# 2026

BENEFITS GUIDE

ANGLICAN DIOCESE OF SOUTH CAROLINA

# Welcome to Your Benefits

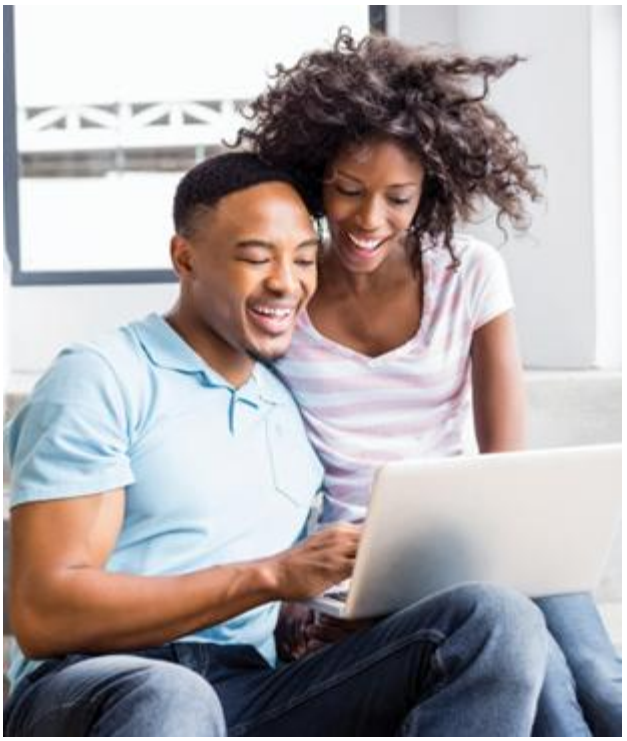
Our most important asset is our people. That's why the Anglican Diocese of SC offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Our health care benefit year begins January 1st and ends December 31st. You may also enroll or change your benefits during the annual Open Enrollment period. Initial enrollment will be a manual enrollment. On January 1, 2026, participants will be able to enroll through the Benefit*first* portal by logging into Benefit*first* at benefitfirst.com.

You must make your elections during the specified enrollment window, or you will not have coverage. To have coverage, you must confirm your benefit choices through Human Resources by the deadline.

## What's Inside

# Contacts & Resources



Find more details about the benefits offered to you by contacting your insurance carrier or logging in to Benefit*first* at Benefitfirst.com after January 1, 2026. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff Insurance:

**Anglican Diocese of SC**
Reverend Jim Lewis
jlewis@adosc.org
843-424-7387

**McGriff**
Kelly Kienle
Kelly.Kienle@MarshMMA.com
803-231-6130

**Anglican Diocese of SC**
Karen Rothenberger
krothenberger@adosc.org
312-231-5154

**Anglican Diocese of SC**
Susan Burns
sburns@adosc.org
843-722-4075 ext. 103

| Benefit | Carrier | Phone | Website |
|---|---|---|---|
| **Medical** | Gravie through the Cigna Network | 866-863-6232 | www.gravie.com/members |
| **Pharmacy** | Gravie through the Express Scripts Network | 877-608-0355 | www.gravie.com/members |
| **Virtual Visits** | Gravie through the Teladoc Health Network | NA | www.gravie.com/members |
| **Dental** | Sun Life | 800-786-5433 | sunlife.com |
| **Vision** | Sun Life on the VSP Network | 800-877-7195 | vsp.com |
| **Worksite** | Sun Life | 800-786-5433 | sunlife.com |

# Eligibility & Enrollment

## Employee Eligibility

All employees working 30+ hours per week must be offered health insurance. The ADOSC plan, which is available to all churches, is administered through Simple Benefits. As a new hire, you are eligible on the first day of the month following date of hire.

## Dependent Eligibility

You may enroll the following dependents in our group benefit plans:

- Your legal spouse
- Your natural, adopted, or stepchildren living with you, or any other children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

## When You Can Enroll

You can enroll in benefits:

- During your initial new hire eligibility period
- During the annual Open Enrollment period for a January 1st effective date

If you fail to enroll within the timeframe given for the new hire eligibility or annual enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage, unless you experience a qualified life event. Please see page 5 for some common examples of a qualifying event. Please make your elections on time, or you may experience a delay in using your benefits. If you choose to not elect group coverage through the Anglican Church of South Carolina, you have the option to elect an individual plan through the ACA Marketplace. For more information, please visit https://www.healthcare.gov/ or contact your McGriff contact.

### When Coverage Ends

Benefits coverage will be terminated as follows:

- If you leave your job, your coverage will terminate on the last day of the month following the termination or resignation date.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.

# Making Changes To Your Benefits

Outside of your initial new hire or the annual Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your spouse's work status that affects your benefits
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes.

# Medical Benefits

The Anglican Diocese of SC employees have the choice between three medical plans offered through Gravie. These plans offer services on the Cigna network.

All plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. Please refer to the Anglican Diocese of South Carolina URL by visiting The Anglican Diocese of South Carolina, 2026 | Gravie. The link includes access the Summary of Benefits and Coverage (SBC) as well as other helpful tools.

## Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage.

Discuss lower-cost alternatives with your physician. More information about prescription drug coverage is available by calling 866-863-6232.

**Preventive Care**

All medical plans include preventive care services 100% covered under your medical insurance, meaning no copays or deductibles will apply when an in-network provider delivers the covered services. Preventive exams can detect if you are at risk for a chronic disease that may be preventable. Talk to your healthcare provider to determine which screenings are recommended for you and when you need them.

# Medical Plan Comparison

| In-Network Services | Gravie 1500 | Gravie 4000 | Gravie 5000 HDHP |
|---|---|---|---|
| **Annual Deductible** | $1,500 / $3,000 | $4,000 / $8,000 | $5,000 / $10,000 |
| **Coinsurance** | 20% | 20% | 20% |
| **Out-of-Pocket Max** | $5,000 / $10,000 | $9,100 / $18,200 | $6,500 / $13,000 |
| **Preventive Care** | Covered in full | Covered in full | Covered in full |
| **Primary Care Visits** | $30 copay | $35 copay | 20% after deductible |
| **Virtual Visits** | Covered in full | Covered in full | Covered in full |
| **Specialist Visits** | $50 copay | $50 copay | 20% after deductible |
| **Urgent Care** | $75 copay | $75 copay | 20% after deductible |
| **Emergency Room** | $500 copay | $500 copay | 20% after deductible |
| **Inpatient Hospital** | 20% after deductible | 20% after deductible | 20% after deductible |
| **Outpatient Facility** | 20% after deductible | 20% after deductible | 20% after deductible |
| **Diagnostic Testing** | 20% after deductible | 20% after deductible | 20% after deductible |
| **Imaging** | 20% after deductible | 20% after deductible | 20% after deductible |
| **Retail Rx** 30-days Tiers 1 / 2 / 3 | $10 / $50 / $100 copay | $10 / $50 / $100 copay | 20% after deductible / 20% after deductible / 50% after deductible |
| **Mail Order Rx** 90-days Tiers 1 / 2 / 3 | $20 / $100 / $200 copay | $20 / $100 / $200 copay | 20% after deductible / 20% after deductible / 50% after deductible |
| **Specialty Drugs** | Cost share varies with SaveOn program* | Cost share varies with SaveOn program* | 20% after deductible |

*Refer to the plan documents for the full descriptions and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be fully relied upon to determine your coverage.*
**Please refer to the SaveOn Program flier for more information.*

# Where to Go for Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to virtual visits through Fabric.

## Doctor's Office

Your primary care physician (PCP) should be your first choice for non-emergency care and ongoing health conditions. Your PCP knows your medical history and can help manage chronic conditions and recommend specialists or other medical care.

## Virtual Visit - Fabric

If your doctor isn't available, you are out of town, or you need care after hours for a simple condition try a virtual visit. Go online or access the app to make an appointment with a physician anytime, 24/7 wherever you are.

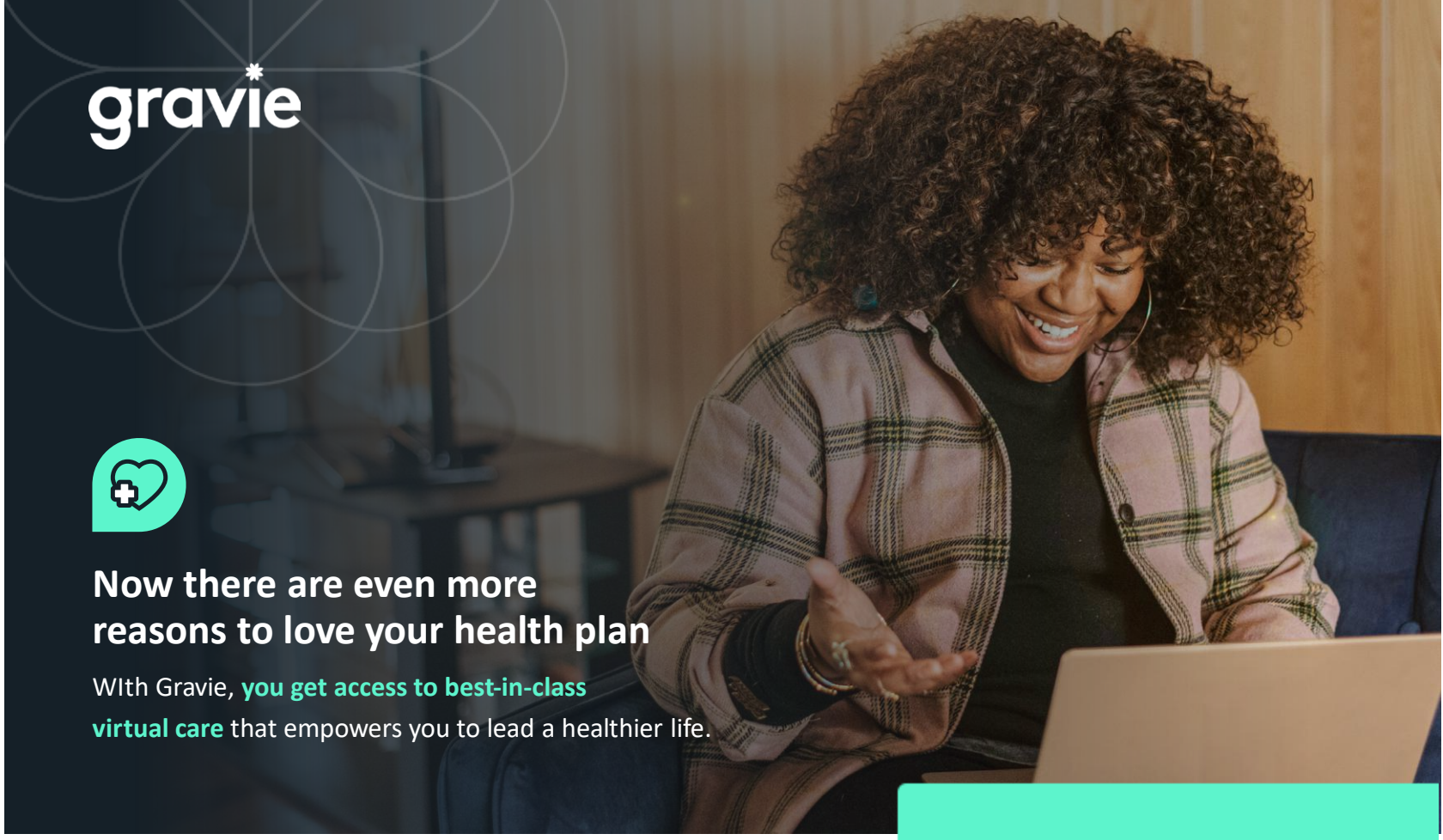
## Urgent Care and Retail Clinics

If your doctor isn't available, or you need care after hours for a non-life-threatening issue, visit an urgent care or retail health clinic for simple conditions such as a cold or the flu. Urgent care centers can provide a greater range of care including x-rays.

## Emergency Room

Only visit the ER for serious, life-threatening medical care. If you feel you are dealing with a health emergency, call 911 or go to the ER right away. Do not visit for routine care or minor ailments.

gravie



# Now there are even more reasons to love your health plan

WIth Gravie, **you get access to best-in-class virtual care** that empowers you to lead a healthier life.

sword thrive

Gravie health plan members (13+) have access to Sword Thrive. Thrive's clinical-grade digital physical therapy program helps members overcome musculoskeletal (MSK) pain through personalized care from licensed physical therapists and innovative sensor-based technology. Unlike traditional physical therapy, members can access treatment wherever and whenever it's convenient.

Teladoc HEALTH

Gravie health plan members have access to virtual care including general medicine and mental health (18+) through Teladoc Health, the world leader in whole-person virtual care. Mental health care includes clinical services such as psychiatry and therapy visits.

*Cost sharing may apply depending on plan type. Check your benefits summary for more information.*

Gravie partners with industry leaders to give you access to a suite of digital services that aim to **enhance your health and wellness journey.**

For many Gravie health plan members, these services are included at **no additional cost**. Check your benefits summary for more information.

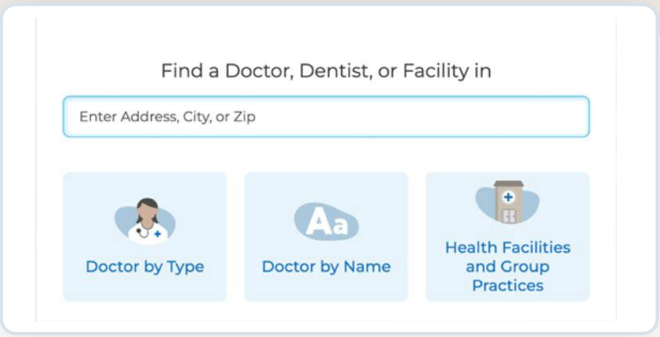
Sign up for these services by logging in to your Gravie account at member.gravie.com or on the Gravie mobile app.

gravie

MORE BENEFITS. FEWER ASTERISKS.

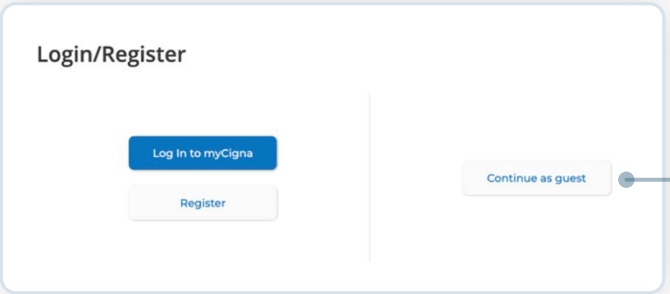
# How to Find Cigna OAP Network Doctor:
A Simple Step-by-Step Guide

SEARCH PROVIDERS



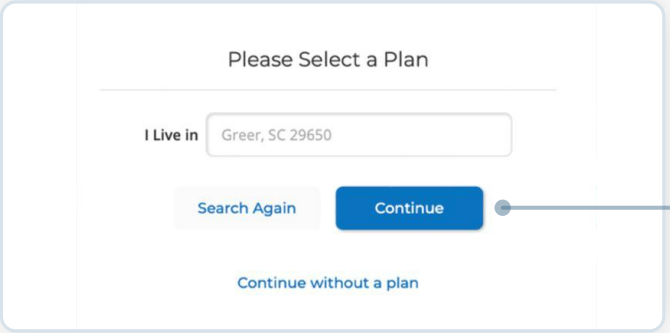

## Step 1:

Enter your location and type of search




## Step 2:

Click “Continue as guest” on the right side of the screen

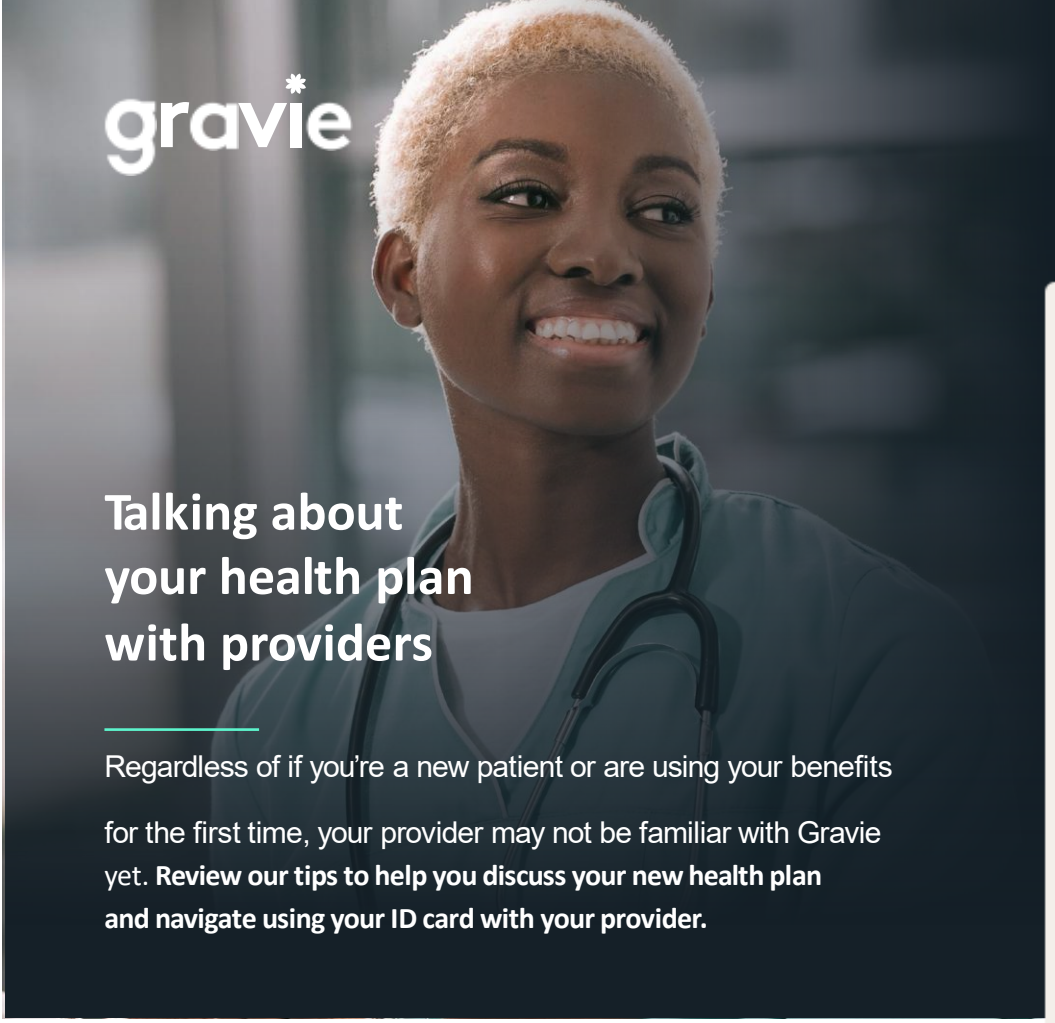



## Step 3:

Confirm your location is correct and click “Continue”


## Step 4:

Select “Open Access Plus” under the OAP header



gravie

MORE BENEFITS. FEWER ASTERISKS.

# Talking about your health plan with providers

Regardless of if you're a new patient or are using your benefits for the first time, your provider may not be familiar with Gravie yet. **Review our tips to help you discuss your new health plan and navigate using your ID card with your provider.**

## Who is Gravie?

We process and pay your medical claims. Gravie Administrative Services LLC is a licensed third-party administrator (TPA) that manages self-funded health plans for employers across the U.S.

## The network

To ensure you have access to care no matter where you are, we work with **Cigna Healthcare®**, which provides the primary network for your health plan.

If your provider participates in the **Cigna Healthcare® Open Access Plus** network, then you can go ahead and use your Gravie benefits!

The Cigna Healthcare® OAP Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare Open Access Plus network for Shared Administration. Cigna Healthcare® is an independent company and not affiliated with Gravie Administrative Services. Access to the Cigna Healthcare OAP Network is available through the contractual relationship between Gravie Administrative Services and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

## Does your provider need help?

You have several options to help resolve any issues your provider may have working with Gravie:

1. **You can request help with a provider directly in the member portal and app.**
   - Contact Gravie Care® directly in our app or in the member portal.
   - Simply add your provider's information to the submission form, alongside the description of their request.
   - Gravie Care will reach out to your provider on your behalf to resolve the issue.

**Scan the QR code to submit a provider help request in the Gravie app.**

2. **Your provider can verify your eligibility at gravie.com/providers/eligibility 24/7.**
   Our search tool lets your provider verify your eligibility and benefit details in real time. We recommend sharing this website with your provider before your appointment or when you visit their office to help prevent any delays.

3. **Scan the QR code on the back of your membership card.**
   If you or your provider would like to see a breakdown of your exact plan benefits and health network, use your smartphone camera to scan the QR code on the back of your membership card. This is a great resource to share with a curious provider.

## Navigating your ID card

Your provider will use your membership card to verify benefits and submit claims for processing. **Have it on hand when you access care.**

Forget your card? No problem. You can easily view or download a digital version from your Gravie account or the Gravie mobile app at any time.


1. **Plan information**
   This section identifies some basic details, like who sponsors your health plan (your employer), and when it starts.

2. **Who's covered**
   As the subscriber (employee), your name and unique 9-digit member ID number appear first, ending in 00. Any enrolled dependents appear below.

3. **Network logos**
   Your primary and secondary network logos appear here.

4. **Pharmacy information**
   Express Scripts® is Evernorth's pharmacy benefit manager (PBM) for your health plan. The Rx numbers are used by pharmacists to verify your prescription coverage and submit pharmacy claims.

### View your Gravie account to discover more plan resources.

**Log in at member.gravie.com or through the Gravie mobile app.**

- Search for in-network providers
- Confirm how medications are classified
- Find quick-reference materials or detailed plan documents
- Review claims and EOBs to see how your benefits are being applied
- And more!

GRAVIE care.

**Have questions?**

Gravie Care has you covered!

**Visit:**
gravie.com/gravie-care

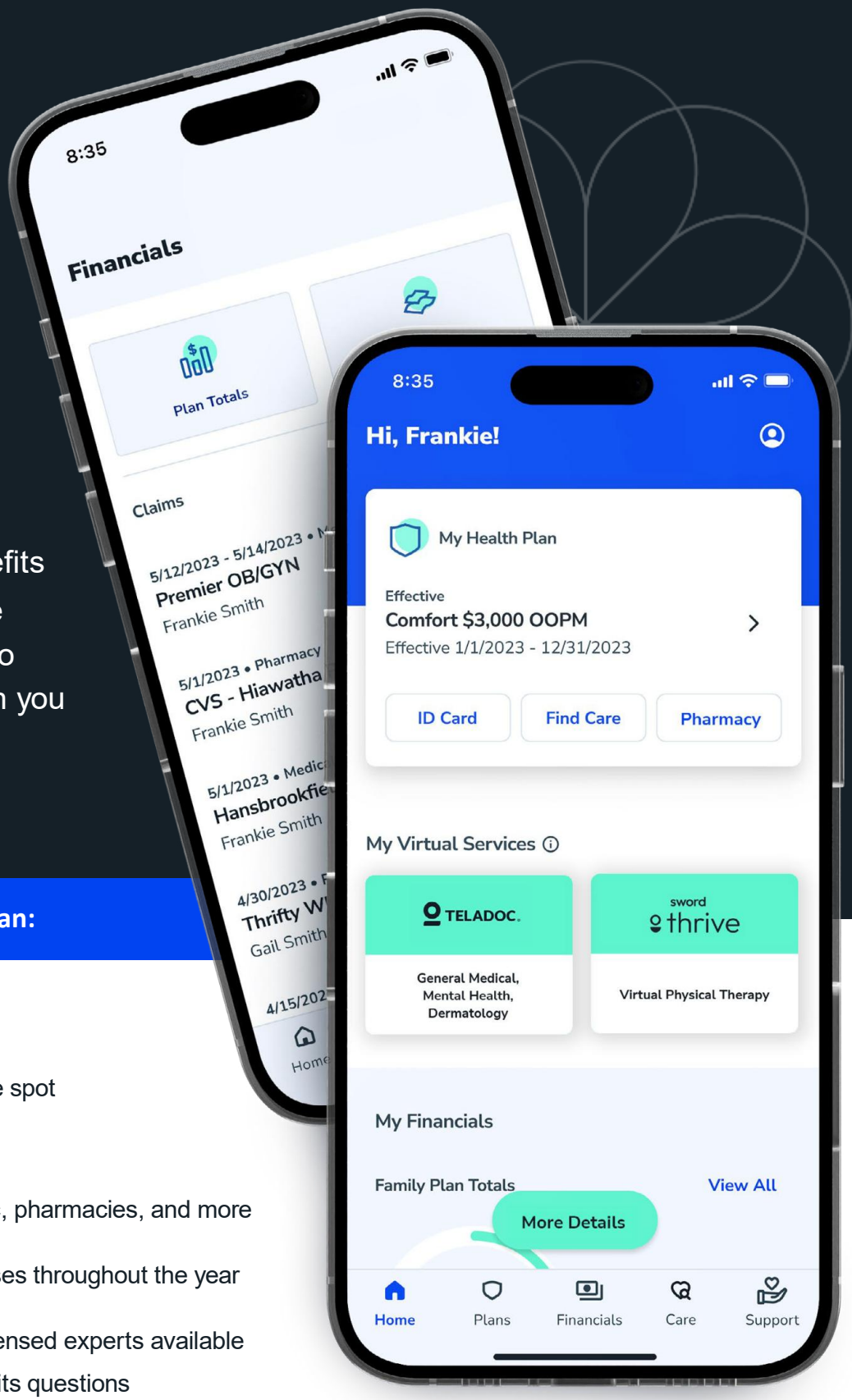
**Secure message:**
member.gravie.com/contact

gravie

MORE BENEFITS. FEWER ASTERISKS.

# The Gravie Mobile App

All your favorite Gravie benefits in one simple place. Use the Gravie app from anywhere to get the care you need, when you need it.

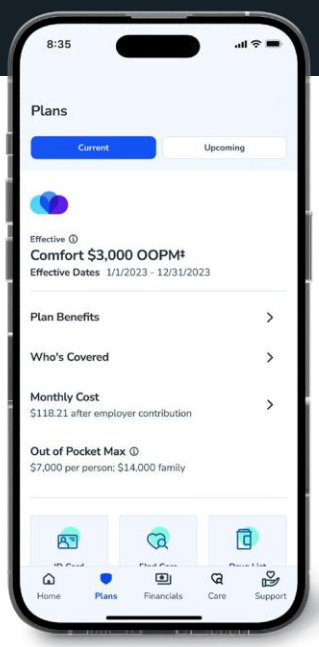



**You and your dependents can:**

- **Access your digital ID card** on the spot
- **See what's covered** by your plan
- **Find in-network** providers, clinic, pharmacies, and more
- **Review claims** and track expenses throughout the year
- **Connect with Gravie Care®** — licensed experts available to answer all your health benefits questions

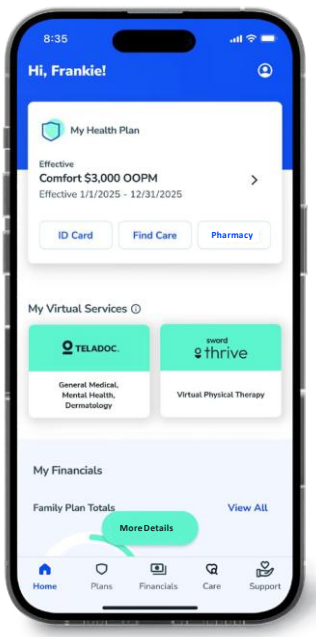
# What you'll find in the Gravie app

**App features may vary based on a variety of eligibility and enrollment factors.**




comfort.

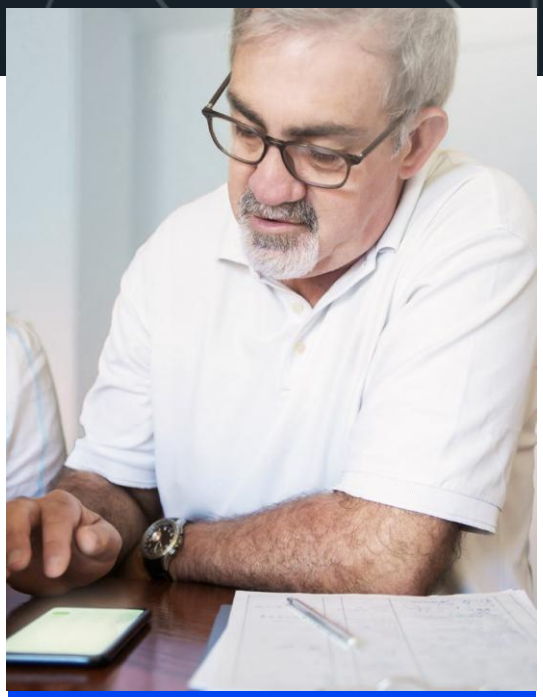
Members and their dependents enrolled in Comfort® can view the list of no-cost services — including primary care, mental health care, specialist visits, labs & imaging, generic drugs and more.




## Best-in-class virtual care that meets you where you are

- General medical, dermatology and mental health care through Teladoc
- Clinical-grade digital physical therapy for treatment of back, joint, and muscle pain through Sword Thrive

Teladoc HEALTH  sword thrive



**Download the app** by visiting the App Store or Google Play. You will be prompted to log in using your member.gravie.com credentials, or create your account if you haven't logged into Gravie before.

Download on the App Store  OR  Google Play

Use the QR codes to visit either the App Store or Google Play store.

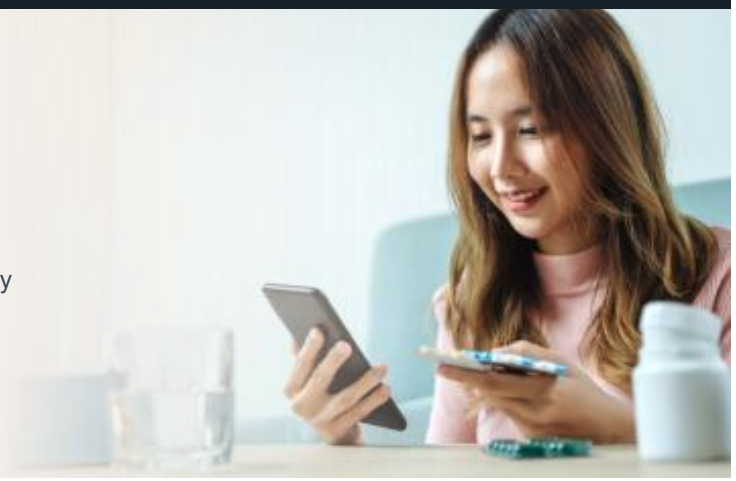
**If you need help:**

**Visit:** gravie.com/gravie-care

gravie

Express Scripts by EVERNORTH HEALTH SERVICES

# Meet Express Scripts Pharmacy: Easy home delivery for your medications



For more than 35 years, Express Scripts® Pharmacy has made getting prescriptions simple and convenient — delivering medications safely to members' doors. With home delivery, members can receive a 3-month supply of maintenance medications, shipped securely and on their schedule. Plus, the auto-refill program helps members save time and ensures a dose is never missed.

## How Express Scripts Pharmacy works

- **Sign up:** Log in to your Gravie member account at member.gravie.com or through the Gravie App. Click **Pharmacy** to connect to your Express Scripts account.
- **Ship:** Enjoy free standard shipping on most medications, which typically arrive within 5 to 7 days from the ship date.
- **Track:** Easily track orders, refill prescriptions, and manage medications through your Express Scripts account.
- **Save Money:** Members can save by filling a 3-month supply of maintenance medication through Express Scripts Pharmacy, paying just two co-pays for their full three-month supply.
- **Save Time:** Skip the pharmacy trip! Delivery saves you time with 3-month supplies, auto-refills, and the convenience of doorstep delivery.

## How to sign up for mail-order delivery

1. **Set up your Gravie member account:** Create or log in to your Gravie member account and click Pharmacy to access your Express Scripts pharmacy benefits and prescription details.
2. **View your prescriptions:** In your Express Scripts account, review your current prescriptions to see which are eligible for home delivery.
3. **Confirm your details:** Verify your doctor's information, payment method, and delivery address.
4. **Order:** Click "Place Order" to complete your request and have your 3-month supply delivered to your door.

## If you don't see your prescription

If you don't see your prescription listed in your Express Scripts account, your provider may need to send a new one. Here's how they can do that:

- **Electronically (fastest):** Ask your doctor's office to send your prescription electronically to Express Scripts Pharmacy.
- **Fax:** Have your doctor fax the prescription to 800.837.0959.
- **Online:** In your Express Scripts account (as a reminder, go to your Gravie member account first and click Pharmacy to get there), click "Request an Rx" and follow the prompts.
- **Phone:** Call Express Scripts 24/7 at 877.608.0355, the dedicated toll-free number for Gravie members. Express Scripts will contact your provider to request a 3-month prescription with refills. You'll need your prescription ID number, medication name, provider's contact information, and payment method available when you call.

# 2026 Copay Assistance Benefit Drug List

Please call **1-800-683-1074** to participate. Once you've completed the manufacturer copay assistance program's enrollment process and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be reduced.

Effective January 1, 2026

The specialty medications included in the copay assistance benefit drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30 percent coinsurance, which may be subject to change. By completing the manufacturer copay assistance program's enrollment process and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be reduced**. Specialty medications will be filled through your approved specialty pharmacy.

## A

Abraxane
Actemra
Acthar
Adakveo
Adalimumab-adaz
Adalimumab-adbm*
Adbry
Adcetris
Adcirca
Adempas
Adstiladrin
Advate
Adynovate
Adzynma
Afinitor
Afstyla
Agamree
Akeega
Aldurazyme
Alecensa
Alhemo
AlphaNine
Alprolix
Altuviiio
Alunbrig
Alyftrek
Alyglo
Alymsys
Ampyra
Amvuttra
Andembry
Anzupgo
Apokyn
Aqneursa
Arcalyst
Asceniv
Attruby
Austedo
Avastin
Avonex
Avsola
Ayvakit

## B

Bafiertam
Balversa
Bavencio
Benefix
Benlysta
Berinert
Besremi
Biktarvy
Bimzelx
Bivigam
Bizengri
Bkemv
Bosulif
Braftovi
Briumvi
Brixadi
Brukinsa
Bylvay
Byooviz

## C

Cabenuva
Cablivi
Cabometyx
Calquence
Camzyos
Caprelsa
Carbaglu
Cayston
Cerdelga
Cerezyme
Cholbam
Cibinqo
Cimzia
Cinryze
Columvi
Cometriq
Complera
Copaxone
Copiktra
Cortrophin
Cosentyx
Cotellic
Crenessity
Crysvita
Ctexli
Cutaquig
Cuvitru
Cuvrior
Cyramza
Cystadrops

## D

Datroway
Daybue
Dojolvi
Doptelet
Dovato
Duopa
Dupixent
Duvyzat

## E

Ebglyss
Edurant
Egrifta
Ekterly
Elahere
Elaprase
Elelyso
Elfabrio
Eloctate
Elrexfio
Emflaza
Empaveli
Empliciti
Emrelis
Enbrel
Encelto
Enhertu
Enjaymo
Ensacove
Enspryng
Entyvio
Epclusa
Epkinly
Epysqli
Erbitux
Erivedge
Erleada
Esbriet
Esperoct
Evenity
Evkeeza
Exjade
Exondys 51
Eylea

## F

Fabhalta
Fabrazyme
Fasenra
Feiba NF
Ferriprox
Filspari
Fintepla
Firazyr
Firdapse
Folotyn
Forteo
Fotivda
Fruzaqla
Fulphila
Fyarro
Fylnetra

## G

Galafold
Gamifant
Gammagard
Gattex
Gavreto
Gazyva
Genotropin
Genvoya
Gilotrif
Givlaari
Glatiramer Acetate
Glatopa
Gocovri
Gomekli
Granix

## H

Haegarda
Halaven
Harliku
Harvoni
Hemlibra
Herceptin
Herceptin Hylecta
Hercessi
Herzuma
Hetlioz

*Excludes Quallent Pharmaceuticals.

Humate-P
Humira
Hyqvia

## I

Ibrance
Ibtrozi
Iclusig
Idelvion
IDHIFA
Ilaris
Ilumya
Imaavy
Imbruvica
Imcivree
Imfinzi
Imjudo
Imkeldi
Imuldosa
Increlex
Inflectra
Ingrezza
Inlyta
Inqovi
Inrebic
Intelence
Isturisa
Itovebi
Iwilfin
Ixempra
Ixinity
Izervay

## J

Jadenu
Jakafi
Jaypirca
Jemperli
Jivi
Joenja
Juxtapid
Jynarque

## K

Kadcyla
Kalbitor
Kalydeco
Kanjinti
Kanuma
Kebilidi
Kesimpta
Keveyis
Kevzara
Keytruda
Khindivi
Kineret
Kisqali
Kitabis
Korlym
Koselugo
Kovaltry
Krazati
Krystexxa
Kuvan
Kyprolis

## L

Lamzede
Lazcluze
Ledipasvir/Sofosbuvir
Lemtrada
Lenvima
Leqembi
Leqselvi
Letairis
Leukine
Libtayo
Litfulo
Livdelzi
Livmarli
Lonsurf
Loqtorzi
Lorbrena
Lucentis
Lumakras
Lumizyme
Lumryz
Lunsumio
Lupkynis
Lupron
Luxturna
Lynparza
Lytgobi

## M

Margenza
Mayzent
Mekinist
Mektovi
Miplyffa
Mvasi
Myalept
Myobloc
Mytesi

## N

Nemluvio
Nerlynx
Neulasta
Neupogen
Nexviazyme
Ngenla
Ninlaro
Nityr
Nivestym
Northera
Nourianz
Novoeight
Novoseven RT
Nplate
Nubeqa
Nucala
Nulibry
Nuplazid
Nuwiq
Nyvepria

## O

Ocrevus
Odefsey
Odomzo
Ofev
Ogivri
Ogsiveo
Ojemda
Ojjaara
Olpruva
Olumiant
Omvoh
Ontruzant
Onureg
Opdivo
Opdualag
Opsumit
Opsynvi
Orencia
Orenitram
Orfadin
Orgovyx
Orkambi
Orladeyo
Orserdu
Otezla
Otulfi
Oxervate
Oxlumo

## P

Padcev
Palynziq
Panzyga
Pemazyre
Perjeta
Phesgo
PiaSky
Pifeltro
Piqray
Plegridy
Pluvicto
Polivy
Pombiliti
Ponvory
Poteligeo
Prezcobix
Procysbi
Promacta
Pyrukynd
Pyzchiva

## Q

Qfitlia
Qinlock

## R

Radicava
Ravicti
Rebif
Rebinyn
Recombinate
Remicade
Renflexis
Retevmo
Revatio
Revcovi
Revlimid
Revuforj
Rezlidhia
Riabni
Rinvoq
Rituxan
Rituxan Hycela
Rivfloza
Rixubis
Rolvedon
Romvimza
Rozlytrek
Ruconest
Rukobia
Ruxience
Rybrevant
Rydapt
Rystiggo
Rytelo

## S

Samsca
Sandostatin Lar Depot
Saphnelo
Sarclisa
Scemblix
Selarsdi
Sephience
Serostim
Sevenfact
Signifor
Signifor LAR
Siliq
Simlandi
Simponi
Skyclarys
Skyrizi
Skysona
Skytrofa
sodium oxybate
Sofosbuvir/Velpatasvir
Sohonos
Soliris
Somatuline Depot
Somavert
Sotyktu
Sovaldi
Spevigo
Spinraza
Sprycel
Stelara
Steqeyma
Stimufend
Stivarga
Strensiq
Stribild
Sublocade
Sucraid
Sunlenca
Supprelin
Susvimo
Sutent
Syfovre
Sylvant
Symdeko
Symtuza

## T

Tabrecta
Tadliq
Tafinlar
Tagrisso
Takhzyro
Taltz
Talzenna

*Excludes Quallent Pharmaceuticals.

Targretin
Tasigna
Tavalisse
Tavneos
Tazverik
Tecentriq
Tecfidera
Tecvayli
Teglutik
Tepezza
Tepmetko
Tevimbra
Tezspire
Thiola
Tibsovo
Tobi
Torpenz
Tracleer
Trazimera
Tremfya
Tretten
Trikafta
Triptodur
Triumeq
Trodelvy
Trogarzo
Truqap
Truxima
Tryngolza
Tukysa
Turalio
Tykerb
Tymlos
Tysabri
Tyvaso
Tzield

## U

Udenyca
Ultomiris
Uptravi

## V

Vabysmo
Valchlor
Vanflyta
Vanrafia
Vectibix
Vegzelma
Velsipity
Venclexta
Veopoz
Verzenio
Vijoice
Viltepso
Vistogard
Vitrakvi
Vivimusta
Vivitrol
Vizimpro
Vonjo
Vonvendi
Voranigo
Vosevi
Votrient
Vowst
Voxzogo
Voydeya
Vpriv
Vumerity
Vyalev
Vyepti
Vyjuvek
Vyloy
Vyndamax
Vyndaqel
Vyondys 53
Vyvgart
Vyvgart Hytrulo
Vyxeos

## W

Wainua
Wakix
Welireg
Wezlana
Wilate
Wyost

## X

Xalkori
Xeljanz
Xembify
Xenazine
Xenpozyme
Xermelo
Xgeva
Xolair
Xospata
Xphozah
Xpovio
Xtandi
Xyntha
Xyrem

## Y

Yargesa
Yervoy
Yesintek
Yonsa
Yorvipath
Yutrepia

## Z

Zarxio
Zejula
Zelboraf
Zeposia
Ziextenzo
Zirabev
Zokinvy
Zolgensma
Ztalmy
Zusduri
Zydelig
Zykadia
Zymfentra
Zynlonta
Zynteglo
Zynyz
Zytiga

*Excludes Quallent Pharmaceuticals.

# Dental Benefits

Anglican Diocese of SC offers dental coverage through Sun Life. This plan allows you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider.

The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

**Visit Your Dentist Regularly**

Regular dental visits are more than maintaining a great smile because poor dental hygiene is not limited to bad breath, gum disease, and tooth decay. Serious medical conditions such as cancer, heart disease, and diabetes have been linked to poor oral health. Take advantage of your preventive dental benefits at no cost to you, including routine exams and cleanings.

| Plan Highlights | In-Network | Out-of-Network |
|---|---|---|
| **Calendar Year Deductible** | $50 Individual / $150 Family | $50 Individual / $150 Family |
| **Annual Plan Maximum** | $1,000 per member | $1,000 per member |
| **Preventive Services**<br>Exams, fluoride, x-rays | Covered in full | Covered in full |
| **Basic Services**<br>Simple extractions, fillings, general anesthesia | Plan pays 80% after deductible | Plan pays 80% after deductible |
| **Major Services**<br>Crowns, bridges, periodontics, root canals | Plan pays 50% after deductible | Plan pays 50% after deductible |
| **Orthodontia** | Not covered | Not covered |

# Vision Benefits

Anglican Diocese of SC offers vision coverage through Sun Life on the VSP network. The plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers visit vsp.com and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

| Plan Highlights | Vision Plan | |
|---|---|---|
| | In-Network Member Cost | Out-of-Network Reimbursement |
| **Eye Exam** every 12 months | $10 copay | Up to $45 |
| **Materials Copay** | $25 copay | N/A |
| **Frames** every 24 months | $130 allowance + 20% off balance | Up to $70 |
| **Lenses** every 12 months<br>• Single vision<br>• Bifocal<br>• Trifocal<br>• Lenticular | Covered in full after materials copay | <br>Up to $30<br>Up to $50<br>Up to $60<br>Up to $100 |
| **Contacts** every 12 months*<br>• Fitting & evaluation<br>• Elective<br>• Medically necessary | <br>Up to $60 / 15% savings<br>$130 copay<br>$25 copay | <br>N/A<br>Up to $105<br>Up to $210 |

# Worksite Benefits

Anglican Diocese of SC offers employees the option to purchase supplemental worksite benefits including Hospital Indemnity, Accident, and Critical Illness provided through Sun Life. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck.

## Voluntary Hospital Indemnity

A hospital admission can result in significant financial hardship. You may have a large deductible to meet in addition to other hospital-related charges for surgery, anesthesia, radiology, and more. A Hospital Indemnity policy provides a lump sum cash benefit paid directly to you to help offset those expenses not covered by your major medical insurance. Refer to the Certificate of Coverage for more information about pre-existing condition limitations, covered services, and other limitations and exclusions.

## Voluntary Accident

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event.

Employees can choose between two plans to receive reimbursement for covered services, including:

- Hospital/ICU admission
- Emergency transportation and care
- Fractures, burns, lacerations, and more
- Accidental death benefit

## Voluntary Critical Illness

Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have.

# Rates

| Monthly Medical Rates | Gravie 1500 | Gravie 4000 | Gravie 5000 HDHP |
|---|---|---|---|
| **Employee Only** | $907.49 | $822.17 | $754.99 |
| **Employee + Spouse** | $2,033.78 | $1,829.01 | $1,667.77 |
| **Employee + Child(ren)** | $1,631.54 | $1,469.43 | $1,341.78 |
| **Employee + Family** | $2,918.72 | $2,620.10 | $2,384.97 |

***Below is an example of what your medical rates might look like. Rates are based on church contribution amounts. Contributions are 90% paid for single and 50% for dependents. Note that each church can choose their own contribution amounts.***

| Monthly Medical Contributions Example | Gravie 1500 | Gravie 4000 | Gravie 5000 HDHP |
|---|---|---|---|
| **Employee Only** | $228.00 | $142.68 | $75.50 |
| **Employee + Spouse** | $897.90 | $693.13 | $531.89 |
| **Employee + Child(ren)** | $658.66 | $496.55 | $368.90 |
| **Employee + Family** | $1424.24 | $1125.62 | $890.49 |

| Dental Monthly Rates | |
|---|---|
| **Employee Only** | $29.97 |
| **Employee + Spouse** | $56.26 |
| **Employee + Child(ren)** | $76.49 |
| **Employee + Family** | $102.78 |

| Vision Monthly Rates | |
|---|---|
| **Employee Only** | $8.17 |
| **Employee + Spouse** | $15.35 |
| **Employee + Child(ren)** | $16.78 |
| **Employee + Family** | $23.95 |

# Rates

| Hospital Indemnity Monthly Rates – Low Plan | |
|---|---|
| **Employee Only** | $26.71 |
| **Employee + Spouse** | $47.10 |
| **Employee + Child(ren)** | $39.10 |
| **Employee + Family** | $59.49 |

| Hospital Indemnity Monthly Rates – High Plan | |
|---|---|
| **Employee Only** | $42.30 |
| **Employee + Spouse** | $80.28 |
| **Employee + Child(ren)** | $64.80 |
| **Employee + Family** | $102.78 |

| Accident Monthly Rates – Enhanced Plan | |
|---|---|
| **Employee Only** | $12.92 |
| **Employee + Spouse** | $21.31 |
| **Employee + Child(ren)** | $24.98 |
| **Employee + Family** | $33.37 |

| Accident Monthly Rates - Premier Plan | |
|---|---|
| **Employee Only** | $17.12 |
| **Employee + Spouse** | $29.39 |
| **Employee + Child(ren)** | $34.63 |
| **Employee + Family** | $46.90 |

# Rates

| Voluntary Critical Illness | |
|---|---|
| **Employee Benefits** | $5,000 - $20,000 in $5,000 increments |
| **Spouse** | $5,000 - $20,000 in $5,000 increments<br>Not to exceed 100% of the employee's benefit |
| **Child(ren)** | $2,500 - $10,000 in $2,500 increments<br>Not to exceed 50% of the employee's benefit |

| Monthly Voluntary Critical Illness Rates for Employee and Spouse Per $1,000 of Coverage | |
|---|---|
| **Under age 25** | $0.42 |
| **25 – 29** | $0.52 |
| **30 – 34** | $0.66 |
| **35 – 39** | $0.87 |
| **40 – 44** | $1.23 |
| **45 – 49** | $1.72 |
| **50 – 54** | $2.42 |
| **55 – 59** | $3.35 |
| **60 – 64** | $4.16 |
| **65 – 69** | $5.56 |
| **70 – 74** | $7.49 |
| **75 and over** | $10.71 |

| Monthly Voluntary Critical Illness Rates for Child(ren) Per $1,000 of Coverage | |
|---|---|
| **All age bands** | $0.18 |

# Terms to Know

**Deductible:** The amount an employee pays out of pocket before the insurance company pays a percentage of the provider charges.

**Coinsurance:** The amount of payment split between the employee and the insurance company. Example: The insurance company pays 80%, and the employee pays 20% of the charges after you meet the deductible.

**Out-of-Pocket Maximum:** The maximum amount an employee is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

**Network Providers:** Doctors, hospitals, and other health care providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

**Pre-Authorization:** Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

**Explanation of Benefits (EOB):** The EOB is mailed to the employee after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the employee is responsible for, and explains if there was a denial or error in processing the claim.

**Appeal:** If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

**Guarantee Issue:** The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

**Evidence of Insurability (EOI):** The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.

# Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or by logging in to Benefitfirst.com.

### HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

### HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

### COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

### PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

### MEDICAL PRE-TAX PREMIUMS PLAN

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

### CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

### HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

### WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medially inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

### YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

## 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)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

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

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>Iowa Medicaid \| Health & Human Services<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>Hawki - Healthy and Well Kids in Iowa \| Health & Human Services<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov)<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:<br>https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|---|---|
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br>https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website:<br>https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

## Paperwork Reduction Act Statement

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

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

# Notes

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*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.*