



## BENEFITING U – 2022/2023 Plan Year Annual Open Enrollment

**Open Enrollment runs through May 31, 2022.** The new plan year begins July 1, 2022 and ends June 30, 2023. Open Enrollment is your opportunity to enroll, cancel enrollment, or make changes to your coverage in the health care plan, enroll in a flexible spending account, enroll in basic life insurance, and/or enroll or cancel coverage in the MetLife Legal Plan.

Changes made during Open Enrollment will be effective on July 1, 2022 for the plan year that ends June 30, 2023. Flexible Spending Account (FSA) deductions will begin on the July 7, 2022 paycheck. To participate in FSA, you must reenroll each year, even if you want to keep the same election amount. New health plan rates and WellU participation changes will be reflected on the July 22, 2022 paycheck.

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### 2022/2023 Plan Year News:

- Health Plan Rates Increase 8.43% for Departments and Employees
- Advantage Plan Changes to Deductibles, Out-of-Pocket Maximums, Coinsurance and Copays
- Consumer Directed Health Plan Information
- Updates to Fertility and Orthodontia Benefits
- Suggestions to Help Reduce Future Health Plan Expenses
- Complete the WellU Requirements by June 30, 2022
- Flexible Spending Accounts and Health Savings Accounts
- MetLife Legal Plan
- Other Benefits
- Use [UBenefits](#), Your Online Tool for Open Enrollment and Other Benefit Changes

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### Employee Health Care Plan Rates

Taking into account the plan changes explained below, **health plan rates for employees and departments will increase by 8.43%**. The maximum premium rate increase that employees enrolled in the Preferred ValueCare network will see is \$16.12 per month for family coverage.

University departments continue to pay approximately 90% of the total cost of coverage.

Because the health plan is self-funded, our health plan premium rates are directly related to the amount of medical and prescription drug claims.

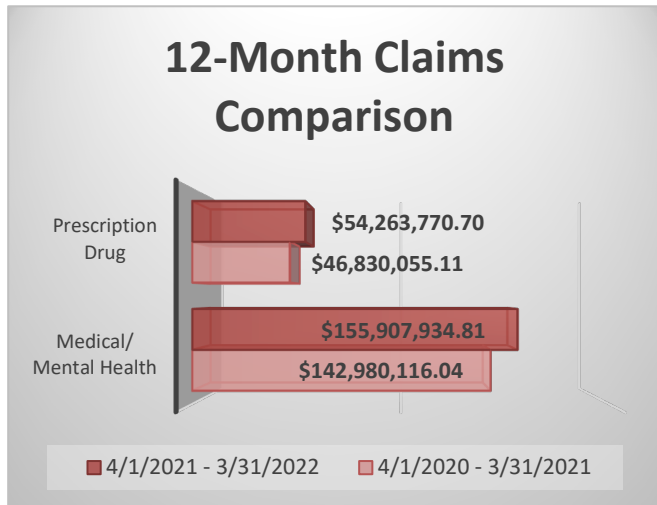
Claims during the 2020/2021 Plan Year remained low because many people avoided getting

medical and dental care unless their condition was critical. As a result, we were able to hold premiums for this current plan year without making any changes to the health plan design. However, we will not be able to do that for the coming plan year.

As of March 31, 2022, a total of 13,754 employees were enrolled in the health plan. Including employees' family members, we are covering almost 35,000 individuals.

Over the past twelve months, the health plan paid total expenses of \$210.7 million – an increase of over \$20 million or 9.7% from the prior 12-month period, while the number of employees enrolled only increased by approximately 50 employees.

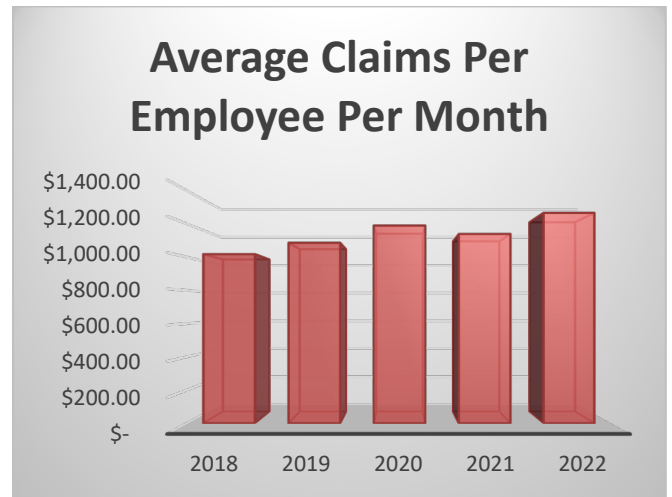
We can see the increase when we compare claims for medical and prescription drug claims for the past 12 months compared to the previous 12-month period.



The effect of COVID on claims is more evident when we look at the previous five 12-month periods. Claims increased steadily from 2017/2018 until 2020 and now appear to be increasing at the same or possibly a more rapid rate.



To account for the changing number of employees enrolled in the plan during each time period, we compare the average claims per enrolled employee per month during each 12-month period.



Premiums for the next plan year need to account for both the increasing cost of health care, as well as the anticipated increase in use of health care over the next 15 months. Now that COVID-19 vaccines are available and the infection rate is subsiding, University of Utah Health is seeing an increase in appointments. Additionally, we anticipate increased health care costs in the next year resulting from insufficient treatment of chronic conditions and missed preventive screenings during the past two years.

With our current plan design, we estimated the need to increase premiums by over ten percent. To avoid double-digit premium increases, we will be making health plan design changes that will require lower increases in premiums while adding to the cost health plan members will pay to obtain medical care. See the Advantage Plan Changes (next section) to see the new deductible, out-of-pocket maximum, coinsurance, and copay amounts.

See the [Summary Comparison of Medical and Dental Benefits](#) for additional coverage information and health plan premium rates.

**Employees who complete the requirements to participate in the WellU Wellness Program will pay \$40 less per month (or \$0 for the CDHP option)**

## Advantage Plan Changes

**The out-of-pocket maximums, deductibles, and coinsurance, and copay amounts in the Advantage Plan will change effective July 1, 2022.** Coverage in the Consumer Directed Health Plan will not change.

The Employee Health Care Plan will continue to provide financial incentives to use University of Utah Health providers. Our University Health system is nationally recognized and has award-winning facilities and providers.

**Out-of-Pocket Maximum:** For the 2022/2023 Plan Year, **each out-of-pocket maximum will be \$2,500 per individual and \$5,000 per family** when you use a network provider. The out-of-pocket maximum is the highest amount you will be required to pay during the plan year for eligible expenses with a network provider. The out-of-pocket amounts increase if you use out-of-network providers. Each out-of-pocket maximum includes the amount you pay for deductibles, coinsurance, and copays. The plan has three separate out-of-pocket maximums: medical, prescription drug, and mental health/substance use disorder/autism spectrum disorder.

**Plan Year Deductible:** For the 2022/2023 Plan Year, if you receive care from a U Health and/or other network provider, **your deductible will be \$200 per member or \$400 per family.** If you use an out-of-network provider, your deductible will increase to \$500 per member or \$1,000 per family. A deductible is the amount you must pay before the plan begins paying for health care that is paid with a coinsurance.

**All enrolled employees will receive new health plan ID cards at the end of June.**

**Coinsurance:** For the 2022/2023 Plan Year, coinsurances for all health care will be:

| U Health Provider | Other Network Provider | Out-of-Network Provider |
|-------------------|------------------------|-------------------------|
| 10%               | 30%                    | 40%                     |

A coinsurance is the percent you are required to pay after paying the annual deductible. The plan pays the balance for eligible expenses with a network provider.

For example, if you are admitted to the University hospital and the negotiated rate is \$10,000, your coinsurance is 10%: you will be required to pay \$1,000 and the plan will pay the remaining \$9,000. However, if you have not yet met your deductible, you will pay the first \$200 and then you will pay 10% of the remaining \$9,800, or \$1,180 total.

If you use an out-of-network provider, you will pay 40% of the amount a network provider would have agreed to accept, plus any balance of billed charges. Your 40% will apply to your out-of-pocket maximum. Amounts charged by an out-of-network provider for services above the amount a network provider has negotiated to accept do not apply to your out-of-pocket maximum.

**Copays:** For the 2022/2023 Plan Year, copays will be:

|                     | U Health Provider | Other Network Provider |
|---------------------|-------------------|------------------------|
| Office Visit        | \$20              | \$40                   |
| Urgent Care         | \$40              | \$40                   |
| Spinal Manipulation | \$40              | \$40                   |
| Hearing/Vision Exam | \$20              | \$40                   |

Copays apply to an office visit with a provider (including a nutrition consult or physical therapy). A copay is a set dollar amount that you pay for services with a network provider and the plan

pays the balance of the cost for the visit. You do not need to meet the deductible before a copay applies. If you see an out-of-network provider, a coinsurance will be applied.

**Prescription Drug 30-Day Maximum Out-of-Pocket:**

The Advantage plan limits the amount you need to pay for each 30-day supply of a prescription drug. For the 2022/2023 Plan Year, the 30-day supply maximum will be:

| Maximum Out-of-Pocket for 30-day Supply | U Health Pharmacy | Other Network Pharmacy |
|---|-------------------|------------------------|
| Generic                                 | \$150             | \$250                  |
| Preferred Brand                         | \$200             | \$250                  |
| Non-Preferred Brand                     | \$250             | \$350                  |
| Specialty                               | \$300             | \$500                  |

As a reminder, specialty medications must be purchased through the University’s Specialty Pharmacy unless the pharmacy cannot obtain the medication or the patient is living outside Utah.

**Mental Health, Substance Use Disorder, and Autism Spectrum Disorder Coverage:** Benefits were increased last year and will be increased further this year.

- **Visit limits are being removed** on outpatient individual and group therapy sessions.
- **Residential treatment will be covered for up to 60 days** when medically necessary. Prior authorization is required.
- **An inpatient and residential treatment deductible** is being added.

For the 2022/2023 Plan Year, the coinsurance and copays for services will be changing to:

|                               | HMHI/BHN Provider | Out-of-Network Provider |
|-------------------------------|-------------------|-------------------------|
| Most Services                 | 10%               | 35%                     |
| Individual Outpatient Therapy | \$20 Copay        | 35%                     |

|   |                   |            |
|---|-------------------|------------|
| <b>Group Outpatient Therapy</b> (including social skills group therapy for ASD) | <b>\$5 Copay</b>  | <b>35%</b> |
| <b>Office Visits and Covered Testing</b>  | <b>\$20 Copay</b> | <b>35%</b> |
| <b>ABA Therapy for ASD</b>  | <b>\$10 Copay</b> | <b>35%</b> |

*Prior authorization may be required.* Contact the EAP for information or to obtain prior authorization.

The health plan uses the Huntsman Mental Health Institute Behavioral Health Network (not Regence’s network). HMHI/BHN anticipates implementing an online network provider directory in the next year. In the meantime, for referral to a network provider, individuals should contact the Employee Assistance Program at (801) 587-9319 or (800) 926-9619.

The HMHI/BHN network includes all University Health providers, as well as many other providers.

The Employee Assistance Program (EAP) is a no-cost option. Licensed counselors can help with common concerns including stress, anxiety or depression, personal and emotional issues, marital, relationship and family counseling, grief or loss, substance abuse or other addictions. The EAP has therapists available for same-day visits for individuals in crisis. Through 2022, the EAP is available to all University employees, including those in non-benefitted positions. When you use the EAP, there is no cost to you or your household members. The EAP is available 24/7 to assist in emergency situations. To reach the EAP, call (801) 587-9319 or (800) 926-9619.

**Consumer Directed Health Plan Information**

If you are considering moving to the CDHP health plan option this year, you will want to consider the difference in the deductibles and out-of-

pocket maximums between the Advantage and CDHP options compared to the premiums. If you are enrolled in the CDHP option, you can defer non-taxed amounts through payroll to your HSA. See the “Flexible Spending Account (FSA) or Health Savings Account (HSA)?” section below for additional things to consider.

## Fertility Benefits Update

The University is proud to promote the equality, diversity, and inclusion of its employees. As we reviewed our benefit plans this year, to ensure they follow the University’s EDI values, we found that the fertility benefits we added last year had been incorrectly labeled in our plan documents as “Infertility Benefits”. A finding of infertility has never been required or intended for employees to access these benefits.

This plan year, the amount of claims paid by the plan for fertility benefits, was less than anticipated. As a result, we are able to increase the benefits for the 2022/2023 Plan Year to cover **up to \$10,000 in medical services and \$3,000 in prescription drugs**. We hope that this increased benefit will support all employees with a desire to add to their family. As a reminder, a flexible spending account can be used for fertility expenses not covered by the health plan.

## Orthodontia Benefits Update

The Utah legislature increased the funding for dental benefits by 1%. With this additional funding, we are able to **increase the orthodontia benefit from \$2,000 to \$2,500 for each individual** enrolled in the health plan. This limit is a lifetime limit.

## Help Keep Costs Down

You can help control future health plan expenses, which will potentially affect you through premiums, by making good decisions regarding your use of health care services and prescription medications.

The following are some recommendations to help you be a wise consumer.

**Visit RedMed** for your non-urgent injuries and minor illnesses. [RedMed](#), located on the ground floor of the Union Building, is available to all employees at no cost. Providers at RedMed assess and treat work-related injuries and other non-emergency medical conditions.

**Use University Health Virtual Urgent Care** if you or your family members have a non-urgent injury or minor illness. U Health Virtual Urgent Care is available from 9am to 9pm, 7 days a week. You can access Virtual Urgent Care through MyChart (if you have an existing account) or online at <https://healthcare.utah.edu/virtual-care/urgent-care/>.

**Use an urgent care facility instead of going to an emergency department** for non-life threatening conditions. A visit to the emergency department can cost the plan up to five times more than a visit to an urgent care facility.

**Purchase generics instead of costly brand-name medications** – don’t be afraid to start with a less costly medication before trying an expensive brand-name medication.

**Have appropriate preventive screenings** – many illnesses can be treated easier and faster if they are discovered early.

**Ask questions** such as, if there is a more cost-effective option or facility.

**Follow recommendations to treat chronic conditions** – even if you begin to feel well. Continuing to follow your provider’s recommendation may avoid costly complications or worsening symptoms in the future.

**Focus on your personal health and wellness** by beginning with small steps such as parking farther away from the building, taking the stairs, or eating smaller portions.

## WellU Wellness Program

By participating in the WellU Wellness Program, you focus on your own wellbeing, while saving up to \$480 on health plan premiums annually. To participate next year (beginning July 1, 2022), you must complete the following **by June 30, 2022**:

- General Health Assessment (GHA) at least one time between July 1, 2020 and June 30, 2022; go to [www.Regence.com](http://www.Regence.com), log in, scroll down, and click the “Go to Regence Empower” button in the Resources section
- Four WellU Wellness Activities

See the [WellU flyer](#) for details on WellU Wellness Activity options.

### NOT SURE IF YOU HAVE COMPLETED THE WELLU REQUIREMENTS?

Check the WellU Completions online tracker. Go to [www.hr.utah.edu/wellu/complete](http://www.hr.utah.edu/wellu/complete), and log in using your University ID number and CIS password.

**After July 1, 2022**, you can start working on the WellU requirements for the 2022/2023 Plan Year:

- Four WellU Wellness Activities – the current options, as well as any that may be added for next year.
- General Health Assessment – the GHA will be required between July 1, 2022 and June 30,

2023. We require the GHA every few years to review the overall status of employee health. The results are reported to the U as one overall picture (no individual information is provided). This information helps as we analyze future Wellness Activities.

## Flexible Spending Account (FSA) or Health Savings Account (HSA)?

**You must reenroll in a Health FSA or Dependent Day Care FSA each year during open enrollment to participate, even if you want the same election amount.**

Both Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) allow you to use non-taxed dollars for eligible expenses, which can make your dollars go farther.

**Health FSAs and HSAs** hold money you defer for future medical expenses incurred by you, your spouse, and other tax dependents. You can use these non-taxed dollars to cover items not covered by the health plan. Examples include your copays and coinsurance, contact lenses, eye glasses, etc.

**There are several important differences between an FSA and an HSA.** See the web page at [www.hr.utah.edu/benefits/cdhp-hsa.php](http://www.hr.utah.edu/benefits/cdhp-hsa.php) for information. To enroll in an HSA, you must be enrolled only in a health plan with a qualifying high deductible (including the U’s CDHP Plan) and you cannot have any funds remaining in an FSA. If you are changing from an FSA to an HSA this year, be sure to spend or get reimbursed for your entire FSA balance before July 1, 2022.

**Dependent Day Care FSAs** reimburse eligible day care costs for your eligible family members. To be an eligible day care expense, the care provided must be necessary to allow you and your spouse

(if applicable) to work. Eligible family members include your children under age 13 and other family members who are physically or mentally incapable of caring for themselves, reside with you for more than one-half of the calendar year, and are someone you could claim as a dependent on your taxes.

If you have an HSA, your contributions will continue. IRS rules limit the amount you may defer to these plans. You will see the current limits when you log into UBenefits.

## MetLife Legal Plan

The MetLife Legal Plan gives you access to expert attorneys who can assist you with a broad range of personal legal needs you might face.

The new Parents Plus enhancement allows your parents to have access to over 20 of the covered services currently included in the plan.

The monthly premium for enrollment remains \$21.25 per month.

Plan enhancements for 2022 include:

- Parents Plus
- Protection from Domestic Violence
- Tax Audits
- Purchase/Sale of residence
- Property Tax Assessment
- Refinance/Home Equity Loans
- Boundary/Title Dispute
- Zoning Applications
- Immigration Assistance

If you are currently enrolled in the Legal Plan, your enrollment will continue for the next plan year unless you cancel your participation by contacting MetLife at 1 800 GET-MET 8 (1-800-438-6388) or visiting [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) by June 30, 2022.

## Other Benefits

You may enroll in other benefits or apply for other insurance coverage at any time:

**Life Insurance** (proof of good health is required) – You can enroll in basic life insurance (Part II and III) as part of Open Enrollment. Other life insurance is available on your life and on the lives of your spouse or domestic partner and dependent children. To enroll or increase your current insurance, complete the application at [www.hr.utah.edu/forms/lib/Personal-Health-Enrollment-Harford.pdf](http://www.hr.utah.edu/forms/lib/Personal-Health-Enrollment-Harford.pdf).

**Short Term and Long Term Disability Insurance** (proof of good health is required) – This coverage provides an income replacement in the event your income ceases because you are unable to work as a result of an eligible disability. Coverage is available for employees only. To apply for coverage, complete the application at [www.standard.com/mybenefits/univutah/eeoi.html](http://www.standard.com/mybenefits/univutah/eeoi.html).

**Supplemental Retirement Plans** – You may start or stop contributions, or change your contribution amount at any time through UBenefits.

**Accidental Death and Dismemberment** – AD&D provides benefits in the event of a covered accident 24 hours a day, both on and off the job. No medical information is required to enroll. Coverage is effective after you enroll through UBenefits. Select coverage for yourself or for you and your eligible family members.

**Auto and Home Insurance** – University employees and eligible family members may enroll in auto and home insurance at group rates through Farmers Insurance, Liberty Mutual, or Safeco Insurance.

**Take Time to Review Your Beneficiaries!** Do you know who is listed as your beneficiary on your life insurance, retirement plans, and any other plans that provide a death benefit? It's not just a smart practice to review your beneficiaries – it is essential if you experience a major change in your life such as marriage, divorce or birth of a child or grandchild. Updating your beneficiaries can save your loved ones from unnecessary grief during a difficult time. You can view and update your beneficiaries for life insurance and AD&D through UBenefits. View and update your retirement plan beneficiary designations by logging into your account with Fidelity Investments, TIAA, and/or Utah Retirement Systems.

For additional information on the University's benefit plans, see the UHRM website at [www.hr.utah.edu/benefits](http://www.hr.utah.edu/benefits).

#### Privacy Policy

*The University of Utah Employee Health Care Plan and the University of Utah Flexible Benefit Plan are required to follow strict federal and state laws regarding the confidentiality of Protected Health Information ("PHI"). The Plans' Notice of Privacy Practices describes the Plans' practices relating to PHI and the rights members of the Plans have concerning their PHI. The Notice of Privacy Practices is available at [www.hr.utah.edu/ben/privacy](http://www.hr.utah.edu/ben/privacy). To obtain a copy by mail, contact the UHRM Solutions Center at (801) 581-7447.*

*This newsletter contains only a general description of some of the features of the University's Benefit Plans and is not intended to constitute a promise or contractual commitment by the University or a right to benefits under any of its employee benefit plans. The University reserves the right to unilaterally change or terminate any or all of its employee benefit plans at any time and without prior notice. Also, modifications may be necessary to comply with applicable legal requirements. The exact details of the plans are included in the legal plan documents that govern each plan. In the event of any inconsistency between a statement in this booklet and the plan document, the plan document will control.*

### University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111

Phone: (801) 581-7447

Email: [benefits@utah.edu](mailto:benefits@utah.edu) / Web: [www.hr.utah.edu/benefits](http://www.hr.utah.edu/benefits)

**UBenefits: <http://ubenefits.app.utah.edu>**

## Use the Online UBenefits Open Enrollment Application

Log into UBenefits at [ubenefits.app.utah.edu](http://ubenefits.app.utah.edu) and click on the Open Enrollment tile to see your current **Health Plan** enrollment and make any changes. You can also enroll in a **Flexible Spending Account** (you must reenroll to participate, even if you want to keep your current election) and enroll in **Basic Life Insurance** if you are not already enrolled.

To enroll or cancel your enrollment in the MetLife Legal Plan, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-GET-MET 8 on or before June 30, 2022.

**Complete your online UBenefits enrollment between May 2 and May 31, 2022.**

**UBenefits: <http://ubenefits.app.utah.edu>**

*If you don't have access to a computer or need to submit a paper form, contact UHRM at (801) 581-7447 for assistance.*





## SUMMARY COMPARISON OF MEDICAL AND DENTAL OPTIONS

Effective July 1, 2022

| Provider Networks                       |  |  |
|---|--|--|
| <b>Preferred ValueCare</b>              | Find a Medical Provider<br><a href="http://www.regence.com">www.regence.com</a><br>(800) 262-9712<br>or              | All University of Utah Health facilities and providers, plus over <b>15,206 Utah providers</b> and access to <b>41 of Utah's 52 hospitals</b> (including Primary Children's Medical Center as an Other Network Provider); <b>all urgent care centers</b> in Utah; and nationwide coverage through the BlueCard PPO Network.                              |
| <b>Participating (PAR)</b>              | <a href="http://healthcare.utah.edu/fad/">healthcare.utah.edu/fad/</a><br>(801) 581-2121<br>(for U Health Providers) | All University of Utah Health facilities and providers, plus over <b>15,435 providers</b> in Utah and access to <b>all 52 hospitals</b> (including Intermountain Healthcare and Primary Children's Medical Center as Other Network Providers); <b>all urgent care centers</b> in Utah; and nationwide coverage through the BlueCard Traditional Network. |
| <b>Huntsman Mental Health Institute</b> | Advantage Plan members find a Mental Health Provider – call the EAP at (801) 587-9319 or (800) 926-9619              | Advantage Plan members use the HMHI Network. This network includes all University of Utah Health mental health providers and many other providers within Utah and outside Utah.  |

## Health Plan Design Options

| Plan Year Deductibles                             |  |                         |  |  |
|---|--|-------------------------|--|--|
|   | Advantage Plan Option  |                         |  | Consumer Directed Health Plan (CDHP) Option                                    |
|   | University Health Providers  | Other Network Providers | Out-of-Network Providers   | Preferred ValueCare and Out-of-Network Providers                               |
| Medical Coverage Deductibles <sup>1</sup>         | \$200 per member<br>\$400 per family                                       |                         | \$500 per member \$1,000 per family  | Network: \$1,500 Single Coverage / \$3,000 Two-party or Family Coverage        |
| Prescription Drug Coverage                        | \$0  | \$0                     | \$0  |  |
| Mental Health and Substance Use Disorder Coverage | \$200 per member / \$400 per family for Inpatient and Residential Services |                         | \$500 per member \$1,000 per family for Inpatient and Residential Services | Out-of-Network: \$3,000 Single Coverage / \$6,000 Two-Party or Family Coverage |

| Plan Year Out-of-Pocket Maximums               |   |   |  |
|--|---|---|--|
|  | Advantage Plan Option                         |   | CDHP Plan Option   |
|  | University Health and Other Network Providers | Out-of-Network Providers                  |  |
| Medical  | \$2,500 per member<br>\$5,000 per family      | \$5,000 per member<br>\$10,000 per family | Combined Out-of-Pocket Maximum<br>Network: \$5,000 per member / \$10,000 per family<br>Out-of-Network: \$10,000 per member / \$20,000 per family |
| Prescription Drug                              | \$2,500 per member<br>\$5,000 per family      | \$5,000 per member<br>\$10,000 per family |  |
| Mental Health, Substance Use Disorder, and ASD | \$2,500 per member<br>\$5,000 per family      | \$5,000 per member<br>\$10,000 per family |  |

| Medical Coverage (coinsurance is the amount you pay after any applicable deductible) |                             |                         |                                       |  |
|--|-----------------------------|-------------------------|---------------------------------------|--|
|  | Advantage Plan Option       |                         |                                       | CDHP Plan Option                                 |
|  | University Health Providers | Other Network Providers | Out-of-Network Providers <sup>2</sup> | Preferred ValueCare and Out-of-Network Providers |
| Inpatient Hospital   | 10% Coinsurance             | 30% Coinsurance         | 40% Coinsurance                       | 30% Coinsurance                                  |
| Outpatient Hospital or Surgical Center   | 10% Coinsurance             | 30% Coinsurance         | 40% Coinsurance                       | 30% Coinsurance                                  |
| Professional Services  | 10% Coinsurance             | 30% Coinsurance         | 40% Coinsurance                       | 30% Coinsurance                                  |
| Emergency Room   | \$200 Copay                 |                         |                                       | 30% Coinsurance                                  |

<sup>1</sup> If you use an out-of-network provider, your deductible will increase to the out-of-network deductible amount. You only need to meet one deductible.

<sup>2</sup> Plan payment for out-of-network providers is based on the amount a network provider would accept for the service; you pay your coinsurance plus any balance of billed charges.

**Medical Coverage** (coinsurance is the amount you pay after any applicable deductible)

|  | Advantage Plan Option   |                         |                          | CDHP Plan Option   |
|--|---|-------------------------|--------------------------|--|
|  | University Health Providers   | Other Network Providers | Out-of-Network Providers | Preferred ValueCare and Out-of-Network Providers                               |
| Rehabilitation Services - Outpatient                                       | \$20 Copay  | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |
| Ambulance Services   | 20%   |                         |                          | 30% Coinsurance  |
| Office Visit <i>Not required for preventive care visits</i>                | \$20 Copay  | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |
| Virtual Urgent Care  | \$0 Copay   | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |
| Urgent Care Visit  | \$40 Copay  | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |
| Preventive Services and Screening Procedures                               | 0% Coinsurance  | 0% Coinsurance          | 40% Coinsurance          | 0% Coinsurance ( <i>Network</i> )<br>30% Coinsurance ( <i>Out-of-Network</i> ) |
| Lab/X-Ray  | 10% Coinsurance   | 30% Coinsurance         | 40% Coinsurance          | 30% Coinsurance  |
| Durable Medical Equipment  | 20% Coinsurance   |                         |                          | 30% Coinsurance  |
| Rehabilitation Services - Inpatient<br><i>Limited to 30 days/Plan Year</i> | 10% Coinsurance   | 30% Coinsurance         | 40% Coinsurance          | 30% Coinsurance  |
| Neurodevelopmental Therapy   | 10% Coinsurance   | 30% Coinsurance         | 40% Coinsurance          | 30% Coinsurance  |
|  | <i>Applies to children age 18 and under. Physical, Occupational, and Speech Therapy each limited to \$5,000/Plan Year. Age and dollar limits do not apply to other covered Speech Therapy Services.</i> |                         |                          |  |
| Fertility Benefits<br><i>Lifetime Maximum: \$10,000</i>                    | 10% Coinsurance   | 30% Coinsurance         | 40% Coinsurance          | 30% Coinsurance  |
| Spinal Manipulation<br><i>Limited to 20 per Plan Year</i>                  | \$40 Copay  | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |
| Hearing / Vision Exams<br><i>Limited to one per Plan Year</i>              | \$20 Copay  | \$40 Copay              | 40% Coinsurance          | 30% Coinsurance  |

**Prescription Drug Coverage**

|                     | Advantage Plan Option      |                |                        |                | CDHP Plan Option   |
|---------------------|----------------------------|----------------|------------------------|----------------|--|
|                     | University Health Pharmacy |                | Other Network Pharmacy |                | All Network Pharmacies   |
|                     | Coinurance                 | 30-Day Maximum | Coinurance             | 30-Day Maximum |  |
| Generic             | 20%                        | \$ 150         | 25%                    | \$ 250         | 30% Coinsurance<br><i>(after deductible has been met; applied to combined out-of-pocket maximum)</i> |
| Preferred Brand     | 20%                        | \$ 200         | 25%                    | \$ 250         |  |
| Non-Preferred Brand | 20%                        | \$ 250         | 35%                    | \$ 350         |  |
| Specialty*          | 20%                        | \$ 300         | 35%                    | \$ 500         |  |

*The Plan will cover fertility medications up to a lifetime maximum of \$3,000.*

**\*Specialty medications** must be purchased through the University's Specialty Pharmacy or through Accredo's National Network outside Utah. Contact the U Specialty Pharmacy at (844) 211-6528.

**Mental Health and Substance Use Disorder Coverage**

|   | Advantage Plan Option   |                                  | CDHP Plan Option                                 |
|---|---|----------------------------------|--|
|   | <i>(Administered by Huntsman Mental Health Institute/BHN)</i>   |                                  | <i>(Administered by Regence)</i>                 |
|   | Huntsman Mental Health Network Providers<br><i>(Contact EAP for Referral)</i>                                     | Out-of-Network Providers         | Preferred ValueCare and Out-of-Network Providers |
| <b>Employee Assistance Program (EAP)</b>  | No cost to enrolled employees, enrolled dependents, and other family members residing in the employee's household |                                  |  |
| Inpatient Hospital<br><i>Limited to 30 days per Plan Year</i>                               | 10% Coinsurance after deductible  | 35% Coinsurance after deductible | 30% Coinsurance                                  |
| Partial Hospitalization Program or Day Treatment<br><i>Limited to 70 days per Plan Year</i> | 10% Coinsurance   | 35% Coinsurance                  | 30% Coinsurance                                  |

| <b>Mental Health and Substance Use Disorder Coverage</b>  |                                  |                                  |                 |
|---|----------------------------------|----------------------------------|-----------------|
| Residential Treatment Facility<br><i>Limited to 60 days per Plan Year – Prior Authorization Required (contact the EAP)</i>  | 10% Coinsurance after deductible | 35% Coinsurance after deductible | 30% Coinsurance |
| Outpatient Therapy – Individual   | \$20 Copay                       | 35% Coinsurance                  | 30% Coinsurance |
| Outpatient Therapy – Group  | \$5 Copay                        | 35% Coinsurance                  | 30% Coinsurance |
| Office Visits for Medication Management   | \$20 Copay                       | 35% Coinsurance                  | 30% Coinsurance |
| Treatment Resistant Mood Disorder Services  | 10% Coinsurance                  | 35% Coinsurance                  | 30% Coinsurance |
| Methadone Maintenance Treatment   | You pay \$168 copay per week     | Not Covered                      | 30% Coinsurance |
| Psychological and Neuropsychological Testing<br><i>Limited to 3 visits per Plan Year – Prior authorization required (contact the EAP)</i>                         | \$20 Copay                       | 35% Coinsurance                  | 30% Coinsurance |
| Advantage Plan Members: Contact the EAP at (801) 587-9319 or (800) 926-9619 for assistance, information, prior authorization, and referral to a network provider. |                                  |                                  |                 |

| <b>Autism Spectrum Disorder Coverage</b>  |  |                          |  |
|---|--|--------------------------|--|
|   | Advantage Plan Option<br><i>(Administered by Huntsman Mental Health Institute/BHN)</i> |                          | CDHP Plan Option<br><i>(Administered by Regence)</i> |
|   | Huntsman Mental Health Network Providers<br><i>(Contact EAP for Referral)</i>          | Out-of-Network Providers | Preferred ValueCare and Out-of-Network Providers     |
| Diagnostic Testing<br><i>Prior authorization required</i>   | \$20 Copay   | 35% Coinsurance          | 30% Coinsurance                                      |
| Applied Behavior Analysis (ABA) Therapy Services  | \$10 Copay   | 35% Coinsurance          | 30% Coinsurance                                      |
| Social Skills Group Therapy for Individuals with ASD  | \$5 Copay  | 35% Coinsurance          | 30% Coinsurance                                      |
| Refer to the Medical Benefits section for coverage of occupational therapy, physical therapy, and speech therapy. |  |                          |  |

| <b>Dental Coverage</b>   |  |
|--|--|
| Provider Network   | Regence ValueCare Dental Network<br><a href="http://www.regence.com">www.regence.com</a> (search for General Dentistry or Pediatric Dentistry)<br>All benefits are paid based on the Regence schedule of eligible dental expenses. |
| Deductible   | None   |
| Maximum Benefits   | Basic Coverage and Prosthodontics: \$2,000 per plan year - per member<br>Orthodontics: \$2,500 lifetime per member   |
| <b>Dental Services</b>   |  |
| Basic Coverage<br><i>Exams, X-rays, cleanings, fillings, sealings, periodontics, endodontics</i> | 20% Coinsurance  |
| Prosthodontics<br><i>Bridges, Crowns, Dentures</i>   | 50% Coinsurance  |
| Orthodontics   | 50% Coinsurance  |

**Eligible Family Members:** Spouse or domestic partner and children under age 26 (includes children placed for adoption, legal guardianship, and foster care, and the children of your spouse or domestic partner). Proof of legal guardianship is required. Children age 26 or older may only be enrolled or remain enrolled if they are unmarried, dependent on the employee, and either a full-time student or disabled. Contact UHRM at (801) 581-7447 for information and see the Summary Plan Description for eligibility rules.

**Coverage of Eligible Dependents:** The University will take corrective action against employees for enrolling an individual in the Health Care Plan that they know or should know is ineligible and/or filing claims (either directly or indirectly through a health care provider) for an individual that they know or should know is ineligible for coverage under the Plan. Corrective action includes termination of employment, legal action for reimbursement of all claims, and cancellation of coverage without the right to elect COBRA continuation coverage. To add a new dependent to your coverage or remove a dependent who

has lost eligibility, log into UBenefits and click on the Change Your Benefits tile. You must make the change within 90 days of the date of the event. The University cannot refund overpayments due to IRS Regulations, so please make the change as soon as possible. In order for the dependent to be eligible for COBRA Continuation Coverage, you must submit your change within 60 days from the date of the event.

**Primary Children’s Medical Center:** Primary Children’s Medical Center is an Intermountain Healthcare facility and is included as a network provider in both network options. In both network options, Primary Children’s Medical Center will be paid as an Other Network Provider and not as a University Health provider. Some University Health Providers work at Primary Children’s Medical Center and may be paid as a University Health provider if their services are billed separate from the facility.

**RedMed:** Employees may visit the RedMed Employee Health Clinic on the ground floor of the Union Building. The clinic cannot provide care to family members. Employees who are injured at work should use RedMed as their first point of care unless the injury is critical or life-threatening or occurs after RedMed Clinic hours, in which case the employee should be taken to the nearest appropriate provider.

**Out-of-Network:** Coinsurance amounts shown are paid based on Eligible Medical Expenses (the amount a network provider has agreed to accept as payment in full for the services). **Members may be billed by an out-of-network provider for amounts that exceed the amount a network provider has agreed to accept as payment in full.** Members are responsible for any balance of billed out-of-network provider charges in addition to the Member’s coinsurance amount.

**Federal Laws Opt Out:** The University has elected to opt out of several Federal laws that apply to most health plans, including The Mental Health Parity and Addiction Equity Act. Huntsman Mental Health Institute/Behavioral Health Network assists all health plan members in finding an appropriate network provider and advocating for them to receive the appropriate care. For information and referrals, contact the Employee Assistance Program at (801) 587-9319 or (800) 926-9619.

**Privacy Policy:** The Plan is required to follow strict federal and state laws regarding the confidentiality of protected health information ("PHI"). The Plan’s Notice of Privacy Practices describes the Plan’s practices relating to PHI and the rights members have concerning their PHI. The Notice of Privacy Practices is available online at [www.hr.utah.edu/ben/privacy](http://www.hr.utah.edu/ben/privacy). To obtain a copy by mail, contact the UHRM Solutions Center at (801) 581-7447.

## MONTHLY CONTRIBUTION RATES JULY 1, 2022 THROUGH JUNE 30, 2023

| FULL-TIME EMPLOYEE MONTHLY RATES (75% TO 100% FTE)* |             |              |           |          |                    |           |          |
|---|-------------|--------------|-----------|----------|--------------------|-----------|----------|
| Network Option                                      | Plan Option | Medical Only |           |          | Medical and Dental |           |          |
|   |             | Single       | Two-Party | Family   | Single             | Two-Party | Family   |
| Preferred ValueCare                                 | Advantage   | \$76.66      | \$134.16  | \$202.40 | \$87.38            | \$158.70  | \$241.12 |
|   | CDHP        | \$ -         | \$ -      | \$ -     | \$10.72            | \$24.54   | \$38.72  |
| BCBS Participating (PAR)                            | Advantage   | \$115.36     | \$201.88  | \$304.52 | \$126.08           | \$226.42  | \$343.24 |

| UNIVERSITY DEPARTMENT RATES – Full-time Employees |            |            |                    |            |            |
|---|------------|------------|--------------------|------------|------------|
| Medical Only                                      |            |            | Medical and Dental |            |            |
| Single  | Two-Party  | Family     | Single             | Two-Party  | Family     |
| \$684.68  | \$1,197.96 | \$1,807.14 | \$704.32           | \$1,243.08 | \$1,878.30 |

| PART-TIME EMPLOYEE MONTHLY RATES (50% TO 74% FTE)* |             |              |           |            |                    |           |            |
|--|-------------|--------------|-----------|------------|--------------------|-----------|------------|
| Network Option                                     | Plan Option | Medical Only |           |            | Medical and Dental |           |            |
|  |             | Single       | Two-Party | Family     | Single             | Two-Party | Family     |
| Preferred ValueCare                                | Advantage   | \$419.00     | \$733.14  | \$1,105.96 | \$439.54           | \$780.24  | \$1,180.26 |
|  | CDHP        | \$342.34     | \$598.98  | \$903.56   | \$362.88           | \$646.08  | \$977.86   |
| BCBS Participating (PAR)                           | Advantage   | \$457.70     | \$800.86  | \$1,208.08 | \$478.24           | \$847.96  | \$1,282.38 |

| UNIVERSITY DEPARTMENT RATES – Part-time Employees |           |          |                    |           |          |
|---|-----------|----------|--------------------|-----------|----------|
| Medical Only                                      |           |          | Medical and Dental |           |          |
| Single  | Two-Party | Family   | Single             | Two-Party | Family   |
| \$342.34  | \$598.98  | \$903.58 | \$352.16           | \$621.54  | \$939.16 |

\*Complete the requirements to participate in the WellU program to receive a discount of up to \$40.00/month from the above rates (or \$0 if your rate is less than \$40).

This Health Care Plan Summary contains only a general description of some of the features of the University’s Employee Health Care Plan. The exact details of the Plan are included in the governing legal plan documents (summary plan descriptions), which can be found online at [www.hr.utah.edu/benefits/spd.php](http://www.hr.utah.edu/benefits/spd.php).

### University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111 / Phone: (801) 581-7447 / Email: [benefits@utah.edu](mailto:benefits@utah.edu)

Web: [www.hr.utah.edu/benefits](http://www.hr.utah.edu/benefits) / UBenefits: <https://hr.apps.utah.edu/ubenefits>

# Experienced legal help for the sandwich generation

Many people will need an attorney at some point in their lives – whether it’s when we are starting a family, buying a home or dealing with identity theft issues. And as parents age, it’s not uncommon for many employees to step into the role of caregiver, making sure their parents’ health, financial and legal matters are handled with the same level of care. But it doesn’t have to be expensive — or stressful. With MetLife Legal Plans, your employees, and their parents, can have access to legal expertise for less than \$1 a day.<sup>1</sup>



## Services for everyone

Navigating life’s milestones is easier with MetLife Legal Plans. We provide legal assistance for a wide range of personal legal matters, and that’s with:

- unlimited use of legal services covered by your plan
- no waiting periods, claim forms, deductibles, or copays to worry about when using a Network Attorney

If one of your employees needs an attorney who doesn’t participate in our network, that’s okay too. They can be reimbursed for some of the costs.<sup>2</sup>

## Top attorneys your employees can rely on

When it comes to legal support, choosing the right attorney isn’t a snap decision. Your employees want someone with the experience, the professionalism, and the courtesy to help them navigate through life’s major milestones. Every attorney that joins our network has to meet these requirements. We take care of the selection, so you can be confident your employees have professional and experienced attorneys on their side, for covered matters.

How do we get top attorneys to join our network? By providing exceptional service to your employees, attorneys are more likely to get referrals, resulting in more clients for them. And even the most experienced attorneys want to grow their practice. That’s how we have created one of the largest and most experienced attorney networks – with attorneys averaging 25 years of experience.

## Tailored service makes life easier

While some legal plans only offer self-service or phone consultations, our legal plan gives employees a choice of convenient options. They can meet an attorney in person, or contact them over the phone, or online using our Law Firm E-Panel®.

## Digital Estate Planning Solution

We now offer employees the ability to choose an attorney for estate planning or create their own plan through our digital estate planning solution. With our digital estate planning solution, employees are taken through a simple, guided process to complete wills, living wills and/or power of attorney, in as little as 15 minutes. This service also provides real-time video guidance with a notary and witnesses to finalize the documents.<sup>3</sup>

## Our network of attorneys is here through every stage of life for your employees



Getting married



Buying or selling a home



Starting a family



Dealing with identity theft



Caring for aging parents



Sending kids off to college

## Helping employees and their parents navigate life's twists and turns.

All services listed are available to employees, spouses and eligible dependents. Services in **bold** are available to parents through Plus Parents. For non-covered matters that are not otherwise excluded, this benefit provides four hours of Network Attorney time and services per year.<sup>4</sup>

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>Money Matters</b>          | <ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Financial Education Workshops<sup>5</sup></li> <li><b>Identity Management Services<sup>6</sup></b></li> </ul>            | <ul style="list-style-type: none"> <li>Identity Theft Defense</li> <li>Negotiations with Creditors</li> <li>Personal Bankruptcy</li> </ul>   | <ul style="list-style-type: none"> <li><b>Promissory Notes</b></li> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>  |
| <b>Home &amp; Real Estate</b> | <ul style="list-style-type: none"> <li>Boundary &amp; Title Disputes</li> <li><b>Deeds</b></li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>   | <ul style="list-style-type: none"> <li><b>Mortgages</b></li> <li>Property Tax Assessments</li> <li>Refinancing &amp; Home Equity Loan</li> <li>Sale or Purchase of Home</li> </ul>   | <ul style="list-style-type: none"> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul>  |
| <b>Estate Planning</b>        | <ul style="list-style-type: none"> <li><b>Codicils</b></li> <li><b>Complex Wills</b></li> <li><b>Healthcare Proxies</b></li> </ul>   | <ul style="list-style-type: none"> <li><b>Living Wills</b></li> <li><b>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</b></li> </ul>   | <ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li><b>Simple Wills</b></li> </ul>  |
| <b>Family &amp; Personal</b>  | <ul style="list-style-type: none"> <li>Adoption</li> <li><b>Affidavits</b></li> <li>Conservatorship</li> <li><b>Demand Letters</b></li> <li>Garnishment Defense</li> <li>Guardianship</li> </ul> | <ul style="list-style-type: none"> <li>Immigration Assistance</li> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Parental Responsibility Matters</li> <li>Personal Property Issues</li> </ul> | <ul style="list-style-type: none"> <li>Prenuptial Agreement</li> <li>Protection from Domestic Violence</li> <li><b>Review of ANY Personal Legal Document</b></li> <li>School Hearings</li> </ul> |
| <b>Civil Lawsuits</b>         | <ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>  | <ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>  | <ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>   |
| <b>Elder-Care Issues</b>      | <ul style="list-style-type: none"> <li><b>Consultation &amp; Document Review for Issues Related to Your Parents:</b></li> <li><b>Deeds</b></li> <li><b>Leases</b></li> </ul>                     | <ul style="list-style-type: none"> <li><b>Medicaid</b></li> <li><b>Medicare</b></li> <li><b>Notes</b></li> <li><b>Nursing Home Agreements</b></li> </ul>   | <ul style="list-style-type: none"> <li><b>Powers of Attorney</b></li> <li><b>Prescription Plans</b></li> <li><b>Wills</b></li> </ul>   |
| <b>Vehicle &amp; Driving</b>  | <ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>7</sup></li> <li>Driving Privileges Restoration</li> </ul>   | <ul style="list-style-type: none"> <li>License Suspension Due to DUI</li> </ul>  | <ul style="list-style-type: none"> <li>Repossession</li> </ul>   |

## A legal plan you can count on

You can feel confident that when you offer MetLife Legal Plans to your employees, you're providing a benefit that they can really use. It's the reason why 85% of our plan participants stay with us year after year.<sup>8</sup>

And it's easy for you too. With no benefits cost to your company, it's simple to add our legal plan to your employee benefits program. You can be confident that your employees will have professional and experienced attorneys on their side, whenever they need them.

**Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.**

1. This cost is based on an average monthly rate for the legal plan of \$21.25.
2. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
3. Some features may not be available in all states.
4. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
5. MetLife administers PlanSmart's Retirewise program, but has arranged for specially-trained third party financial professionals to offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing PlanSmart's Retirewise through MetLife.
6. This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.
7. Does not cover DUI.
8. MetLife Legal Plans internal customer data, 2019.

[metlife.com](https://www.metlife.com)

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Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters.

Please see the plan description for details.







## LEGAL NOTICES – REQUIRED BY LAW

### Notice To Individuals Enrolled In The University Of Utah Employee Health Care Plan

Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from certain requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy.

The University of Utah has elected to exempt the University of Utah Employee Health Care Plan, which is self-funded, from all of the following requirements:

1. Standards relating to benefits for newborns and mothers. The University’s Plan will cover medically necessary hospital stays in accordance with the recommendation of the member’s health care provider.
2. Parity in the application of certain limits to mental health and substance use disorder benefits (including requirements of the Mental Health Parity and Addiction Equity Act of 2008).
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy. The University’s Plan will continue to cover reconstruction and other benefits.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution. The University allows students to miss one semester each academic year and retain their student status.

The exemption from these Federal requirements will be in effect for the plan year beginning July 1, 2022 and ending June 30, 2023. The election may be renewed for subsequent plan years.

### Privacy Policy

The University of Utah Employee Health Care Plan and the University of Utah Flexible Benefit Plan are required to follow strict federal and state laws regarding the confidentiality of Protected Health Information (“PHI”). The Plans’ Notice of Privacy Practices describes the Plans’ practices relating to PHI and the rights members of the Plans have concerning their PHI. The Notice of Privacy Practices is available at [www.hr.utah.edu/ben/privacy](http://www.hr.utah.edu/ben/privacy). To obtain a copy by mail, contact Human Resources at (801) 581-7447.

### 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 **1-877-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 **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, 2022. Contact your State for more information on eligibility.

| ALABAMA-Medicaid   | CALIFORNIA-Medicaid   |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | Website:<br>Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>  |
| ALASKA-Medicaid  | COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>  | Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS-Medicaid  | FLORIDA-Medicaid  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  |
| GEORGIA-Medicaid   | MAINE-Medicaid  |
| A 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><br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br><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><br>Phone: (678) 564-1162, Press 2 | Enrollment Website:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: -800-977-6740.<br>TTY: Maine relay 711  |
| INDIANA-Medicaid   | MASSACHUSETTS-Medicaid and CHIP   |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584  | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840   |

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|---|---|
| <p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>  | <p align="center"><b>MINNESOTA-Medicaid</b></p> <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p> |
| <p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884</p>   | <p align="center"><b>MISSOURI-Medicaid</b></p> <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>  |
| <p align="center"><b>KENTUCKY-Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p> | <p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone:<br/> 1-800-694-3084</p>   |
| <p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   | <p align="center"><b>NEBRASKA-Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>   |
| <p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid<br/> Phone: 1-800-992-0900</p>   | <p align="center"><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/> Phone: 1-888-549-0820</p>   |
| <p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a><br/> Phone: 603-271-5218<br/> Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>   | <p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/> Phone: 1-888-828-0059</p>   |
| <p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/> Medicaid Phone: 609-631-2392<br/> CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/> CHIP Phone: 1-800-701-0710</p>  | <p align="center"><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br/> Phone: 1-800-440-0493</p>  |
| <p align="center"><b>NEW YORK-Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/> Phone: 1-800-541-2831</p>   | <p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone:<br/> 1-877-543-7669</p>  |
| <p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/> Phone: 919-855-4100</p>   | <p align="center"><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br/> Phone: 1-800-250-8427</p>  |

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| <b>NORTH DAKOTA-Medicaid</b>   | <b>VIRGINIA-Medicaid and CHIP</b>   |
| Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825  | Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br><a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| <b>OKLAHOMA-Medicaid and CHIP</b>  | <b>WASHINGTON-Medicaid</b>  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022   |
| <b>OREGON-Medicaid</b>   | <b>WEST VIRGINIA-Medicaid and CHIP</b>  |
| Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075 | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                            |
| <b>PENNSYLVANIA-Medicaid</b>   | <b>WISCONSIN-Medicaid and CHIP</b>  |
| Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462  | Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002   |
| <b>RHODE ISLAND-Medicaid and CHIP</b>  | <b>WYOMING-Medicaid</b>   |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)  | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269   |

To see if any other states have added a premium assistance program since January 31, 2022, 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)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires  
1/31/2023)