Employee Benefit Guide

HopeWorx

January 1, 2024 – December 31, 2024

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This publication highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modification and should be kept with your most recent Summary Plan Descriptions.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 22 and 25 where Notice of Creditable Coverage and/or Notice of Noncreditable Coverage begin for more details.

About Your Benefits

At HopeWorx, we are committed to providing a comprehensive and valuable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your benefits. If you have any questions, feel free to reach out to Sue Shannon at **610-270-3685** or **sshannon@hopeworxinc.org**

Eligibility and Enrollment

You are eligible to participate in HopeWorx benefits if you are a full-time employee working at least 37.5 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Domestic Partner
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Your benefits begin on the first of the month following your hire date. Please refer to the SPDs for each benefit to confirm whether you, your spouse and dependents are eligible.

Select Your Benefits Carefully

To get the most value from your benefits, carefully consider which options are right for you and your family. Because premiums for certain benefits are deducted on a pre-tax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a qualified election change. Pre-tax benefits include: medical.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during Annual Enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following Annual Enrollment period, unless you experience a qualifying event which may allow for an election change. Examples of qualified life events include:

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Loss of eligibility for group health coverage, health insurance coverage, or Medicaid/CHIP
- Becoming eligible for a state premium assistance subsidy

If you believe you have a qualifying event please notify Human Resources immediately. You have 30 days from a qualified change in status to make changes. However, note that if you lose eligibility for Medicaid/CHIP, or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.

Keep in mind, the changes you make must be directly related to the event.

Medical Coverage

Terms to Know

- **Copay** - A set dollar amount you pay for a covered healthcare service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for healthcare services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered healthcare services after you reach the deductible. You pay a percentage of the cost, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide healthcare services. In-network providers typically provide services at a lower negotiated rate. If you receive services from a provider that is **In-Network** it will cost you significantly less than going to a provider that is **Out-of-Network.**
- **Formulary Drug List:** A drug formulary is a list of generic and brand-name drugs that have been evaluated for safety and effectiveness, and that your insurance company considers "best choices".
- **Generic Drugs**: FDA approved, and shown to be just as safe and effective as their more expensive brand-name counterparts.
- **Brand Name Drugs:** Carriers regularly review the latest prescription drugs on the market and maintains a list of brand name drugs that are clinically effective and not cost-restrictive.
- **Specialty Drugs:** Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using the carrier's mail-order pharmacy. You can register for mail-order pharmacy by logging on to **www.ibx.com**.

How the Plans Work

All plans use the Independence Blue Cross network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

HDHP (High Deductible Health Plan): You pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of- pocket maximum.

PPO/POS: This Plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum.

HMO: This Plan has set copays for most, if not all services. You will pay copays until you reach your annual out-of-pocket maximum.

Telemedicine

Getting to the doctor when you're sick is never easy. That's why Independence Blue Cross offers telemedicine for non-emergency care. You can connect with a U.S. board-certified medical professional by phone or video chat. For further details, visit www.ibx.com

Medical and Prescription Coverage

Administered by Independence Blue Cross.

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. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with a medical plan through HopeWorx.

	Policy 10839436	Policy 10839435
	Personal Choice PPO Gold Preferred $40 $80 $600	**P Ch PPO Gold HSA-25 $2,400 $25 $50 90%**
	IN-NETWORK	**IN-NETWORK**
Deductible (Individual/Family)	$0	$2,400/$4,800
Coinsurance	0%	10%
Out-of-Pocket Maximum (Individual/Family)	$9,450/$18,900	$8,000/$16,000
BASIC & PHYSICIAN CARE		
Preventive Care	$0	$0
Primary Care Office Visit	$40	DED + $25
Specialist Office Visit	$80	DED + $50
Virtual Visits	$0	DED + 0%
Independent Lab/X-Ray	Freestanding facilities: X-Ray: $70; Hospital based facilities: $175; Freestanding facilities: Blood Work: $0; Hospital-based facilities: 50%	DED + 10%
Independent Diag MRI / CT	Freestanding facilities: $150/scan; Hospital based facilities: $300/scan	DED + 10%
SICK AND QUICK CARE		
Urgent Care Facility	$100	DED + 10%
Emergency Room	$500	DED + 10%
HOSPITALIZATION		
Inpatient Hospital	$600/day up to max 5 days/admit	DED + 10%
Outpatient Surgery	Freestanding facilities: $300; Hospital based facilities: $700	DED + 10%
PHARMACY		
Retail (up to 30 days)	$15/$75/$200	DED then $3/$15/$75/$125
Mail Order (90 days)	$30/$150/$400	DED then $6/$30/$150/$250
Specialty Drugs	50% up to max $1,000	DED then 50% up to max $1,000
OUT-OF-NETWORK CARE		
Your medical plan offers out-of-network care. However, please be aware that you will be responsible for charges in addition to the out- of-network deductible and coinsurance. Out-of-network providers will typically charge you the difference between the amounts they bill and what the Independence Blue Cross pays (known as balance billing). These charges are in addition to, and do not count towards your out-of-network out-of-pocket maximum.		
Deductible (Individual/Family)	$7,000/$14,000	$10,000/$20,000
Coinsurance	50%	50%
Out-of-Pocket Maximum (Individual/Family)	$21,000/$42,000	$20,000/$40,000

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.ibx.com or call the number on your Member ID Card to find providers in the Independence Blue Cross network.

Medical and Prescription Coverage

Administered by Independence Blue Cross.

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. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with a medical plan through HopeWorx.

Policy 10839454

	Keystone HMO Gold Preferred $40/$80/$650
	IN-NETWORK
Deductible (Individual/Family)	$0
Coinsurance	0%
Out-of-Pocket Maximum (Individual/Family)	$9,450/$18,900
BASIC & PHYSICIAN CARE	
Preventive Care	$0
Primary Care Office Visit	$40
Specialist Office Visit	$80
Virtual Visits	$0
Independent Lab/X-Ray	Freestanding facilities: X-Ray: $120; Hospital based facilities: $120; Freestanding facilities: Blood Work: $0; Hospital-based facilities: $0
Independent Diag MRI / CT	Freestanding facilities: $250; Hospital based facilities: $250
SICK AND QUICK CARE	
Urgent Care Facility	$100
Emergency Room	$500 (Copay waived if admitted)
HOSPITALIZATION	
Inpatient Hospital	$650/day up to max 5 days/admit
Outpatient Surgery	Freestanding facilities: $400; Hospital based facilities: $750
PHARMACY	
Retail (up to 30 days)	$3/$15/$75/$200
Mail Order (90 days)	$6/$30/$150/$400
Specialty Drugs	50% up to max $1,000

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.ibx.com or call the number on your Member ID Card to find providers in the Independence Blue Cross network.

Employee Medical Costs– Age Banded

HopeWorx will share the cost of medical insurence: Employee responsibility is $1,040 annually ($40 per pay check). Hopeworx contributes 80% toward the cost of Dependent premiums.

Personal Choice PPO Gold Preferred $40/$80/$600					
Age Band	Non-Tobacco User	Tobacco User	Age Band	Non-Tobacco User	Tobacco User
0 - 14	$358.65	$358.65	40	$599.15	$733.96
15	$390.53	$390.53	41	$610.40	$747.74
16	$402.72	$402.72	42	$621.19	$760.95
17	$414.91	$414.91	43	$636.19	$779.33
18	$428.03	$428.03	44	$654.94	$802.30
19	$441.16	$441.16	45	$676.98	$829.30
20	$454.76	$454.76	46	$703.23	$861.46
21	$468.82	$527.42	47	$732.77	$897.64
22	$468.82	$527.42	48	$766.52	$938.99
23	$468.82	$527.42	49	$799.81	$979.76
24	$468.82	$527.42	50	$837.31	$1,151.30
25	$470.70	$529.53	51	$874.35	$1,202.23
26	$480.07	$540.08	52	$915.14	$1,258.31
27	$491.32	$552.74	53	$956.39	$1,315.04
28	$509.61	$573.31	54	$1,000.93	$1,376.28
29	$524.61	$590.19	55	$1,045.47	$1,437.52
30	$532.11	$625.23	56	$1,093.76	$1,503.92
31	$543.36	$638.45	57	$1,142.51	$1,570.96
32	$554.61	$651.67	58	$1,194.55	$1,642.51
33	$561.65	$659.93	59	$1,220.34	$1,677.97
34	$569.15	$668.75	60	$1,272.38	$1,749.52
35	$572.90	$673.16	61	$1,317.38	$1,811.40
36	$576.65	$677.56	62	$1,346.92	$1,852.01
37	$580.40	$681.97	63	$1,383.96	$1,902.94
38	$584.15	$686.38	64+	$1,406.46	$1,933.88
39	$591.65	$695.19			

Employee Medical Costs– Age Banded

HopeWorx will pay 100% of Employee medical insurance, and will contribute 80% toward the cost of Dependent coverage.

Personal Choice PPO Gold HSA-25 $2,400/$25/$50/90%					
Age Band	Non-Tobacco User	Tobacco User	Age Band	Non-Tobacco User	Tobacco User
0 - 14	$332.46	$332.46	40	$555.41	$680.37
15	$362.01	$362.01	41	$565.84	$693.15
16	$373.31	$373.31	42	$575.83	$705.39
17	$384.61	$384.61	43	$589.74	$722.43
18	$396.78	$396.78	44	$607.12	$743.72
19	$408.95	$408.95	45	$627.55	$768.75
20	$421.55	$421.55	46	$651.89	$798.56
21	$434.59	$488.91	47	$679.26	$832.10
22	$434.59	$488.91	48	$710.55	$870.43
23	$434.59	$488.91	49	$741.41	$908.23
24	$434.59	$488.91	50	$776.18	$1,067.24
25	$436.33	$490.87	51	$810.51	$1,114.45
26	$445.02	$500.65	52	$848.32	$1,166.44
27	$455.45	$512.38	53	$886.56	$1,219.02
28	$472.40	$531.45	54	$927.85	$1,275.79
29	$486.31	$547.09	55	$969.14	$1,332.56
30	$493.26	$579.58	56	$1,013.90	$1,394.11
31	$503.69	$591.84	57	$1,059.10	$1,456.26
32	$514.12	$604.09	58	$1,107.34	$1,522.59
33	$520.64	$611.75	59	$1,131.24	$1,555.45
34	$527.59	$619.92	60	$1,179.48	$1,621.78
35	$531.07	$624.01	61	$1,221.20	$1,679.15
36	$534.55	$628.09	62	$1,248.58	$1,716.79
37	$538.02	$632.18	63	$1,282.91	$1,764.00
38	$541.50	$636.26	64+	$1,303.77	$1,792.68
39	$548.45	$644.43			

Employee Medical Costs– Age Banded

HopeWorx will pay 100% of Employee medical insurance, and will contribute 80% toward the cost of Dependent coverage.

Keystone HMO Gold Preferred $40/$80/$650					
Age Band	Non-Tobacco User	Tobacco User	Age Band	Non-Tobacco User	Tobacco User
0 - 14	$325.16	$325.16	40	$543.21	$665.44
15	$354.07	$354.07	41	$553.42	$677.93
16	$365.12	$365.12	42	$563.19	$689.91
17	$376.17	$376.17	43	$576.79	$706.57
18	$388.07	$388.07	44	$593.79	$727.40
19	$399.97	$399.97	45	$613.77	$751.87
20	$412.30	$412.30	46	$637.58	$781.03
21	$425.05	$478.18	47	$664.35	$813.83
22	$425.05	$478.18	48	$694.96	$851.32
23	$425.05	$478.18	49	$725.14	$888.29
24	$425.05	$478.18	50	$759.14	$1,043.82
25	$426.75	$480.09	51	$792.72	$1,089.99
26	$435.25	$489.66	52	$829.70	$1,140.83
27	$445.45	$501.13	53	$867.10	$1,192.27
28	$462.03	$519.78	54	$907.48	$1,247.79
29	$475.63	$535.08	55	$947.86	$1,303.31
30	$482.43	$566.86	56	$991.64	$1,363.51
31	$492.63	$578.84	57	$1,035.85	$1,424.29
32	$502.83	$590.83	58	$1,083.03	$1,489.16
33	$509.21	$598.32	59	$1,106.41	$1,521.31
34	$516.01	$606.31	60	$1,153.59	$1,586.18
35	$519.41	$610.31	61	$1,194.39	$1,642.29
36	$522.81	$614.30	62	$1,221.17	$1,679.11
37	$526.21	$618.30	63	$1,254.75	$1,725.28
38	$529.61	$622.29	64+	$1,275.15	$1,753.33
39	$536.41	$630.29			

Health Savings Accounts (HSA)

A Health Savings Account (HSA) provides you with a tax advantage that can help you pay for certain expenses on a pre-tax basis. As an eligible employee, you agree to set aside a portion of your pre-tax salary in a HSA, and that money is deducted from your paycheck over the course of the plan year.

	Health Savings Account (HSA)
What medical plan can I choose?	High Deductible health Plan (HDHP)
Who administers the HSA	Independence BCBS Harry Bowles hbowles@hopeworxinc.org 610-270-3685 ext. 3002
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses). https://www.irs.gov/publications/p969
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
How do I pay for eligible expenses?	With your IBX debit card
How much can I contribute each year?	$4,150 for individual coverage or $8,300 for family coverage in 2024. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31.
Can I change my contributions throughout the year ?	Yes, you can. Contact your plan administrator.

Note: If you are enrolled in a non-HDHP, Medicare, Medicaid or Tricare, General Purpose Health Flexible Spending Account, Health Reimbursement Arrangement or claimed as someone else's tax dependent, by law you are not allowed to contribute to an HSA.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for qualified medical expenses.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Vendor	Policy Number	Phone	Website or Email
Medical	Independence Blue Cross	10839436/10839435/10839454	1 (800) 275-2583	www.ibx.com
Health Savings Account	Inderpendence BCBS		(610) 270-3685	hbowles@hopeworxinc.org

Name	Title	Phone	Email
Sue Shannon	VP of HR	610-270-3685	sshannon@hopeworxinc.org

Legal Notices & Disclosures

PATIENT PROTECTIONS DISCLOSURE

The Keystone HMO Gold Preferred $40/$80/$650 generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Independence Blue Cross may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.https://www.ibx.com/login, or contact Independence BCBS member services 800-275-2583.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Independence Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Independence Blue Cross at
1 (844) 258-3463.

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.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 1 (844) 258-3463.

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**.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website:http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance PremiumPayment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website:http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance PremiumPayment(HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program(HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid

GA HIPP Website:https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone:(678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website:https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website:https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program(KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website:https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website:www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website:https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website:http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website:https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website:http://www.insureoklahoma.org Phone: 1-888-365-3742	Website:http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website:Children's HealthInsurance Program(CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website:http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website:https://www.scdhhs.gov Phone: 1-888-549-0820	Website:http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance PremiumPayment (HIPP) Program| Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website:https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website:HealthInsurance PremiumPayment (HIPP) Program | Department of Vermont HealthAccess Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website:https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website:https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights
HopeWorx is committed to the privacy of your health information. The administrators of the Personal Choice PPO Gold Preferred $40/$80/$600, Personal Choice PPO Gold HSA-25 $2,400/$25/$50/90 % and Keystone HMO Gold Preferred $40/$80/$650 (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 Sue Shannon at 610-270-3685 or sshannon@hopeworxinc.org

HIPAA SPECIAL ENROLLMENT RIGHTS

Personal Choice PPO Gold Preferred $40/$80/$600, Personal Choice PPO Gold HSA-25 $2,400/$25/$50/90% and Keystone HMO Gold Preferred $40/$80/$650 Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Personal Choice PPO Gold Preferred $40/$80/$600, Personal Choice PPO Gold HSA-25 $2,400/$25/$50/90% and Keystone HMO Gold Preferred $40/$80/$650 (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 31 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 31 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 Sue Shannon, VP of HR, 610-270-3685 and sshannon@hopeworxinc.org

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.

NOTICE OF CREDITABLE COVERAGE

Important Notice from HopeWorx

About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current HopeWorx coverage will not be affected. The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependen ts, etc.). *See* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance

(available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current HopeWorx coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through HopeWorx changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**01/01/2024**
Name of Entity/Sender:	**HopeWorx**
Contact—Position/Office:	**Sue Shannon**
Office Address:	**1210 Stanbridge St Ste 600** **Norristown, PA 19401-5305**
Phone Number:	**610-270-3685**

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.

Gallagher

Insurance | Risk Management | Consulting

HopeWorx, January 1, 2024 – December 31, 2024

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting