P. AGNES

# 2026 BENEFITS GUIDE

P. Agnes strives to offer employees and their eligible dependents a competitive and comprehensive benefits package. Now is the time to review your 2026 benefit options. The benefits outlined in this Benefits Guide are effective January 1 through December 31, 2026.

POS PLAN

# WELCOME!

We are pleased to present our benefit offerings for the 2026 plan year. Our employees are our most valuable asset and the health and well-being of you and your dependents is very important to us.

We want to ensure that we illustrate our commitment to you by providing you with valuable benefit options and the tools and resources you need to stay committed to your health.

P. Agnes offers a comprehensive benefits package for full-time employees who work a regular schedule of 30 hours or more per week.

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## WE HAVE YOU COVERED!

*If you have any questions about the benefits outlined in this guide, please contact Human Resources.*

# ELIGIBILITY AND ENROLLMENT INFORMATION

## WHO IS ELIGIBLE?

Full-time employees, who work a regular schedule of 30 hours or more per week, are eligible to enroll in the benefits described in this Guide.

In addition, the following family members are eligible for medical, dental and vision coverage:

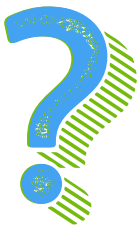
- Legally married spouse
- Children up to age 26
- Disabled dependent children of any age who meet plan criteria

## WHEN CAN I ENROLL OR MAKE CHANGES TO BENEFIT ELECTIONS?

- As a New Hire: Newly hired employees are eligible on the first of the month following their date of hire.
- During our annual Open Enrollment period, typically held in November.
- If you experience a Qualified Life Event.

**Qualifying Life Events** include marriage, civil union/domestic partnership status change, divorce, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse/civil union/domestic partner, commencement or termination of adoption proceedings, or change in spouse's/civil union/domestic partner's benefits or employment status.

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



## QUESTIONS?

*If you have questions about eligibility, please contact Human Resources.*

# WELLNESS PROGRAMS:
# INDEPENDENCE BLUE CROSS

## FITNESS PROGRAM

When you meet the eligibility requirements, submit your documentation to **ibx.com/reimbursements** to request reimbursement.

- **Join an approved fitness center** - choose a full-service fitness center that includes amenities for continuous cardiovascular, flexibility and resistance training.
- **Exercise at your chosen fitness center regularly** - Work out at your approved fitness center 120 times during a 365-day period
- **Record your workouts** - You may record only one workout a day with a minimum of eight hours between logged workouts. After you complete 120 workouts, you can request a reimbursement.
- **Submit your documentation and request reimbursement** - Log on to **ibx.com/reimbursements** and upload copies of the following documentation:
    - Proof of payment (receipts must be submitted on fitness facility letterhead, or a copy of the membership contract must accompany the receipt)
    - Record of your workouts (completed logbook or a computer printout of your workouts from the gym)

## BLUE365

With Blue365, members get discounts and special offers from leading national companies for health-related products and services.

## TOBACCO CESSATION

IBC offers a smoking cessation program to all members. Additional information is available at **ibxpress.com**.

## WEIGHT MANAGEMENT PROGRAM

The Healthy Lifestyles Solutions Weight Management Program will reimburse you up to $150 for the cost of an approved weight management program.

- **Sign up for an approved weight loss program**
- **Attend the approved program** - Follow the requirements of your program and stick with it throughout the duration of your program year.
- **Submit your documentation and request reimbursement** - Log on to **ibx.com/reimbursements** and request your reimbursement by submitting proof of participation and payment. For example:
    - If attending Weight Watchers in person, you will need to submit receipts and copies of your booklets
    - If participating in Weight Watchers Online, you will need to submit screen shots to show proof of payment and progress in the program
    - If attending a hospital-based or youth program, proof of payment and participation is required

## CARE MANAGEMENT

The care management programs are designed to assist you by coordinating your health care needs with a Health Coach. The Health Coach is then able to use their expertise and knowledge of IBC benefits to offer you support and guidance.

For more information on the above programs, please contact Healthy Lifestyles Solutions at **800.590.8880**.

# ADMINISTERED BY INDEPENDENCE BLUE CROSS

# MEDICAL / PRESCRIPTION DRUG PLANS

## YOUR 2026 BENEFITS

Eligible employees may choose the IBC medical plan option which includes prescription drug benefits, as outlined on the following page.

### USING MAIL ORDER

**Save money on maintenance medications!**
You can fill prescriptions at participating retail pharmacies and receive up to a 30-day supply OR you can use the mail order program and receive up to a 90-day supply. Certain limits and exclusions may apply. Visit the BenePortal for more information.

To begin using mail order, simply complete a Future Scripts mail order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be found on **ibxexpress.com**.

# POS PLAN AT-A-GLANCE:
# INDEPENDENCE BLUE CROSS (IBC)

## POS PLAN

| IN-NETWORK BENEFITS | |
|---|---|
| **Deductible**<br>Individual/Family | $0 / $0 |
| **Out-of-Pocket Maximum**<br>Individual/Family | $7,150 / $14,300 |
| **Preventive Care Services** | Plan pays 100% |
| **PCP Office Visits** | $40 copay |
| **Specialist Office Visit** | $60 copay |
| **Diagnostic Lab and X-Ray/Imaging (Standard)** | $60 copay |
| **Complex Imaging (MRI, CT-Scan)** | $200 copay |
| **Emergency Room** | $200 copay (not waived if admitted) |
| **Urgent Care Center** | $140 copay |
| **Inpatient Hospital** | $500/day; max of 5 copays per admission |
| **Outpatient Surgery** | $500 copay |
| **OUT-OF-NETWORK BENEFITS** | |
| **Deductible**<br>Individual/Family | $5,000 / $15,000 |
| **Out-of-Pocket Maximum**<br>Individual/Family | $10,000 / $45,000 |
| **Coinsurance (% Plan Pays)** | Plan pays 50% after deductible |
| **PRESCRIPTION DRUG BENEFITS** | |
| **Deductible** | $250 per person |
| **Retail Pharmacy (up to a 30-day supply)**<br>Generic<br>Preferred Brand<br>Non-Preferred Brand | <br>$10 copay after deductible<br>$45 copay after deductible<br>$75 copay after deductible |
| **Mail Order (Up to a 90-day supply)**<br>Generic<br>Preferred Brand<br>Non-Preferred Brand | <br>$20 copay after deductible<br>$90 copay after deductible<br>$150 copay after deductible |

# TELEMEDICINE:
# TELADOC

Whether you're on PTO or it's the middle of the night, the care you need is just a call or click away - at NO charge to you!

All benefit eligible employees, regardless of medical enrolled status, have access to the Teladoc benefit. In addition, if you are enrolled in a medical plan at P. Agnes, you may also access the Teladoc benefit for the dependents you cover under the medical plan. Teladoc is offered outside of the medical plan and has no impact on your medical deductibles, copays, coinsurance or out-of-pocket maximum.

Teladoc gives you access **24 hours, 7 days a week** to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care.

**Teladoc benefits include:**

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment, median call back in 10 minutes
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care

**Teladoc doctors can treat many medical conditions, including:**

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

# ADMINISTERED BY DAVIS VISION

# VISION PLAN

## YOUR 2026 BENEFITS

P. Agnes offers vision through Davis Vision. This benefit offers coverage for vision exams, lenses and hardware, as outlined on the following page, once every two calendar years.

# VISION BENEFITS:
# DAVIS VISION

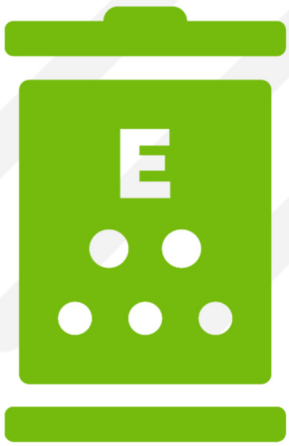
Our vision plan is administered by Davis Vision and provides coverage for a range of vision care including exams, frames, lenses and contact lenses. Take care of your vision and overall health while saving on your eye care and eyewear needs.

## DAVIS VISION NETWORK

| | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Exam** | $10 copay | Up to $35 reimbursement to member |
| **Frames** | Covered in full for Davis Collection of Frames<br>$65 Allowance for other providers | Covered in full for Davis Collection of Frames<br>$65 Allowance for other providers |
| **Lenses**<br>Single Vision<br>Bifocal<br>Trifocal<br>Lenticular | Eyeglasses are available up to a $100 reimbursement | Eyeglasses are available up to a $100 reimbursement |
| **Contact Lenses**<br>(in lieu of eyeglasses) | Up to $100 allowance | Up to $100 reimbursement to member |
| **Frequency**<br>Examination<br>Frames<br>Lenses<br>Contact Lenses | Once every two calendar years | |

## FIND A VISION PROVIDER

To locate a Davis Vision Provider visit **www.davisvision.com** or call **888.393.2583**.



# ADMINISTERED BY DELTA DENTAL

# DENTAL PLAN

## YOUR 2026 BENEFITS

Good dental health is important to your overall well-being. At the same time, we all need different types of dental treatment. The Delta Dental plan, offered by P. Agnes, provides varying levels of coverage for Diagnostic/ Preventive Services, Basic Services, Major Services, and Orthodontia.

# DENTAL BENEFITS:
# DELTA DENTAL

Below is brief summary of the dental plan available to you.

| | DELTA DENTAL PLAN | |
|---|---|---|
| | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Calendar Deductible**<br>Individual/Family | $50 / $150 | $50 / $150 |
| **Calendar Year Maximum** (per patient) | $2,000 | $1,500 |
| **Orthodontia Benefits** (children age 19 and below) | 50% | 50% |
| **Orthodontia Lifetime Maximum** (per patient) | $1,000 | $1,000 |
| **Preventive & Diagnostic**<br>Exams, Cleanings, Bitewing X-rays (each twice in a calendar year)<br>Fluoride Treatment (one in a calendar year, children to age 19) | 100% | 100% |
| **Basic Services**<br>Fillings, Simple Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants | 80% | 80% |
| **Major Services**<br>Crowns, Gold Restorations, Bridgework, Full and Partial Dentures | 50% | 50% |

## FIND A DENTAL PROVIDER

To locate a Delta Dental participating provider, visit **www.deltadentalins.com** or call **800.932.0783**.

# LONG TERM DISABILITY & EAP:

## LONG-TERM DISABILITY (LTD)

All active full-time employees are provided Long-Term Disability (LTD) benefits. **P. Agnes pays the full cost of this benefit**. In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income.

| LONG-TERM DISABILITY BENEFITS | |
|---|---|
| **Elimination Period** | 90 days |
| **LTD Benefits** | 60% of monthly salary |
| **Maximum Benefit** | $5,000 per month |

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

**There are times when you cannot go it alone. With *Mutual of Omaha*, you don't have to.**

Sometimes we experience difficulties that cannot be resolved without the assistance of a trained professional. Unresolved issues with substance abuse, stress, anxiety, home life, and work life can affect or undermine our quality of living.

### How the EAP works

The *Mutual of Omaha* EAP provides eligible employees and their families assistance with behavioral healthcare services that can help begin the process of resolving emotional or substance abuse issues. Any encounter with the counselor through the EAP is completely confidential.

*Mutual of Omaha* can help you through uncertain times, by acting as your advocate whenever you or your dependents need treatment of the following:

- Emotional Difficulties/Depression
- Family/Relationship Problems
- Stress/Anxiety Issues
- Grief and Loss Issues
- Alcohol/Drug Abuse or Addiction
- Anger/Rage Issues
- Eating Disorders
- Life Transition Problems
- Gambling Problems
- Other Behavioral Addictions

**Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics. mutualofomaha.com/eap or call us at 1-800-316-2796.**

# 2026 WEEKLY EMPLOYEE CONTRIBUTIONS


## MEDICAL/PRESCRIPTION

| TIER | |
|---|---|
| Employee Only | $60.00 |
| Employee & Spouse | $125.00 |
| Employee & Child(ren) | $100.00 |
| Family | $160.00 |

## WAIVING BENEFITS?

*Employees can receive a monetary incentive if they waive taking our benefits for themselves or a dependent. Please review the annual opt-out incentive information below - incentives to be paid quarterly.*

## ANNUAL OPT-OUT INCENTIVE

| TIER | EMPLOYEE OPTS OUT | SPOUSE ONLY | SPOUSE & CHILDREN OPT OUT | CHILDREN ONLY |
|---|---|---|---|---|
| Employee Only | $3,000 | | | |
| Employee & Spouse | $6,000 | $3,000 | | |
| Employee & Child(ren) | $4,500 | | | $2,500 |
| Family | $7,500 | $3,000 | $5,000 | |

# BENEFIT RESOURCES

## BENEPORTAL

**Online Benefits Resource**

BenePortal, is the P. Agnes virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to P. Agnes employees and their eligible dependents to access benefit plan information, insurance company contacts, forms, guides, links and other applicable benefit materials.

Simply go to **www.pagnesbenefits.com** to access your benefits information today!

**BenePortal features include:**

- Secure online access - with NO login required!
- Mobile optimized site
- Direct links to specific enrollment sites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!

## MEMBER ADVOCACY TEAM

**Conner Strong & Buckelew**

Employee benefits can be complex, making it difficult to fully understand your coverage and use it properly. Member Advocacy allows you to speak to a specially trained Member Advocate, who can answer your questions and help you get the most out of your benefits.

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

To contact Member Advocacy, call **800.563.9929**, Monday through Friday, 8:30 am to 5 pm (EST), email **cssteam@connerstrong.com** or submit a request online at **www.connerstrong.com/memberadvocacy**

# LEGAL NOTICES

## Special Enrollment Notice

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

**Loss of coverage for Medicaid or a State Children's Health Insurance Program.**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

**New dependent by marriage, birth, adoption, or placement for adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources. 5218

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

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

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

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

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

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

# LEGAL NOTICES

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

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

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

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

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

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

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-562-3022

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

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

WEST VIRGINIA – Medicaid and CHIP
Website: http://mywvhipp.com/ and https://dhhr.wv.gov/bms/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

# LEGAL NOTICES

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

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 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

## Model Creditable Coverage Notice

**Important Notice from P. Agnes About Your Prescription Drug Coverage and Medicare**

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. P. Agnes has determined that the prescription drug coverage offered by the Independence Blue Cross is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

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

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

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current P. Agnes coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current P. Agnes coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

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

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

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

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

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

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

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

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

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|---|---|
| Date: | October 2022 |
| Name of Entity/Sender: | Jenn Berkoff |
| Contact--Position/Office: | Human Resources Manager |
| Address: | 2101 Penrose Avenue, Philadelphia PA 19145 |
| Phone Number: | 215-755-6900 |

P. AGNES

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