THE Wyanoke GROUP

2026-2027

EMPLOYEE BENEFITS GUIDE

Welcome!

The Wyanoke Group offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

QUESTIONS?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center (MAC) at **800.563.9929** (Monday - Friday, 8:30 am to 5:00 PM ET) via email at **cssteam@connerstrong.com** or visit **www.connerstrong.com/memberadvocacy**.

INSIDE THIS GUIDE

ENROLLING IN BENEFITS
What You Need to Know

ELIGIBILITY

You are eligible for benefits if you are a full-time regular employee or part-time regular employee working a minimum of 30 hours per week. The Wyanoke Group employees become eligible to participate in most benefit programs the first of the month coinciding with/following 60 days from their date of hire.

WHO CAN YOU ADD TO YOUR PLAN?

ELIGIBLE DEPENDENTS:

- Spouse
- Child(ren), stepchild, adopted child (or placed with you for adoption) under age 26 for medical and dental

QUALIFYING LIFE EVENTS

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in a child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify Human Resources within 30 days of experiencing a Qualifying Life Event.

MEDICAL BENEFITS

Aetna

The Wyanoke Group offers the following medical plan options administered by Aetna. Each medical plan includes prescription drug benefits through Aetna.

To locate participating providers, please visit **www.aetna.com/individuals-families/find-a-doctor.html**.

	BASE PLAN	MID PLAN	BUY-UP PLAN
MEDICAL BENEFITS	**IN-NETWORK ONLY**	**IN-NETWORK**	**IN-NETWORK**
DEDUCTIBLE (PLAN YEAR) Single/Family	$2,000 / $4,000	$2,000 / $4,000	$1,000 / $2,000
OUT-OF-POCKET MAXIMUM Single/Family	$5,000 / $10,000	$5,000 / $10,000	$3,000 / $6,000
PREVENTIVE CARE SERVICES	Plan pays 100%	Plan pays 100%	Plan pays 100%
PCP OFFICE VISITS	$30 copay	$30 copay	$20 copay
SPECIALIST OFFICE VISIT	$50 copay	$50 copay	$20 copay
DIAGNOSTIC LAB	Plan pays 100%	Plan pays 100%	Plan pays 100%
DIAGNOSTIC X-RAY/IMAGING (MRI, CT-SCAN)	$100 copay*	Plan pays 100%*	Plan pays 100%*
EMERGENCY ROOM	$250 copay then 80%	$250 copay	$250 copay
URGENT CARE CENTER	$100 copay	$100 copay	$100 copay
INPATIENT HOSPITAL	$500 per day 5 day max	Plan pays 100%*	Plan pays 100%*
OUTPATIENT SURGERY	$500 copay*	Plan pays 100%*	Plan pays 100%*
OUT-OF-NETWORK BENEFITS			
DEDUCTIBLE (PLAN YEAR) Single/Family	N/A	$2,000 / $4,000	$2,000 / $4,000
OUT-OF-POCKET MAXIMUM Single/Family	N/A	$5,000 / $10,000	$3,000 / $6,000
COINSURANCE (% Plan Pays)	N/A	Plan pays 80%*	Plan pays 80%*

*** After deductible**

PRESCRIPTION BENEFITS

Aetna

If you participate in one of the medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice, administered through Aetna.

	BASE PLAN	MID PLAN	BUY-UP PLAN
PRESCRIPTION BENEFITS			
DEDUCTIBLE* (Applies to Brand Only) Single/Family	$250 / $750	N/A	N/A
RETAIL (30-DAY SUPPLY)			
GENERIC	$20	$20	$20
PREFERRED BRAND	$50	$50	$50
NON-PREFERRED BRAND/SPECIALITY	$80	$80	$80
MAIL ORDER (90-DAY SUPPLY)			
GENERIC	$60	$60	$60
PREFERRED BRAND	$150	$150	$150
NON-PREFERRED BRAND/SPECIALITY	$240	$240	$240

*** Deductible applies to brand and non-formulary generic medication**

GOODRX

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Start saving on your prescriptions today by visiting **https://connerstrong.goodrx.com**.

DENTAL BENEFIT

Cigna

Eligible employees and their eligible family members may enroll in the Cigna dental plans, which includes 100% coverage for preventive services such as routine dental exams, cleanings, and X-rays. To located participating providers, please visit **www.mycigna.com**.

	DHMO PLAN	DPPO PLAN
	IN-NETWORK ONLY	**IN-NETWORK & OUT-OF-NETWORK**
DEDUCTIBLE (Single/Family)	N/A	$50 / $150
ANNUAL MAXIMUM (per patient)	N/A	$1,000
PREVENTIVE & DIAGNOSTIC SERVICES Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100%	Plan pays 100%
BASIC RESTORATIVE INCLUDING CROWNS Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Refer to Fee Schedule	Plan pays 80% after deductible
MAJOR SERVICES Gold Restorations, Bridgework, Full and Partial Dentures	Refer to Fee Schedule	Plan pays 50% after deductible
ORTHODONTIA BENEFITS (Children under 19 only)	Refer to Fee Schedule	Plan pays 50%
ORTHODONTIA LIFETIME MAXIMUM (per patient)	N/A	$1,000

DHMO VS. DPPO

Under the DHMO plan, members have their choice of skilled primary care dentists from the Cigna network. Select a primary care dentist who will then coordinate any needed referrals to a specialist. Covered services provided by Cigna dentists have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.

The DPPO (preferred provider) plan offers the convenience and flexibility of visiting licensed dentists in and out-of-network. Covered services are paid based on percentage for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Cigna PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DID YOU KNOW...

Dental hygiene and health are directly linked to health in other areas of the body. Most people recognize the importance of maintaining good physical health, and having regular physical exams, but rarely extend the same consideration to their teeth. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can help prevent heart disease.

EMPLOYEE CONTRIBUTIONS

Per-Pay

Below are the per-pay contributions for the 2026-2027 plan year.

MEDICAL & PRESCRIPTION DRUG CONTRIBUTIONS

TIER	BASE PLAN	MID PLAN	BUY-UP PLAN
EMPLOYEE ONLY	$131.55	$260.41	$360.00
EMPLOYEE + SPOUSE	$481.64	$593.56	$852.31
EMPLOYEE + CHILD(REN)	$391.75	$445.90	$637.24
FAMILY	$644.77	$795.29	$1,125.98

DENTAL CONTRIBUTIONS

TIER	DHMO PLAN	DPPO PLAN
EMPLOYEE ONLY	$6.52	$13.36
EMPLOYEE + SPOUSE	$11.82	$26.48
EMPLOYEE + CHILD(REN)	$14.73	$32.62
FAMILY	$21.80	$49.32

FLEXIBLE SPENDING ACCOUNTS (FSA)

Benefit Resource, Inc.

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

HEALTHCARE FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The annual maximum you may contribute is $3,400 per plan year. If you have unused funds at the end of the plan year, your balance up to $680 will roll over to the new plan year.

ELIGIBLE EXPENSES INCLUDE:

- Medical plan deductible/coinsurance
- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

DEPENDENT CARE FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The annual maximum amount you may contribute is $7,500 (or $3,750 if married and filing separately) per calendar year.

ELIGIBLE EXPENSES INCLUDE:

- Baby-sitting/dependent care to allow you to work or actively seek employment
- Nursery school and preschools (excluding kindergarten)
- Before and after school programs
- Summer day camp
- Adult/eldercare for adult dependents

COMMUTER BENEFITS
Benefit Resource, Inc.

The Wyanoke Group is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related transit expenses. Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month-to-month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for commuter expenses, the funds are automatically debited from your balance.

MAXIMUM MONTHLY CONTRIBUTIONS & ELIGIBLE EXPENSES

For the 2026-2027 plan year you may contribute:

- Transit: Up to $340 per month for transportation (mass transit, train, subway, bus fares, ferry rides). Transit requires payment with debit card only.
- Parking: Up to $340 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit.

CARRYOVER

There is no annual "use-it-or-lose-it" rule for Commuter Benefits. While unused amounts cannot be cashed out, they can be carried over to provide transit benefits in subsequent years, unless your employment with The Wyanoke Group is terminated.

SUBMIT A CLAIM

When not using your card for workplace parking and vanpooling expenses, you can submit a claim reimbursement online as follows:

- Online at **www.benefitresource.com**
- Through the BRiMobile App
- By faxing/mailing a claim form. Claim forms can be downloaded and printed from **www.benefitresource.com**

LIFE & DISABILITY INSURANCE

MetLife

BASIC LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury. The Wyanoke Group pays for the full cost of this benefit.

BASIC LIFE/AD&D INSURANCE	
LIFE/AD&D BENEFIT	1x Salary up to $150,000 Maximum

SHORT-TERM DISABILITY (STD)

If you work in a state with a state-mandated disability or paid medical leave benefits ("State Benefits"), you will be unable to enroll in this coverage.

In California, Connecticut, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico, Rhode Island, Washington (Oregon starting September 9, 2023 and Colorado starting January 1, 2024), if eligible, you must apply for State Benefits. Your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit.

Please consider, based on your individual circumstances, whether you need additional coverage.

SHORT-TERM DISABILITY	
BENEFIT	60%
MAXIMUM BENEFIT	$1,500
ELIMINATION PERIOD	Accident - 0 Days Sickness - 7 Days
DURATION OF BENEFITS	13 weeks

LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) insurance protects employees in the event they become disabled for a prolonged period prior to retirement. The Wyanoke Group paid LTD provides you with income continuation in the event your illness or injury lasts beyond 90 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury.

* Employees are eligible for this benefit after 5 years of employment

LONG-TERM DISABILITY	
BENEFIT	60%
MAXIMUM BENEFIT	$5,000
ELIMINATION PERIOD	90 days
DURATION OF BENEFITS	SSNRA or the Period Shown Below

AGE ON DATE OF DISABILITY	BENEFIT PERIOD
LESS THAN 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 AND OVER	12 months

BENEPORTAL
Online Benefits Resource

Your benefits information in one place!

At The Wyanoke Group, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links, and other applicable benefit materials.

SECURE ONLINE ACCESS

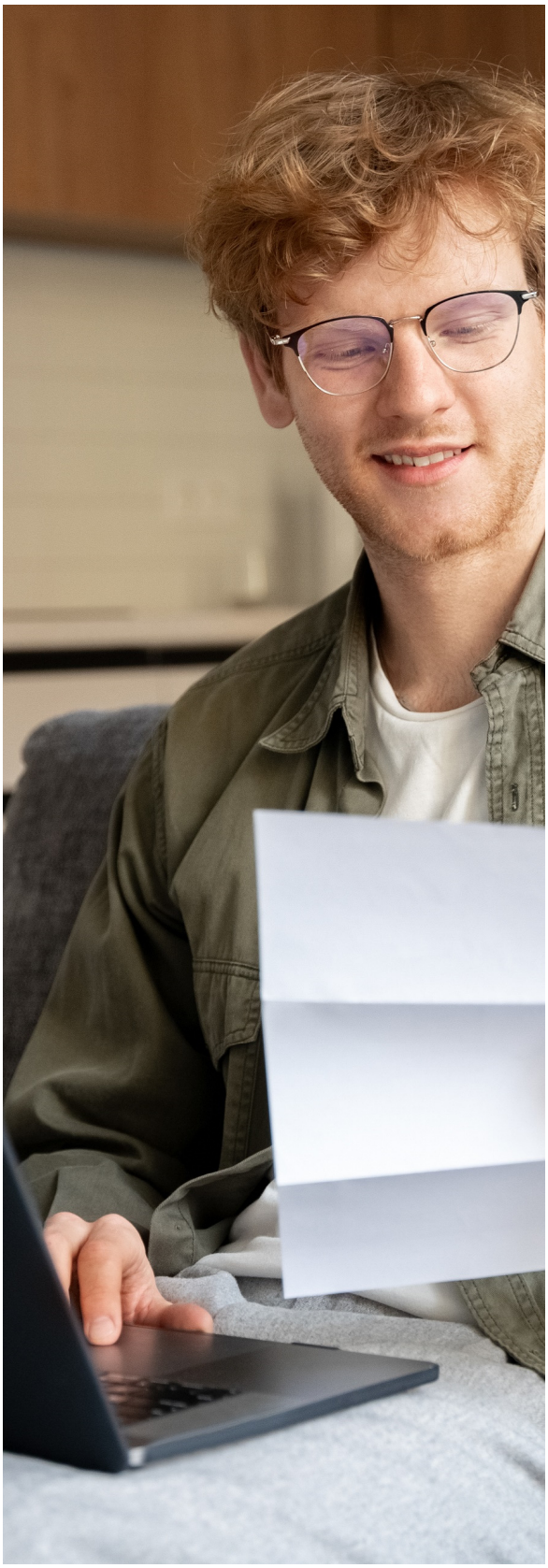
Visit **www.wyanokebenefitscsb.com** to access your benefits information today!

MOBILE-FRIENDLY SITE

BenePortal is mobile-optimized making it easy to view your benefits information on-the-go. Simply bookmark the site in your phone's browser or save it to your home scree for quick access.

BENEFITS MEMBER ADVOCACY CENTER (MAC)

Conner Strong & Buckelew



Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide your through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm ET, After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

CONTACT THE BENEFITS MAC

- Phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Web: **www.connerstrong.com/memberadvocacy**
- Email: **cssteam@connerstrong.com**
- Fax: **856.685.2253**

VALUE-ADDED SERVICES
Conner Strong & Buckelew

BENEFIT PERKS

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **https://connerstrong.corestream.com**.

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand library features all the health information you need to be well and stay well.

Learn more at **www.healthylearn.com/connerstrong**.

HUSK MARKETPLACE

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Learn more at:
https://marketplace.huskwellness.com/connerstrong.

Carrier Contacts

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE
MEDICAL/PRESCRIPTION	Aetna	800-872-3862	www.aetna.com
DENTAL	Cigna	800-244-6224	www.mycigna.com
LIFE AND AD&D	MetLife	800-638-6420	www.metlife.com/mybenefits
FLEXIBLE SPENDING ACCOUNTS (FSA)	Benefit Resource, Inc.	800-473-9595	www.benefitresource.com
MEMBER ADVOCACY	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy

Legal Notices

Notice Regarding Special Enrollment

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 (including COBRA 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for 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 (CHIP) 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. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, 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 the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and 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 benefits. If you have any questions, please speak with Human Resources.

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise case the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received until:

1. One year from the start of the medically necessary leave of absence; or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

HIPAA Privacy Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require The Wyanoke Group Flexible Benefit Plan to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copay of the Privacy Notice contact your Human Resources department.

Patient Protection Model Notice

Cigna generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier.

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

You do not need prior authorization from Cigna 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 your insurance carrier.

Legal Notices

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

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

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

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

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

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

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

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

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (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+)
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

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

GEORGIA – 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

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Louisiana Medicaid Website:
https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website:
https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
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

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

Legal Notices

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

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

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

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

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

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

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT- Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

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

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

West Virginia – Medicaid and CHIP
Website: 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
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
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 January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

The Wyanoke Group reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.