



# CHAMPLAIN HOUSING TRUST

2026 Benefits Overview

## CHAMPLAIN HOUSING TRUST



## Paid Leave

At Champlain Housing Trust, we believe our staff members are our greatest assets. We place tremendous value on each team member's contributions, and to reinforce that, we strive to offer only the highest- quality benefits, compensation, and organizational culture.



Our generous paid leave program promotes a healthy work/life balance, allowing ample time to focus on friends, family, fun, and overall well-being.

Vacation and sick time are accumulated on the first of each month, according to the accrual rates listed in the chart on page 2. Vacation and sick time balances are capped at 192 hours to encourage the responsible use of paid leave. Personal time and floating holidays must be used in the calendar year accumulated, or they will be forfeited.

Staff who work at least 18 hours weekly are eligible for sick time on a pro-rated basis. Staff who work at least 20 hours weekly are eligible for all paid leave types—including sick time—on a pro-rated basis.

## Paid Leave – (Cont.)

### PAID HOLIDAYS (14 TOTAL)

New Year's Day

Martin Luther King, Jr. Day

Memorial Day

Juneteenth

Independence Day

Labor Day

Indigenous People's Day

Veterans' Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

3 Floating Holidays (must be used by 12/31. For those hired between the dates of 10/1 and 11/1, this is pro-rated to 16 hrs. For those hired after 12/1, this is pro-rated to 8 hours.)

### VACATION TIME

| Tenure      | Days Per Year | Monthly Accrual Rate (hours) |
|-------------|---------------|------------------------------|
| 1 - 4 years | 15            | 10                           |
| 5 - 9 years | 20            | 13.34                        |
| 10+ years   | 24            | 16                           |

### OTHER PAID LEAVE

|             |  |
|-------------|--|
| Sick        | 12 Days per year (accrued at 8 hours per month)                  |
| Personal    | 2 Days per year<br>(after 2 years of service; must use by 12/31) |
| Bereavement | Up to 3 days (death/serious illness of immediate family member)  |
| Jury Duty   | Up to 5 days   |



# Health and Wellness Benefits



## HEALTH INSURANCE

Our health and wellness benefits are designed to provide the most comprehensive coverage possible, while keeping costs affordable for employees and reasonable for the organization.

|   | Cigna PPO   | Out of Network       |
|---|---|----------------------|
| Annual deductible (The amount you must pay before the plan will pay benefits for non-preventive care. Amounts you pay toward the deductible count toward your out-of-pocket maximum.) |   |                      |
| Deductible (Single/Family)  | \$500/\$1,000   | \$5,000/\$10,000     |
| Out of pocket maximum (Single/Family)   | \$500/\$1,000   | \$10,000/\$20,000    |
|   |   |                      |
| Preventive Care   | No Charge   | 40% after deductible |
| Office Visit (primary care and specialists)   | 0% after deductible   | 40% after deductible |
| Mental Health Office visit  | 0% after deductible   |                      |
| Outpatient Lab  | 0% after deductible   | 40% after deductible |
| Outpatient X-ray  | 0% after deductible   | 40% after deductible |
| Advanced Imaging  | 0% after deductible   | 40% after deductible |
| Urgent Care   | 0% after deductible   | 40% after deductible |
| Emergency Room  | 0% after deductible   |                      |
| Inpatient Hospital  | 0% after deductible   | 40% after deductible |
| Outpatient Surgery/hospital   | 0% after deductible   | 40% after deductible |
| Ambulatory surgical center  | 0% after deductible   | 40% after deductible |
| Prescription Drugs  |   |                      |
| Retail Pharmacy (30-day supply) Mail Order (90-day supply)  | Expanded preventive list – no charge<br>Generic/Brand/Specialty 0% after deductible<br>Retail or Mail Order | No coverage          |

Allied using Cigna PPO

Network Customer Service: (800)-288-2078

Website: [www.alliedbenefit.com](http://www.alliedbenefit.com)



## 2026 Medical Rates

| Employee Bi-Weekly Premiums |                                      |            |
|-----------------------------|--------------------------------------|------------|
|                             | Employee Cost<br>(pre-tax deduction) | CHT        |
| Single                      | \$ 44.88                             | \$551.58   |
| Double                      | \$ 89.75                             | \$1,017.44 |
| EE + Child(ren)             | \$ 89.75                             | \$870.69   |
| EE + Family                 | \$ 120.00                            | \$1,549.07 |



**In Lieu of Medical:** Eligible employees who elect not to participate in CHT's Health Plan will receive \$2,500 paid in bi-weekly installments of \$96.15.

# Virtual Primary Care

Top primary care physicians to provide personalized care anytime








You now have access to top primary care physicians dedicated to understanding your needs and developing a tailored care plan to fit your lifestyle. Featuring easy access to care through video, phone, or messaging.

Take advantage of Recuro's comprehensive health risk assessment, which helps identify your current health challenges and prevents future issues before they start.

## Top Conditions Treated

- Diabetes
- Prediabetes
- High Cholesterol
- Cold/Flu
- GI Tract Issues
- Respiratory Issues
- Arthritis
- Allergic Conditions
- UTI's & Vaginitis
- Anemia
- Obesity Management
- And more

### WHAT'S INCLUDED

-  **Dedicated Physician**  
Choose your preferred physician and see them for every visit.
-  **Simple At-Home Labs**  
Lab tests are shipped to your home with a prepaid return label included.
-  **Easy Prescription Pickup**  
Your physician will send any prescribed prescriptions to your preferred pharmacy for easy pickup.
-  **Health Risk Assessment**  
Complete a comprehensive survey so our physicians can optimize your care plan to fit your specific needs.
-  **Integrated Behavioral Health**  
Virtual Behavioral Health services, including therapy and coaching with licensed counselors.
-  **Condition Management**  
Specialized, ongoing care for chronic conditions.
-  **Acute Care**  
Access to 24/7 immediate care for non-emergency conditions.

- Sign up for Recuro Virtual Primary Care on your Allied Portal
- Create an ongoing relationship with a PCP
- FREE to all members enrolled on CHT's medical plan!

# Get started on your healthcare journey by scheduling your virtual primary care appointment today.

Choose from top-tier physicians and flexible appointment times that work with your schedule. With convenient at-home lab kits and superior health assessments, your virtual care provider will tailor your care plan to meet your individual health needs.

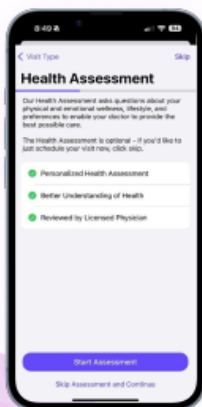
## How to Schedule Your Virtual Primary Care Visit

To activate your account, log into your My Allied Portal account online at [member.alliedbenefit.com](http://member.alliedbenefit.com) or open the My Allied Portal app on your mobile phone or tablet and click the "Primary Care" widget.

### STEP 2

#### Complete the Health Assessment

Click 'Start Assessment'. This short questionnaire allows your provider to give the best possible care for your unique needs.



### STEP 1

#### Request a Visit

From the Recuro app Homepage Dashboard, click 'Request a Visit'.

Follow the prompts, selecting who the visit is for and location.

For Visit Type, select 'Virtual Primary Care (Initial Visit)'.

### STEP 3

#### Order Labs

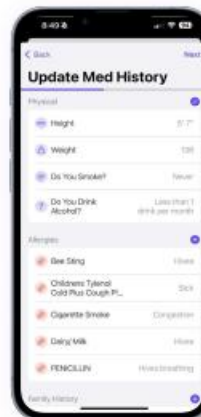
Click 'Order Labs Before Visit'.

Note, testing before your initial visit is optional, but encouraged. If you order tests, they must be completed prior to scheduling your appointment. Expected duration is 1-2 weeks.

### STEP 4

#### Complete Medical History and Visit Focus

Add or update your medical history, then enter topics you would like to discuss with your physician during the visit.



### STEP 5

#### Choose your Provider and Availability

Select your provider of choice. Review the provider's availability and select three time slots that work for you.

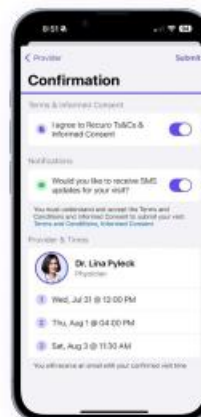
### STEP 6

#### Confirm your Appointment

Review and Agree to the Terms of Service, then hit 'Submit' to finalize scheduling your appointment.

Afterwards, you will receive an email or a text message when your appointment has been scheduled and on the day of your consult.

If provider has to cancel due to illness, the Recuro team will reach out for rescheduling. All sessions are recorded. Medical records from all consults are saved to your member account.



## Prescription Drugs Mobile App



Scan to Download!



PrimeCentral replaces the previous app and requires a new login. Information in the app is personalized to each member. Savings alert above is for illustrative purposes only.

INTRODUCING

# PrimeCentral™

Your one-stop app to manage your medications

### WHEN TO USE PRIMECENTRAL:



#### To Find Savings

Get alerted of cost-saving opportunities and take action with a single tap.



#### With Your Doctor

Search for meds and choose the best option at the point of prescribing.



#### Before the Pharmacy

Check pricing and verify coverage details to avoid surprises at the pharmacy counter.



#### To Stay Informed

Access your Rx benefits card and turn on notifications to stay up-to-date.



## PHARMACY ADVOCATE PROGRAM

IMA Rx is a **FREE** program to you and your family members, available through your employer.

Participate today and start receiving eligible medications delivered to your home at a \$0.00 copay through this program benefit.

Eligible medications include specialty and high-cost brand named medications that are NOT covered through CHT's primary prescription insurance plan. These medications will not process at the pharmacy but instead will be directed through IMA Rx to be filled.

### PHARMACY PROGRAM THAT SAVES YOU TIME AND MONEY

Once enrolled, IMA Rx (IMA Pharmacy Advocate program) provides the following services free of charge:

- + Specialty Medication Assistance
- + High-cost Brand Name Medication Assistance
- + Pharmacy Related Questions
- + Managing Medication Adherence
- + Provider Office/Patient Liaison

### Participation Matters

By participating in this new pharmacy benefit, this saves you and CHT time and money - which translates into more stable premiums over time. Participation in this program is required and will save you time and money for your high cost/specialty medication(s). \*As of 1/1/26, your high cost/specialty medication will not be covered at the pharmacy, and the pharmacy will direct you to IMA Rx.

### How to Engage

Your dedicated pharmacy advocate will contact you via phone, email and text to enroll.

### Protecting Private Health Information

IMA Rx is separate from Champlain Housing Trust and will not share any of your personal health information.



## Dental Insurance

CHT offers dental coverage through Northeast Delta Dental, via their Premium Plus/PPO Plus Premier Network. If you enroll in this benefit, premiums will continue to deduct from your paycheck on a pre-tax basis. The basic coverages are below. Full coverage information is available in the Summary Plan Description.

### Northeast Delta Dental

Customer Service (800)-832-5700

Email: [nedelta@nedelta.com](mailto:nedelta@nedelta.com)

Website: <https://www.nedelta.com>



### Plan Coverages/Out of Pocket Costs

|  |   |
|--|---|
| Individual                                   | \$100 (One-Time Deductible)                       |
| Family                                       | \$300 (One-Time Deductible)                       |
| Annual Maximum (per person: Class A, B, & C) | \$2,000   |
| Class A Diagnostic & Preventative            | 100% Covered (No Deductible)                      |
| Class B Basic Restorative Services           | 80% Covered (After Deductible)                    |
| Class C Major Services                       | 50% (After Deductible) / Six Month Waiting Period |
| Orthodontics                                 | 50% (No Deductible) / Six Month Waiting Period    |
| Lifetime Maximum                             | \$1,500   |

|                      | Monthly Rates | Biweekly Rates |
|----------------------|---------------|----------------|
| Employee             | \$51.93       | \$23.97        |
| Employee + Dependent | \$95.12       | \$43.90        |
| Family               | \$166.19      | \$76.70        |

## Double-Up Max<sup>SM</sup> Carryover Benefit

Earn Additional Benefit Dollars



### INCREASE YOUR ANNUAL BENEFIT MAXIMUM

Northeast Delta Dental offers a Double-Up Max carryover benefit feature on select dental programs. The Double-Up Max feature allows you to carry over a portion of your unused annual maximum from one benefit period to the next. This benefit offers more flexibility and helps you plan for more extensive and costly dental treatments in subsequent years.

### HOW IT WORKS

The following chart is an example of how it works:

(Please note: This is only an example. Your annual maximum may be different than the example shown.)

| Year 1   |                            | Year 2   |                              | Year 3  |                            |
|--|----------------------------|--|------------------------------|---|----------------------------|
| Calendar Year Maximum                                      | \$1,500                    | Calendar Year Maximum                                      | \$1,500                      | Calendar Year Maximum                                       | \$1,500                    |
| Double-Up Max benefit from previous years                  | N/A                        | Double-Up Max benefit from previous years (year 1)         | \$250                        | Accumulated Double-Up Max from previous years (year 1)      | \$250                      |
| Benefit Dollars Available                                  | \$1,500                    | Benefit Dollars Available                                  | \$1,750                      | Benefit Dollars Available                                   | \$1,750                    |
| Total claims paid  | \$300<br>(less than \$500) | Total claims paid  | \$750<br>(over \$500)        | Total claims paid   | \$425<br>(less than \$500) |
| Oral Exam or Cleaning during year                          | YES                        | Oral Exam or Cleaning during year                          | YES                          | Oral Exam or Cleaning during year                           | YES                        |
| Qualified for Double-Up Max                                | YES                        | Qualified for Double-Up Max                                | NO<br>(over \$500 threshold) | Qualified for Double-Up Max                                 | YES                        |
| Earned Double-Up Max available for use in subsequent years | \$250                      | Earned Double-Up Max available for use in subsequent years | \$0                          | Earned Double-Up Max available for use in subsequent years* | \$250                      |

\*Accumulated Double-Up Max available in Year 4 = \$500

### Guidelines

- Northeast Delta Dental must have paid a claim for either an oral exam or cleaning during the calendar year.
- An enrollee's paid claims during the Calendar Year cannot exceed a \$500 threshold.
- Carryover benefit amounts cannot be used toward the orthodontic lifetime maximum, if applicable.
- The total accumulated carryover amount cannot exceed the amount of your plan's annual maximum.

If your dental policy is effective in the carryover program between January 1 and June 30, enrollees will be eligible to begin qualifying immediately for carryover benefit dollars to be used in the following year; if your dental policy is effective between July 1 and December 31, enrollees will be eligible to begin qualifying during the next Calendar Year for carryover benefit dollars that can be used in the subsequent year.

# Welcome to Health *through* Oral Wellness® (HOW®)

## Extra Benefits—No Additional Charge—For Those Who Need Them

Your Northeast Delta Dental plan includes our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge in premium. HOW® provides additional preventive benefits to members who are at risk for oral disease, helping them to achieve better oral health.

Simple and free, HOW® works like this:



### STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



### STEP 2:

Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.\*



### STEP 3:

Everyone deserves a healthy smile. For tips on oral wellness and to take a free risk assessment, please visit [HealthThroughOralWellness.com](https://www.healththroughoralwellness.com).

\*Additional preventive benefits apply toward the annual maximum and are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed in your dental office can determine your eligibility for additional preventive benefits.

### Additional Benefits May Include:

- Extra cleanings
- Fluoride varnish or topical fluoride
- Oral hygiene instruction
- Sealants
- Nutritional counseling
- Tobacco cessation counseling





## FOR YOUR DENTIST

# Extra Benefits—No Additional Charge—For Your At-Risk Patients

Dear Dental Colleague,

Many of your Northeast Delta Dental patients who are at risk for caries and/or periodontal disease may be eligible for additional preventive benefits at no additional charge to them through the Health *through* Oral Wellness\* (HOW\*) program.\* (See these benefits below.) To assess their risk level, they need your help! Please complete an oral health risk assessment using the PreViser® clinical risk assessment tool. It is provided to you by Northeast Delta Dental at no charge.

Getting started is quick and easy—you can perform this assessment on your patients immediately. To create your free PreViser® account, please visit [my.previser.com/start](http://my.previser.com/start). If you have any questions please call Northeast Delta Dental's Provider Services department at 1-800-537-1715, extension 1100, and/or view a training video at [previser.com/free](http://previser.com/free).



### STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



### STEP 2:

Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.\*

\*Additional preventive benefits are subject to the provision of your patient's Northeast Delta Dental policy. Only the clinical risk assessment performed by you can determine your patient's eligibility for additional preventive benefits.

| Oral Health Condition                | Benefits   | Frequency  |
|--------------------------------------|--|--|
| <b>Caries<br/>(Tooth Decay)</b>      | Caries Susceptibility Test<br>Child or Adult Cleaning<br>Fluoride Varnish or Topical Fluoride<br>Nutritional Counseling or<br>Oral Hygiene Instruction<br>Sealants | Once per 12 months<br>Combination up to 4 per 12 months <sup>1</sup><br>Combination up to 4 per 12 months<br>Once per 12 months <sup>1</sup><br>Once per 12 months <sup>1</sup><br>Once per 3 years <sup>2</sup> |
| <b>Periodontal<br/>(Gum) Disease</b> | Adult Cleaning and Periodontal Maintenance<br>Nutritional Counseling or<br>Tobacco Cessation Counseling or<br>Oral Hygiene Instruction                             | Up to 4 per 12 months <sup>1</sup><br>Once per 12 months <sup>4</sup><br>Once per 12 months <sup>4</sup><br>Once per 12 months <sup>4</sup>  |

\*Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental at [www.nedelta.com](http://www.nedelta.com) or from customer service at 1-800-832-5700.

<sup>1</sup> Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

<sup>2</sup> Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars— one sealant per tooth every three years.

<sup>3</sup> Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.

<sup>4</sup> Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Form No. HOW-HOOR\_group Rev. 11/22

## Vision Insurance



CHT offers a vision plan through VSP, via their VSP Choice Network. If you decide to enroll, premiums will continue to be deducted from your paycheck on a pre-tax basis. The basic coverage outlines are below. Full coverage information is available in the Summary Plan Description.

### VSP

Customer Service (800)877-7195

Website: <https://www.vsp.com/>



### Plan Coverages/Out of Pocket Costs

|   |  |
|---|--|
| Vision Exams ( <i>Once every 12 months</i> )                              | \$10 Copay                             |
| Lenses ( <i>Once every 12 months</i> )                                    | \$25 Copay                             |
| Frames ( <i>Once every 24 months</i> )                                    | \$25 Copay / Covered up to \$140       |
| Contact Lenses ( <i>Once every 12 months / Medically Necessary only</i> ) | Up to \$60 Copay                       |
| Elective  | Up to \$60 Copay / Covered up to \$140 |

|                      | Monthly Rates  | Biweekly Rates |
|----------------------|----------------|----------------|
| Employee             | <b>\$7.06</b>  | <b>\$3.26</b>  |
| Employee + Dependent | <b>\$10.23</b> | <b>\$4.72</b>  |
| Family               | <b>\$18.35</b> | <b>\$8.47</b>  |



Call us for a consultation



Tell us your story, ask questions and learn



Enroll in benefits with peace of mind



Unlimited, confidential, and free— with nothing to sell

## What We Do

Simply put, we provide a team of experts at no cost to you.

FEDlogic is an employer-provided program that offers advocacy, education, and advisory services regarding federal and state benefits. For those employees who are approaching retirement age, have family members who have been diagnosed with a major ailment, are widowed, or have lost affordable healthcare coverage, our experts are here to offer unbiased information to help you maximize benefits. Even if you do not meet the criteria above, FEDlogic experts have expertise on all state and federal benefits, even those that are largely untapped.

# SUPPORTED BENEFITS

Medicare

Medicaid

Social Security Disability

Healthcare.gov

COBRA

Social Security Retirement

State Specific Benefits

Alternative Healthcare Options

Survivors Benefits  
(Widow & Child)

Premature Baby Birth

ESRD  
(Dialysis)

ALS  
(Lou Gehrig's Disease)

Terminal Illness

Cancer

SSI  
(Supplemental Security Income)

Veteran's Benefits

Tribal Benefits

Catastrophic Claims

## 403(b) Retirement Plan



CHT offers a retirement plan through Empower. The basic coverage outlines are below.

|                               |  |
|-------------------------------|--|
| <b>Eligibility</b>            | All employees who work 20+ hours weekly.   |
| <b>Employee Contributions</b> | All eligible employees may contribute up to \$24,500 annually (or \$32,500 if 50+ years old). Option to make traditional pre-tax or Roth contributions.  |
| <b>CHT Contributions</b>      | CHT contributes 4% of gross earnings on behalf of each full-time employee after 1 year, regardless of the employee's contribution. (Part-time employees who work at least 1,000 hours are also eligible after 1 year.) |

## Flexible Spending and Dependent Care Accounts



CHT offers flex spending and dependent care accounts through Rocky Mountain Reserve. The basic coverage outlines are below.

### Flexible Spending Account (FSA)

Employees may contribute up to the maximum IRS allowable amount (\$3,400 in 2026) to this account on a pre-tax basis for eligible medical, dental, or vision expenses. All expenses used with this account must be incurred during the calendar year, and reimbursement must be requested by March 15th of the following year. Any funds not used in the calendar year will be forfeited.

### Dependent Care Account (DCA)

Employees may contribute up to the maximum IRS allowable amount (\$7,500 per family) to this account on a pre-tax basis to pay for daycare, nanny, pre-school, after school care, camps, or adult daycare for dependents. Continual reimbursement options are available for eligible expenses. Any funds not used in the calendar year will be forfeited.

## Accessing Your FSA



### Online Access

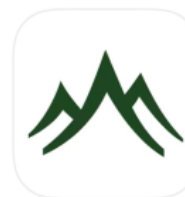
#### To Create Your Online Account:

1. Go to <https://rockymountainreserve.com>
2. Click on "Login/Register" in the top right-hand corner
3. Click on "Employee Registration"
4. Username will be the name you use to log in for the web portal and mobile application.
5. The password must contain at least 3 of these: special character, number, upper or lower case letter
6. For Employee ID Use SS# or other assigned Employee ID.
7. For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

#### Mobile Application:

On the mobile application, participants can see their account balance, transactions, and request disbursements.

#### Search "RMR Benefits" on the app store



#### RMR Benefits Mobile

Rocky Mountain Reserve Mobile

## Short-Term, Long-Term Disability, & Life Insurance



CHT offers short term/long disability and life insurance through Mutual of Omaha. All premiums are paid by CHT. All employees who work 20 or more hours per week are eligible & automatically enrolled.

### Short Term Disability Insurance

Elimination Period: 30 calendar days for illness or injury. Replaces 60% of wages—up to \$1,000 per week.

### New Elimination Period

Effective 1/1/26, we are enhancing your STD coverage! Instead of a 30-day elimination period, you will now have a 14-day elimination period before your STD benefits kick in!

### Long Term Disability Insurance

Elimination Period: 90 calendar days for illness or injury. Replaces 60% of wages—up to \$6,000 maximum.

### Life Insurance

Term coverage begins on the 1st of the month following employee hire date, and continues until the last day of employment. Plan value is twice the annual wage up to \$50,000. (See the summary plan description for additional details.)

# Employee Assistance Program (EAP)



Each of us encounters personal problems and issues from time to time. We partner with ESI EAP to provide you with comprehensive EAP benefits to help you deal with all the stresses that life throws at us. This is 100% free and confidential for you and your family members.

You can access these benefits via phone, web portal, or by downloading the Talkspace Go mobile App.

## ✓ Counseling Benefits

Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/ family, depression/anxiety, grief and more. Multiple counseling options include in-the-moment telephonic, live therapy through text messaging, chat, audio, and video, and in-person therapy.

## ✓ Peak Performance Coaching

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

## ✓ Training And Personal Development Benefits

Access to our extensive library of online personal and professional development trainings in a variety of easy-to-use formats. Some training topics include: debt, budgeting, communication, business skills, working remotely, stress management, and emotional intelligence.

## ✓ Talkspace Go App

A mobile app with 400+ self-guided, interactive programs, live weekly therapist-led anonymous classes, on demand sessions and more. The App empowers couples, individuals, and parents to improve their mental health in as little as five minutes a day.

## ✓ Self-Help Resources

Access to thousands of tools, videos, webinars, self-assessments, financial calculators and informative articles covering virtually every issue you might face, such as adoption, relationships, legal and financial matters, cancer and other illnesses, and more.

## ✓ Work/Life Benefits

Assistance for financial and legal issues, child & elder care, LGBTQIA+ issues, military life, and more.

## ✓ Personal Assistant

Help for everyday issues, including finding a local medical or dental provider, summer camp options, pet care, and more.

## ✓ Wellness Benefits

Videos and resources to improve you and your family's overall health, including fitness, nutrition, diet, tobacco cessation, sleep health, and information on illnesses.

## ✓ Lifestyle Savings Benefit

Thousands of discounts, rewards, and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Benefits are accessible from ESI's Member website.

Contact the EAP toll-free at **800.252.4555**. All calls are **CONFIDENTIAL** and answered by a Masters or Ph.D. level counselor; your counselor will work with you on a plan beginning with the first call. Or go to **[www.theEAP.com](http://www.theEAP.com)** and create a username and password.



# Voluntary Accident Insurance



## Plan Highlights

Accident Insurance can pay you money for covered accidental injuries and their treatment. Accident Insurance pays a set benefit amount based on the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Accident Insurance can help you with out-of-pocket expenses that your medical plan doesn't cover, like copays and deductibles. You're guaranteed base coverage, without answering health questions.

### Covered Injuries Examples

- ✓ X-Rays
- ✓ Hospitalization
- ✓ Emergency Room Treatment



#### Heads up!

This is not an exhaustive list, please see your certificate booklet for specific benefits.

### Bi-Weekly Rates

| Tier Level            | Plan 1 |
|-----------------------|--------|
| Employee              | \$3.67 |
| Employee + Spouse     | \$5.71 |
| Employee + Child(ren) | \$7.26 |
| Employee + Family     | \$9.76 |

### Accident Benefits

- **Eligibility**  
All employees working 20 hours per week or more. Spouse and Children are also eligible.
- **Wellness Benefit**  
Earn \$50 by completing an annual health screening (ex. annual physical, teeth cleaning, eye exam) and sending in for reimbursement.
- **Sickness Hospital Confinement Benefit**  
The optional benefit pays a set benefit amount based on the type of injury and treatment you need. It includes coverage both on and off the job.
- For a comprehensive list of all covered services, please refer to the summary plan description linked below.

# Critical Illness Insurance



## Plan Highlights

Critical Illness can pay money directly to you when you're diagnosed with certain serious illnesses. If you are diagnosed with an illness that is covered by this insurance, you can receive a lump-sum benefit payment. You can use the money however which way you want.

| Coverage:   |   |   |
|---|---|---|
| Employee  | May choose a lump sum benefit of up to \$20,000 in \$10,000 increments.<br>Guarantee Issue: \$20,000  |   |
| Earn \$50 annually by completing an annual health screening (ex. annual physical, teeth cleaning, eye exam) and sending in for reimbursement. |   |   |
|   | 1st Occurrence  | 2nd Occurrence  |
| Cancer Conditions   |   |   |
| Invasive Cancer   | 100%  | 100%  |
| Carcinoma in situ   | 25%   | 100%  |
| Skin Cancer   | \$500   | \$500, limited to 1 reoccurrence per calendar year and limited to a total of 5 per lifetime |
| Vascular Conditions   |   |   |
| Heart Attack  | 100%  | 100%  |
| Sudden Cardiac Arrest   | 100%  | None  |
| Coronary Artery Disease (major)   | 50%   | 25%   |
| Other Conditions  |   |   |
| Alzheimer's Disease   | 100%  | None  |
| End Stage Renal (Kidney) Disease  | 100%  | None  |
| Dependents  |   |   |
| Spouse  | May choose a lump sum benefit up to \$10,000 in \$5,000 increments.<br>May not exceed 100% of employee's benefit. Guarantee Issue: \$10,000 |   |
| Child(ren) - Birth to age 26  | May choose up to 25% of employee's lump sum benefit, up to \$5,000  |   |

| Employee Rates Per \$1,000 of coverage |             |
|--|-------------|
| Issue Age                              | Tobacco Use |
| 0-24                                   | \$0.27      |
| 25-29                                  | \$0.32      |
| 30-34                                  | \$0.38      |
| 35-39                                  | \$0.48      |
| 40-44                                  | \$0.70      |
| 45-49                                  | \$1.00      |
| 50-54                                  | \$1.50      |
| 55-59                                  | \$2.27      |
| 60-64                                  | \$3.38      |
| 65-69                                  | \$4.95      |
| 70-74                                  | \$6.71      |
| 75-79                                  | \$8.92      |
| 80+                                    | \$11.62     |

# Voluntary Hospital Indemnity Insurance



## Plan Highlights

If you've ever been in the hospital, you know that it may be difficult to focus on your recovery. You'd rather be in your own bed, eating your own food, and your family might be spending a ton of money to stay at a hotel near you. The last thing you want to think about is the bill you will receive after your insurance company covers its portion of your hospital stay.

| Coverage  |                       |   |
|---|-----------------------|---|
| Earn \$50 annually by completing an annual health screening (ex. annual physical, teeth cleaning, eye exam) and sending in for reimbursement. |                       |   |
|   | Benefit Amount        | Details   |
| Hospital Admission  | \$1,500 per admission | No elimination period. Limited to 2 days per policy year  |
| Hospital Intensive Care Unit Admission  | \$2,000 per admission | No elimination period. Limited to 2 days per policy year  |
| Hospital Stay   | \$200 per day         | No elimination period. Limited to 30 days per policy year |
| Hospital Intensive Care Unit Stay   | \$200 per day         | No elimination period. Limited to 30 days per policy year |
| Daily Newborn Nursery Care Confinement  | \$75 per day          | Up to 2 days per policy year                              |
| Bi-Weekly Rates   |                       |   |
| Employee  | \$8.44                |   |
| Employee + Spouse   | \$19.41               |   |
| Employee + Ch(ren)  | \$11.64               |   |
| Employee + Family   | \$23.29               |   |

## Other Benefits

CHT also offers company-specific benefits, in the form of clubs, athletic teams, events, and more. Additional team suggestions are always welcome, and come with CHT-provided t-shirts.

### Descriptions

Discounted membership at the Edge, \$23.07 per pay period (\$49.99/month)

Softball Team

Pond Hockey Team

CHT MC (Motorcycle Club)

Annual Corporate Cup Participation

Burlington City Marathon Relay Team

Wellness Team

Chair massages, hypnosis, Reiki, and Tarot at 88 King Street twice per month (\$17 per 15 minutes, rates subject to change)

Summer picnic

Quarterly all-staff meetings (breakfast and lunch provided)

Fun, engaging coworkers

Free coffee (drip and Nespresso)



# ANNUAL HEALTH PLAN IMPORTANT NOTICES

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### **CMS Part D Notice of Creditable or Non-Creditable Prescription Drug Coverage ..... 3**

Notifies the individual as to whether their current prescription drug coverage is creditable, which means that the coverage is expected to pay on average as much as standard Medicare prescription drug coverage. Accordingly, this information is essential to an individual's decision whether to enroll in a Medicare Part D prescription drug plan.

### **Special Enrollment Rights ..... 4**

Describes how an employee eligible for the group health plan may be entitled to special enrollment rights outside of the Company's open enrollment period, such as for certain losses of prior coverage or the addition of a new dependent.

### **HIPAA Notice of Privacy Practices ..... 4**

Describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

### **General Information about How to Continue Health Coverage ..... 7**

Notifies the individual of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event, and other available coverage options such as through the Marketplace.

### **Women's Health and Cancer Rights Act ..... 10**

Notifies participants about benefits covering mastectomies and related services and how to get detailed information on available benefits.

### **HMO Notices about Designating a Primary Care Physician, Pediatrician, OB/GYN ..... 10**

Notifies the individual enrolled in an HMO plan they can designate their own primary care physician (which can be a pediatrician) and see an OB/GYN provider without a referral from their PCP.

### **Grandfathered Health Plan ..... 10**

Notifies the individual the health plan is grandfathered, making it exempt from certain requirements of the Affordable Care Act (ACA).

### **Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP) .. 11**

Notifies employees about possible State financial assistance for health insurance coverage.

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## NOTICE: CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

| Creditable Coverage | Non-Creditable Coverage         |
|---------------------|---------------------------------|
| CHT Medical Plan    | None (all plans are creditable) |

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

**REMEMBER:** If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

|                            |                                 |
|----------------------------|---------------------------------|
| Date:                      | November 1, 2025                |
| Name of Entity/Sender      | Champlain Housing Trust         |
| Contact Position / Office: | Becca Cloutier                  |
| Address:                   | 88 King St, Burlington, VT 0540 |
| Phone Number:              | (802) 861-7330                  |

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

## NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

|                                 |   |
|---------------------------------|---|
| <b>Your Rights</b>              | <p><b>You have the right to:</b></p> <ul style="list-style-type: none"> <li>• Get a copy of your health and claims records</li> <li>• Correct your health and claims records</li> <li>• Request confidential communication</li> <li>• Ask us to limit the information we share</li> <li>• Get a list of those with whom we've shared your information</li> <li>• Choose someone to act for you</li> <li>• File a complaint if you believe your privacy rights have been violated</li> </ul>   |
| <b>Your Choice</b>              | <p><b>You have some choices in the way that we use and share information as we:</b></p> <ul style="list-style-type: none"> <li>• Answer coverage questions from your family and friends</li> <li>• Provide disaster relief</li> <li>• Market our services and sell your information</li> </ul>  |
| <b>Our Uses and Disclosures</b> | <p><b>We may use and share your information as we:</b></p> <ul style="list-style-type: none"> <li>• Help manage the health care treatment you receive</li> <li>• Run our organization</li> <li>• Pay for your health services</li> <li>• Help with public health and safety issues</li> <li>• Do research</li> <li>• Comply with the law</li> <li>• Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li> <li>• Address workers' compensation, law enforcement and other government requests</li> <li>• Respond to lawsuits and legal action</li> </ul> |

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

| Your Rights   | <b>When it comes to your health information, you have certain rights.</b><br>This section explains your rights and some of our responsibilities to help you.   |
|---|--|
| <b>Get a copy of health and claims records</b>                | <ul style="list-style-type: none"> <li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>  |
| <b>Ask us to correct health and claims records</b>            | <ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>   |
| <b>Request confidential communications</b>                    | <ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>  |
| <b>Ask us to limit what we use or share</b>                   | <ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>   |
| <b>Get a list of those with whom we’ve shared information</b> | <ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.</li> <li>We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>                                   |
| <b>Get a copy of this privacy notice</b>                      | <ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>   |
| <b>Choose someone to act for you</b>                          | <ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>   |
| <b>File a complaint if you feel your rights are violated</b>  | <ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 9.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul> |

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

| Your Choice  | <p><b>When it comes to your health information, you have certain rights.</b></p> <p>This section explains your rights and some of our responsibilities to help you.</p>   |  |
|--|---|--|
| <p><b>In these cases, you have both the right and choice to tell us to:</b></p>                      | <ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care</li> <li>• Share information in a disaster relief situation</li> <li>• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul> |  |
| <p><b>In these cases, we never share your information unless you give us written permission:</b></p> | <ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>  |  |
| Our Uses and Disclosures   | <p><b>How do we typically use or share your health information.</b></p> <ul style="list-style-type: none"> <li>• We typically use or share your health information in the following ways.</li> </ul>  |  |
| <p><b>Help manage the health care treatment you receive</b></p>                                      | <ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>  | <p><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>                                    |
| <p><b>Run our organization</b></p>   | <ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> <li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</li> </ul>  | <p><b>Example:</b> We use health information about you to develop better services for you.</p>   |
| <p><b>Pay for your health services</b></p>   | <ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>   | <p><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</p>  |
| <p><b>Administer your Plan</b></p>   | <ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>  | <p><b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</p> |

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](#).

|   |   |
|---|---|
| <b>Help with public health and safety issues</b>  | <p><b>We can share health information about you for certain situations such as:</b></p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect or domestic partner violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>         |
| <b>Do research</b>  | <ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>  |
| <b>Comply with the law</b>  | <ul style="list-style-type: none"> <li>• We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.</li> </ul>   |
| <b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b> | <ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li> </ul>  |
| <b>Address workers' compensation, law enforcement and other government requests</b>                       | <p><b>We can use or share health information about you:</b></p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security and presidential protective services</li> </ul> |
| <b>Respond to lawsuits and legal actions</b>  | <ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order or in response to a subpoena.</li> </ul>  |

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [Your Rights Under HIPAA | HHS.gov](#).

## NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

### Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

**If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:**

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

**If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:**

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

**Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:**

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

## How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>

## If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov)

## Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

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

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

## **NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – PRIMARY CARE DESIGNATION (HMO)**

Your group health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your health insurer designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, see the contact information at the end of these notices.

## **NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – OBSTETRICS & GYNECOLOGICAL CARE (HMO)**

You do not need prior authorization from your group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, see the contact information at the end of these notices.

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## NOTICE: GRANDFATHERED HEALTH PLAN

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## NOTICE: Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS NOW** 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.

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2024. Contact your State for more information on eligibility.

| ALABAMA – MEDICAID  | COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)   |
|---|--|
| <b>WEBSITE:</b> <a href="http://myalhipp.com/">http://myalhipp.com/</a><br><b>PHONE:</b> (855) 692-5447   | <b>HEALTH FIRST COLORADO WEBSITE:</b> <a href="https://healthfirstcolorado.com/">https://healthfirstcolorado.com/</a><br><b>HEALTH FIRST COLORADO MEMBER CONTACT CENTER:</b><br>(800) 221-3943 / STATE RELAY 711<br><b>CHP+:</b> <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br><b>CHP+ CUSTOMER SERVICE:</b> (800) 359-1991 / STATE RELAY 711<br><b>HEALTH INSURANCE BUY-IN PROGRAM (HIBI):</b> <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br><b>HIBI CUSTOMER SERVICE:</b> (855) 692-6442 |
| ALASKA – MEDICAID   | FLORIDA – MEDICAID   |
| THE AK HEALTH INSURANCE PREMIUM PAYMENT PROGRAM<br><b>WEBSITE:</b> <a href="http://myakhipp.com/">http://myakhipp.com/</a><br><b>PHONE:</b> (866) 251-4861<br><b>EMAIL:</b> <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br><b>MEDICAID ELIGIBILITY:</b><br><b>WEBSITE:</b> <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> | <b>WEBSITE:</b><br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br><b>PHONE:</b> (877) 357-3268   |

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| ARKANSAS – MEDICAID   | GEORGIA – MEDICAID  |
|---|---|
| <p><b>WEBSITE:</b> <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p><b>PHONE:</b> (855) MyARHIPP (855-692-7447)</p>   | <p><b>GA HIPP WEBSITE:</b> <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p><b>PHONE:</b> (678) 564-1162, PRESS 1</p> <p><b>GA CHIPRA WEBSITE:</b> <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></p> <p><b>PHONE:</b> (678) 564-1162, Press 2</p> |
| CALIFORNIA – MEDICAID   | INDIANA – MEDICAID  |
| <p><b>WEBSITE:</b></p> <p>HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM</p> <p><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></p> <p><b>PHONE:</b> (916) 445-8322</p> <p><b>Fax:</b> (916) 440-5676</p> <p><b>EMAIL:</b> <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>  | <p>HEALTHY INSURANCE PREMIUM PAYMENT PROGRAM</p> <p>ALL OTHER MEDICAID</p> <p><b>WEBSITE:</b> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p><a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a></p> <p><b>FAMILY AND SOCIAL SERVICES ADMINISTRATION</b></p> <p><b>PHONE:</b> (800) 403-0864</p> <p><b>MEMBER SERVICES PHONE:</b> (800) 457-4584</p>  |
| IOWA – MEDICAID AND CHIP (HAWKI)  | MASSACHUSETTS – MEDICAID AND CHIP   |
| <p><b>MEDICAID WEBSITE:</b></p> <p><a href="#">Iowa Medicaid   Health &amp; Human Services</a></p> <p><b>PHONE:</b> (800) 338-8366</p> <p><b>HAWKI WEBSITE:</b></p> <p><a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a></p> <p><b>PHONE:</b> (800) 257-8563</p> <p><b>HIPP WEBSITE:</b> <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a></p> <p><b>PHONE:</b> (888) 346-9562</p> | <p><b>WEBSITE:</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p><b>PHONE:</b> (800) 862-4840</p> <p><b>TTY:</b> 711</p> <p><b>EMAIL:</b> <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>   |

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| KANSAS – MEDICAID  | MINNESOTA – MEDICAID  |
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| <b>WEBSITE:</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br><b>PHONE:</b> (800) 792-4884<br><b>HIPP PHONE:</b> (800) 967-4660   | <b>WEBSITE:</b> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br><b>PHONE:</b> (800) 657-3739   |
| KENTUCKY – MEDICAID  | MISSOURI – MEDICAID   |
| <b>KENTUCKY INTEGRATED HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (KI-HIPP)</b><br><b>WEBSITE:</b> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br><b>PHONE:</b> (855) 459-6328<br><b>EMAIL:</b> <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br><b>KCHIP WEBSITE:</b> <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br><b>PHONE:</b> (877) 524-4718<br><b>KENTUCKY MEDICAID WEBSITE:</b> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> | <b>WEBSITE:</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br><b>PHONE:</b> (573) 751-2005   |
| LOUISIANA – MEDICAID   | MONTANA – MEDICAID  |
| <b>WEBSITE:</b> <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><b>MEDICAID HOTLINE:</b> (888) 342-6207<br><b>LAHIPP PHONE:</b> (855) 618-5488   | <b>WEBSITE:</b> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br><b>PHONE:</b> (800) 694-3084<br><b>EMAIL:</b> <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a> |
| MAINE – MEDICAID   | NEBRASKA – MEDICAID   |
| <b>ENROLLMENT WEBSITE:</b><br><a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br><b>PHONE:</b> (800) 442-6003<br><b>TTY:</b> Maine Relay 711<br><b>PRIVATE HEALTH INSURANCE PREMIUM WEBPAGE:</b><br><a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br><b>PHONE:</b> (800) 977-6740<br><b>TTY:</b> Maine Relay 711   | <b>WEBSITE:</b> <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br><b>PHONE:</b> (855) 632-7633<br><b>LINCOLN:</b> (402) 473-7000<br><b>OMAHA:</b> (402) 595-1178   |

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| NEVADA – MEDICAID   | OREGON – MEDICAID   |
|---|---|
| <b>WEBSITE:</b> <a href="https://dhcfp.nv.gov/">https://dhcfp.nv.gov/</a><br><b>PHONE:</b> (800) 992-0900   | <b>WEBSITE:</b> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><b>PHONE:</b> (800) 699-9075   |
| NEW HAMPSHIRE – MEDICAID  | PENNSYLVANIA – MEDICAID   |
| <b>WEBSITE:</b> <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br><b>PHONE:</b> (603) 271-5218<br><b>TOLL FREE NUMBER FOR THE HIPP PROGRAM:</b><br>(800) 852-3345 Ext. 5218<br><b>EMAIL:</b> <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>            | <b>WEBSITE:</b><br><a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br><b>PHONE:</b> (800) 692-7462<br><b>CHIP WEBSITE:</b> <a href="http://pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a><br><b>PHONE:</b> (800) 986-KIDS (5437) |
| NEW JERSEY – MEDICAID AND CHIP  | RHODE ISLAND – MEDICAID AND CHIP  |
| <b>MEDICAID WEBSITE:</b> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br><b>MEDICAID PHONE:</b> (800) 356-1561<br><b>CHIP PREMIUM ASSISTANCE PHONE:</b> (609) 631-2392<br><b>CHIP WEBSITE:</b> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br><b>CHIP PHONE:</b> (800) 701-0710 (TTY: 711) | <b>WEBSITE:</b> <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br><b>PHONE:</b> (855) 697-4347 or<br>(401) 462-0311 (Direct Rite Share Line)   |
| NEW YORK – MEDICAID   | SOUTH CAROLINA – MEDICAID   |
| <b>WEBSITE:</b> <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br><b>PHONE:</b> (800) 541-2831   | <b>WEBSITE:</b> <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br><b>PHONE:</b> (888) 549-0820   |
| NORTH CAROLINA – MEDICAID   | SOUTH DAKOTA - MEDICAID   |
| <b>WEBSITE:</b> <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br><b>PHONE:</b> (919) 855-4100   | <b>WEBSITE:</b> <a href="http://dss.sd.gov">http://dss.sd.gov</a><br><b>PHONE:</b> (888) 828-0059   |

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| NORTH DAKOTA – MEDICAID   | TEXAS – MEDICAID  |
|---|---|
| <b>WEBSITE:</b> <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br><b>PHONE:</b> (844) 854-4825   | <b>WEBSITE:</b> <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br><b>PHONE:</b> (800) 440-0493   |
| OKLAHOMA – MEDICAID AND CHIP  | UTAH – MEDICAID AND CHIP  |
| <b>WEBSITE:</b> <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br><b>PHONE:</b> (888) 365-3742   | <b>UTAH'S PREMIUM PARTNERSHIP FOR HEALTH INSURANCE (UPP)</b><br><b>MEDICAID WEBSITE:</b> <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br><b>EMAIL:</b> <a href="mailto:upp@utah.gov">upp@utah.gov</a> <b>PHONE:</b> (888) 222-2542<br><b>ADULT EXPANSION WEBSITE:</b> <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br><b>UTAH MEDICAID BUYOUT PROGRAM WEBSITE:</b><br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br><b>CHIP WEBSITE:</b> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> |
| VERMONT– MEDICAID   | WEST VIRGINIA – MEDICAID AND CHIP   |
| <b>WEBSITE:</b> <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br><b>PHONE:</b> (800) 250-8427   | <b>WEBSITE:</b> <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br><b>MEDICAID PHONE:</b> (304) 558-1700<br><b>CHIP TOLL-FREE PHONE:</b> (855) MyWVHIPP (699-8447)   |
| VIRGINIA – MEDICAID AND CHIP  | WISCONSIN – MEDICAID AND CHIP   |
| <b>WEBSITE:</b><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br><b>MEDICAID &amp; CHIP PHONE:</b> (800) 432-5924 | <b>WEBSITE:</b><br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br><b>PHONE:</b> (800) 362-3002  |

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| WASHINGTON – MEDICAID  | WYOMING – MEDICAID   |
|--|--|
| <p><b>WEBSITE:</b> <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></p> <p><b>PHONE:</b> (800) 562-3022</p> | <p><b>WEBSITE:</b> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a></p> <p><b>PHONE:</b> (800) 251-1269</p> |

To see if any other States have added a premium assistance program since July 31, 2024, or for more information on Special Enrollment Rights, contact either:

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

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
(877) 267-2323, Menu Option 4, Ext. 61565

**OMB Control Number 1210-0137 (Expires: 1/31/2026)**

# ANNUAL HEALTH PLAN IMPORTANT NOTICES

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

## For more information, contact:

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>Date:</b>                      | <b>November 1, 2025</b>         |
| <b>Name of Entity/Sender</b>      | Champlain Housing Trust         |
| <b>Contact Position / Office:</b> | Becca Cloutier                  |
| <b>Address:</b>                   | 88 King St, Burlington, VT 0540 |
| <b>Phone Number:</b>              | (802) 861-7330                  |

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## More Than Just Insurance

Based in North America, IMA Financial Group, Inc. is an integrated financial services company focused on protecting the assets of its widely varied client base through insurance, risk management, employee benefits and wealth management solutions. As an employee-owned company, IMA's 2,500-plus associates are empowered to provide customized solutions for their clients' unique needs.