- Certain rules may apply for Medicare, Tricare, Veteran Benefits, and/or dependent status as indicated on a tax return (non-spouse).



## THOMPSON HEALTH PAID BASIC LIFE AND AD&D INSURANCE

Insured by Lincoln Financial Group Life Insurance

Lincoln Financial and Thompson Health offer you and your family important financial protection and for this reason you may not waive life insurance coverage. This benefit is paid for by Thompson Health and eligible employees will automatically be enrolled in the Life/AD&D Plan.



### Eligible Employees:

- Active Full-Time Non-Union employees working 35 hours per week
- Active Permanent Part-Time working 20 hours per week

Your Basic-Term Life insurance coverage is a cash benefit of one times your annual earnings rounded to the next higher \$1,000, up to \$150,000.

Reduction Schedule off of the Original Face Amount is 65% at age 65 and 50% at age 70. Your Basic Life and Optional Life Insurance cancel at your retirement.

### Accidental Death & Dismemberment (AD&D)

Your AD&D benefit is the same as your Basic Life Insurance benefit. AD&D benefits are paid to your beneficiary if you die as the direct result of a covered accident that occurs while coverage is in effect.

### Beneficiaries

It's important to name a beneficiary or beneficiaries to receive this insurance, and to keep this designation up to date. If you name multiple beneficiaries, be sure to indicate the percentage or fraction of benefits payable to each, or indicate that the benefit is to be paid equally among survivors. You may wish to consult an attorney before you name your beneficiaries, especially if you are naming dependent children or a trust. You can generally change your beneficiaries at any time.





## OPTIONAL LIFE INSURANCE

Insured by Voya Whole Life Insurance



### Enrollment

If you are a benefit eligible associate, you are considered to be qualified issue ONLY during your initial new product open enrollment period. This is the period 90 days following your benefit eligible status.

- ✓ **Associate Qualified Issue is available from age 15 to age 70 at 3 x your annual salary to a maximum of \$100,000.**
- ✓ **Spousal Qualified Issue is available from age 15 to age 65 at \$5.00 per week.**
- ✓ **Dependent Child(ren) Qualified Issue is available from 15 days to age 24 at \$12,500, \$15,000, \$20,000 or \$25,000.**

If you are an existing associate who does not apply for coverage during the initial new product open enrollment, you may apply for coverage at the next open enrollment but must complete evidence of insurability and answer medical questions.

#### Level Term to 65 Rider

This rider is available to associates and spouses from age 18 to age 55. This rider will add 100% of the amount of your Whole Life policy as a Term policy. For example if an associate chose to purchase \$25,000 of Whole Life Insurance, they may also choose to add the Level Term Rider at \$25,000. The Whole Life policy is permanent insurance, the Level Term Rider will discontinue upon attainment of age 65.

#### Cash Value Accumulation & Cash Value Loans

Whole Life insurance builds guaranteed cash values as long as the premium is paid. Once cash value accumulates, you can borrow from the cash value of your policy however interest is payable in advance. The death benefit will be reduced by any outstanding loan and unpaid accrued interest.

#### Waiver of Premium

Your Whole Life insurance policy will include Waiver of Premium for all policies issued on associates age 15 through age 55. Should the associate become disabled prior to age 60, his/her premiums will be waived after four months of continuous disability and for the duration of the disability.

### Discounts

Non-Tobacco use premiums are available if you have never used tobacco products or if you have not used tobacco products in the last 12 months and do not intend to smoke in the future.

### Portable

Should you retire or leave your employer after the first payroll deduction has been made, you can take the policy(ies) with you at the same premium rate and Voya will bill you directly.

### Children's Term Insurance Rider

You may add a Children's Term Rider to either the associate or spouse's application for coverage. The rider provides coverage for all children from \$2,000 to \$10,000. At age 25, the rider can be converted to an individual whole life policy and can be increased to a maximum of 5 times the coverage amount without evidence of insurability.

### Policy Effective Date

Temporary insurance coverage is provided to all associates who are eligible for qualified issue beginning on the date the application is signed. This temporary coverage continues until the policy is issued or declined.

It takes approximately 2 months for a policy to be reviewed and issued/declined, Voya covers you for that time without any premium payments! The premium will be collected according to the policy effective date. Should the policy be denied, any premium payments will be refunded.

### Sample Costs

Associate age 35, non-smoker can apply for \$25,000 of coverage for only \$5.98 per week or \$8.11 with \$25,000 Level Term Added Spouse age 40, non-smoker can apply for \$17,069 of coverage for only \$5.00 per week Child age 8, can apply for \$25,000 of coverage for only \$3.29 per week.

For Presentation Purposes Only – Master policy governs - refer to your certificate of coverage for a full explanation of benefits and limitations



## LINCOLN FINANCIAL GROUP VOLUNTARY/DEPENDENT TERM LIFE & AD&D



### Eligibility

#### Employees:

- Active Full-Time Non-Union employees working 35 hours per week.
- Active Permanent Part-Time employees working 20 hours per week.

**Dependents:** You must be insured in order for Dependents to be covered.

Dependents are:

- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children. your legal spouse not legally separated or divorced from you unmarried financially dependent child(ren)\*, live birth to 20 years (to 26 years if full-time student).

\*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

### Benefit Amount

#### Voluntary Life:

Choose from a minimum of \$25,000 to a maximum of

\$500,000 in \$25,000 increments

*Flat amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.*

#### Dependent Life

*Spouse (up to 70th birthday)*

A choice of \$12,500, \$25,000, \$50,000 or \$100,000

(spouse amount may not exceed 100% of employee amount)

*Dependent Child(ren)*

Birth to age 19 : \$2,000

Age 20 to age 26 : \$10,000

(up to age 26 if a full-time student)

### Guaranteed Issue (Initial Eligibility Period Only)

**Employee:** \$100,000

**Spouse:** \$25,000

**Child:** all child amounts are guaranteed issue

### Contribution Requirements

**Employee:** Coverage is 100% employee paid.

**Spouse:** Coverage is 100% employee paid.

**Dependent Child(ren):** Coverage is 100% employee paid.

### Benefit Reduction Due To Age (Applicable To employee coverage)

Coverage amounts may reduce to 65% when you reach age 65 and 50% of the original amount when you reach age 70.

### Rate

See Rate Sheet.

### Features

Conversion Privilege

### Value Added Services

Bereavement Counseling Service

### Exclusions

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the LFG insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy.



## ENHANCED CANCER CARE INSURANCE - AFLAC



This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses. Non-medical expenses include travel; food, lodging and household help costs. In addition, loss of earning power by either the cancer victim or a caretaker can have a significant impact on your ability to meet everyday expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

This coverage is portable; you can keep the plan in-force after you leave Thompson Health.

### AFLAC Level 2 Series #75200

Tier	Prior Blue Policy (Frozen Plan)	Base Plan Per 26 Pays	Base Plan with Building Benefit Rider Per 26 Pays
Associate Only	\$9.83	\$13.89	\$15.28
Associate & Child or Children	\$15.69	\$16.98	\$19.06
Associate, Spouse and Child or Children	\$15.69	\$23.49	\$26.49

BENEFITS	SILVER NY-75200
<b>First Occurrence</b>	\$2,000 Insured or Spouse \$3,000 for Child *First Occurrence Benefit Rider available which adds \$500 each year to the First Occurrence amount payable
<b>Hospital Confinement</b>	\$300/day 1st 30 days \$600/day on 31st day - No lifetime maximum
<b>Medical Imaging</b>	\$150 per calendar year for initial diagnosis or follow-up evaluation of cancer: CT scan, MRI, Bone scan, MUGA, PET or trans-rectal ultrasound
<b>Radiation and Chemotherapy</b>	\$300/day injected by medical personnel \$300/day self injected (\$2400 mthly max.) \$300/day pump or implant (\$1200 mthly max.) \$300/day oral chemotherapy (\$1200 mthly max.)
<b>Experimental Treatment</b>	\$300/day by medical personnel \$300/day self injected (\$2400 monthly max.) \$300/day pump or implant (\$1200 monthly max.) \$300/day oral chemotherapy (\$1200 monthly max.) Must be at approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer.
<b>Immunotherapy</b>	\$400/calendar month for immunoglobulins or colony-stimulating factors as prescribed by a physician - Lifetime maximum of \$2,000
<b>Anti-Nausea</b>	\$125/calendar month
<b>Nursing Services</b>	\$125/day while hospital confined. No lifetime maximum
<b>Skin Cancer Surgery</b>	\$100 to \$600 for surgical operation for diagnosed skin cancer
<b>Surgical/Anesthesia</b>	25% of Surgery Benefit
<b>In patient Hospital Surgery</b>	\$100 to \$5000 – depending on type of surgery performed \$6,250 per Surgery limitation. No lifetime maximum
<b>Outpatient Hospital Surgery</b>	\$300 - No lifetime maximum
<b>Prosthesis</b>	\$3000 if surgically implanted. *\$6,000 lifetime maximum \$255 non-surgically implanted. *\$450 lifetime maximum
<b>Reconstructive Surgery</b>	\$350 to \$3,000 depending on surgery. 25% of surgery benefit for administration of anesthesia
<b>In-Hospital Blood &amp; Plasma</b>	\$100/day receiving blood/plasma. No lifetime maximum



BENEFITS	SILVER NY-75200
<b>Outpatient Blood &amp; Plasma</b>	\$250/day receiving blood/plasma. No lifetime maximum
<b>Second Surgical Opinion</b>	\$250 Second Opinion regarding cancer surgery - No lifetime max
<b>Ambulance</b>	\$500 paid for evaluation or consultation at an NCI designated cancer center after initial diagnosis of internal cancer
<b>Transportation</b>	\$200 for Ground ambulance within 100 miles of residence \$1,000 for Air ambulance 2 trips per confinement maximum
<b>Lodging</b>	.50/mile for adult traveling outside 50-mile radius of residence. .50/mile for dependent traveling outside 50-mile radius of residence and 1.00/mile for 2 parents/guardians accompanying \$1,500 per round trip maximum
<b>Bone Marrow Transplantation</b>	\$60/day when traveling outside 50-mile radius of residence Lifetime maximum of 90 days
<b>Extended Care</b>	\$10,000 In Hospital \$5,000 Out Patient \$1,000 to Donor Lifetime maximum of \$10,000
<b>Stem Cell Transplantation</b>	\$100/day for confinement. Lifetime maximum of 365 days
<b>Hospice</b>	\$5,000 if covered person receives a peripheral stem cell transplantation for treatment of cancer. Lifetime maximum of \$5,000
<b>Home Health Care</b>	\$1,000 One Time Benefit for the 1st day and then \$50/day thereafter for hospice care. Lifetime maximum of \$12,000
<b>Nursing Home</b>	\$75/day for 1st 30 days \$150/day 31st day and forward Lifetime maximum of 100 days
<b>Cancer Screening Wellness</b>	\$75/day for 1st 30 days \$150/day 31st day and forward Lifetime maximum of 100 days
<b>Waiver of Premium</b>	\$75 Annually - No lifetime maximum
<b>Guaranteed Renewable</b>	Applicable after 90 days
<b>Children Covered to age</b>	Yes
<b>Waiting Period</b>	All unmarried dependent children to age 25 regardless of student status
	30 days

**Building Benefit Rider:** The First Occurrence benefit will be increased by \$500 on each rider anniversary date while the rider remain in force. This benefit will cease to build for each covered person on the anniversary date following the covered person's 65th birthday or at the time that internal cancer is diagnosed, whichever occurs first.

This is for presentation purposes only. Please refer to Required Disclosure Statement for Policy Form NY-75200 for benefit descriptions, limitations and exclusions. Your individual AFLAC policy sets forth the rights and obligations of both you and AFLAC New York.





## VOLUNTARY SHORT TERM DISABILITY INSURANCE - LINCOLN FINANCIAL GROUP



### Coverage

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness.

Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### Eligibility

Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

### Benefit Amount

The weekly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$750 per week.

### Day Benefits Begin

Injury (accident) and Sickness (illness): benefits begin on the 15th or 30th consecutive day of disability; or the day following the number of accumulated sick days applicable to the employee.

### Maximum Benefit Duration

Benefits for one period of disability, will be paid up to a maximum of 26 weeks.

### Contribution Requirements

Coverage is 100% employee paid.

### Rates

See Rate Sheet.

### Features

Maternity covered as any other illness Partial Disability benefit included Transfer of Coverage provision

### Limitations

Pre-Existing Condition Limitation – 3/12

Please note- pre-ex limitations also apply to benefit increases

### Exclusions

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the LFG insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

Insurance is provided under group policy.

## NEW YORK STATE STATUTORY DISABILITY BENEFIT LAW (DBL)

This mandated coverage protects you from non-occupational injury or sickness. There is a 7 day waiting period before you can initiate collecting your benefit.

**The standard benefit is 50% of your gross weekly earnings with a maximum weekly benefit of \$170. The duration of the benefit is up to 26 weeks.**



## THOMPSON HEALTH PAID LONG TERM DISABILITY INSURANCE - LINCOLN FINANCIAL GROUP



### Coverage

Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness.

Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### Eligibility

- Full-Time Physicians, Administration and Director Level Employee and Above.
- Part-Time Administration and Director Level Employee and Above.

### Benefit Amount

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$10,000 per month.

### Elimination Period

180 consecutive days of total disability

### Maximum Benefit Duration

Benefits will not extend beyond the longer of:

- Social Security
- Normal Retirement Age or Duration of Benefits below: Age at Disablement Duration of Benefits
  - 61 or less to age 65
  - 62 3 ½ years
  - 63 3 years
  - 64 2 ½ years
  - 65 2 years
  - 66 1 ¾ years
  - 67 1 ½ years
  - 68 1 ¼ years
  - 69 or more 1 year

### Features

- FMLA Continuation
- Interruption and Recurrent provisions
- Minimum Benefit Payable – \$100/10%
- Own Occupation Coverage – 36 months
- Rehabilitation provision
- Residual and Partial Disability Specific
- Indemnity Benefit Survivor Benefit – 3 months
- Transfer of Coverage provision
- Work Incentive & Child Care provisions

### Limitations

Mental/Nervous Illness Limitation – 24 month out-patient Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)

Pre-Existing Condition Limitation – 3/12

Substance Abuse Limitation – 24 months

Please note- pre-ex limitations also apply to benefit increases

### Exclusions

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the LFG insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

Insurance is provided under group policy.



## VOLUNTARY ACCIDENT & CRITICAL ILLNESS - LINCOLN FINANCIAL GROUP



**Eligible:** Full-Time and Part-Time Associates can purchase for themselves and their family members. These plans are permanent placement and you can keep the plans in-force after you leave Thompson Health.

**Accident Insurance** provides 24/7/365 protection for life's unexpected accidents. The plan pays you a cash lump sum benefit depending on the injuries you suffer and the treatment you receive, including benefits for ambulance transportation, burns, fractures, dislocations, and more.\*

**Critical Illness Insurance** pays a cash lump sum benefit for initial diagnosis of conditions such as cancer, heart attack, stroke, or end stage kidney failure.\*

## VOLUNTARY UNIVERSAL LIFE - TRANSAMERICA



**Universal Life Insurance with Living Benefits for Long Term Care expenses** provides flexible, permanent, and portable coverage that also provides support and financial resources to cover the cost of long term care you might need in the event of illness, accident, or aging.\*

\*When offered these plans the 1st time during an enrollment period (broker directed), associates can elect coverage, up to a certain amount, without medical questions. Thereafter, evidence of insurability medical questions may apply. \*When offered these plans the 1st time during an enrollment period (broker directed), associates can elect coverage, up to a certain amount, without medical questions. Thereafter, evidence of insurability medical questions may apply.

## AUTO/HOMEOWNER'S INSURANCE - FARMER'S (MET LIFE) INSURANCE

All Associates (including per-diem and TAR) can receive discounted insurance rates on auto, homeowners or renter's insurance. You can obtain a free insurance review and no-obligation quotes!

The main number is **1.800.515.1896**.



## THE THOMPSON HEALTH 403(B) PLAN

You are eligible to begin saving in this plan on your first day of employment and anytime thereafter. If you get a paycheck, you can participate. You are eligible for Thompson Health's matching contributions (based on age plus service, this can range from 2-6% of pay) after you complete one year of service with Thompson Health. A year of service is the 12-month period following your hire date, or any subsequent calendar year, in which you work at least 1,000 hours. Below are the discretionary matching contribution rates effective after January 1, 2018:

If Your Whole Age Plus Service at the Beginning of the Year Equals...	Then You May Be Eligible for This Company Match...	For a Maximum Match of...
Less than 50	33% of first 6% you save	2% of pay
50 to 69	67% of first 6% you save	4% of pay
70 or more	100% of first 6% you save	6% of pay

### Additional non-elective retirement contribution:

- Thompson Health makes automatic 1% of pay contribution
- \*\*\*You don't need to contribute from your pay to be eligible
- Must work at least 1,000 hours and be employed on last day of year (unless you become disabled, reach age 65 or die during the year)



### To enroll in the plan, you may:

- Request a salary deferral form from Associate Services AND
- Enroll on-line [www.tiaa.org/thompsonhealth](http://www.tiaa.org/thompsonhealth) (1st time user access code 406786)
- For investment advice, Call Associate Services (x6655) to schedule an individual on-site consultation with a Canandaigua Financial Group (CFG) partner (our plan representative) OR Call CFG directly at 396.2720.

2025 salary deferral limits are \$23,500, and a \$7,500 catch-up provision is available for associates age 50 or over.

*You are always 100% vested in your 403(b) contributions and all Thompson Health matching contributions. You become vested in your non-elective retirement contributions after three years of service, which may include service prior to 2018 if you are rehired.*



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## FINAL INSTRUCTIONS

### Completing Your Benefit Elections

IF YOU ARE NOT

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MAKING ANY CHANGES FROM LAST YEAR'S ENROLLMENT, YOUR ENROLLMENT FOR 2025 IS COMPLETE.

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IF YOU ARE

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MAKING CHANGES TO YOUR ENROLLMENT FROM LAST YEAR, YOU MUST COMPLETE THE APPROPRIATE ENROLLMENT FORM(S) AND SUBMIT THEM TO ASSOCIATES SERVICES.

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**Failure to do so can result in no coverage.**

### Legal Disclaimer

Thompson Health has attempted to ensure all information in this Benefit Guidebook is clear and accurate. However, this guidebook is not a legal document. For plan details, limitations and exclusions please refer to your Associate Handbook and summary plan descriptions. In the event of any conflict between the information summarized here and the official plan documents, the documents will govern.

You will find that your benefit needs change as your circumstances do. It would be wise to use the annual enrollment to re-examine your benefit needs and to change your elections accordingly.



## LEGAL NOTICES

### Women's Health & Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, please contact Human Resources.

### Newborns' and Mothers' Health Protection Act

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



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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

**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.**

<b>ALABAMA – Medicaid</b> <a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447	<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a> 800.338.8366 Hawki: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a> 800.257.8563 HIPP: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a> 888.346.9562
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	<b>KANSAS – Medicaid</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884   HIPP Phone: 800.967.4660
<b>ARKANSAS – Medicaid</b> <a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP (855.692.7447)	<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> 855.459.6328   KIHIPPPROGRAM@ky.gov KCHIP: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>CALIFORNIA – Medicaid</b> Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	<b>LOUISIANA – Medicaid</b> <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.lidh.la.gov/lahipp">www.lidh.la.gov/lahipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>COLORADO – Medicaid and CHIP</b> Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 855.692.6442	<b>MAINE – Medicaid</b> Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/of/ applications-forms">https://www.maine.gov/dhhs/of/ applications-forms</a> 800.977.6740   TTY: Maine relay 711
<b>FLORIDA – Medicaid</b> <a href="http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> 877.357.3268	<b>MASSACHUSETTS – Medicaid and CHIP</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> 800.862.4840   TTY: 711   Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a>
<b>GEORGIA – Medicaid</b> GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2	<b>MINNESOTA – Medicaid</b> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> 800.657.3672
<b>INDIANA – Medicaid</b> Health Insurance Premium Payment Program Family and Social Services Administration <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   800.403.0864 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584	<b>MISSOURI – Medicaid</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
	<b>MONTANA – Medicaid</b> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
	<b>NEBRASKA – Medicaid</b> <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178



<b>NEVADA – Medicaid</b>
<a href="http://dhcfnv.gov">http://dhcfnv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 15218   Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 800.356.1561 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710 (TTY: 711)   Premium Assistance: 609.631.2392
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid and CHIP</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
<a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> 800.692.7462 CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a> CHIP Phone: 800.986.KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct RlTe Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>   Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   888.222.2542 Adult Expansion: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
<a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 800.251.1269

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

#### U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

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

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

### 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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.





## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Thompson Health is committed to the privacy of your health information. The administrators of the “Plan” use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

## HIPAA Special Enrollment Rights

### Thompson Health Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Thompson Health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

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

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

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources.



## Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. Disclaimer

## Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



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**NOTES:**

*This benefit guide prepared by*



**Gallagher**

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