



2025-2026 BENEFITS

Beaver Creek ESD No. 26



GETTING STARTED

MEET KAIROS

Hey! We're Kairos, your benefits plan administrator. Throughout this guide, you'll find great information on the benefits offered by your employer. When in doubt, give Kairos a call if you have questions about any of these benefits. **We're your friendly experts, here to help you!**

PLAN YEAR

The Kairos plan runs from July 1 to June 30 of each year. That means every July 1, deductibles and out-of-pocket maximums will reset.

WHAT'S NEW?

There are some exciting enhancements this year, called out in the appropriate section in the guide. Just look for anything labeled "new!".

ABOUT THIS GUIDE

This interactive guide provides a summary of benefit options to help you make the right decisions for yourself and your family. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. A copy of the plan document is distributed annually or available upon request.

HOW TO USE

It's simple to use; just follow these instructions.

Looking for something? To navigate through the eGuide, simply click through the pages using the arrows. Prefer to skip to a certain section? Just click on the **Table of Contents** or **Pages** icons to jump to the section you need.

You will also see a **Search** bar. When you're looking for something, simply type the word in the search bar, and it will direct you to that section.

Clickable links. When you see an icon like the ones listed below, just click on it to access more information such as:



View websites, member portals, and documents



Watch a short, educational video



Listen to a voiceover about the information on the applicable page (click to start or stop the voiceover)



Send an email and get in contact with someone



IMPORTANT!

Please note that the voiceover feature in this guide will only work if you use the electronic link provided. If you download the eGuide as a PDF, the voiceover will not work. Also, not every page will offer a voiceover option. To get a link to your eGuide, please contact Kairos or your employer.



Questions: 888.331.0222 or www.svc.kairoshealthaz.org



PLAN RULES

WHO'S ELIGIBLE?

Eligibility varies by employer so it's important to check with your employer to confirm eligibility. However, here are some general participation requirements for participants in Kairos:

- ✓ Full-time employees
- ✓ Part-time employees*
- ✓ Active board members or council members*
- ✓ Dependents of enrolled employees, including:
 - lawfully married spouses
 - domestic partners* (domestic partner's children are **not** eligible)
 - dependent children up to age 26
 - unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance

**Varies by employer. Please check with your employer to verify their specific eligibility requirements.*

WHEN CAN I MAKE A CHANGE?

You can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur in order to make changes to your benefits.

Examples of qualified life events:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, placement for adoption, or legal guardianship of a child
- Death of a dependent
- Change in your spouse's employment or involuntary loss of health coverage under another employer's plan
- Change in your dependent's eligibility status

If you experience a qualified life event and need to make a change to your benefits, you must notify your employer within 31 days of the event. Otherwise, you will have to wait until the next open enrollment period.



HAD A BABY?

If you recently had a baby, please note that newborns are **not** automatically added to your medical coverage. You must notify your employer within 31 days of the date of birth and pay the full premium amount for the month the child is added.

If you do not take action within 31 days of the birth, you will have to wait until next open enrollment period to add your child to your benefits.



ELIGIBLE FOR MARKETPLACE COVERAGE?

If you lose medical coverage through the Marketplace mid-year, you may not then join the Kairos plan outside of your open enrollment period. You may, however, drop your Kairos medical coverage to join a Marketplace plan outside of your open enrollment period.

LIG SOLUTIONS

Speaking of other coverage, LIG Solutions is here to help compare your health insurance options such as Medicare, COBRA, individual coverage, and more. Contact LIG Solutions at 866.676.8502 or visit partner.LIGSolutions.com/Kairos-Arizona.



Questions: 888.331.0222 or www.svc.kairoshealthaz.org



UNDERSTANDING YOUR BENEFITS

STARTING WITH THE BASICS

We get it, insurance is complicated. It doesn't have to be. Kairos strives to simplify this for you by providing educational information, short videos, and spending the time to walk you through it.

So, let's start with the basics like what a deductible is and how it works. Check out this short video that explains the different terminology of how a medical plan works.



Medical Benefits 101

Click the link or scan the code to watch this quick video



HOW A MEDICAL PLAN WORKS

Let's walk through an example together using a \$2,000 high deductible health plan with a \$4,000 out-of-pocket maximum.

YOU PAY

DEDUCTIBLE \$2,000
You're responsible for paying 100% of costs



BOTH PAY

COINSURANCE 20%
After your deductible, you pay 20% of expenses & Kairos pays 80%



KAIROS PAYS

OUT-OF-POCKET \$4,000
After your maximum, Kairos pays 100% of all expenses

Note: This is a general overview of how a medical plan works. Actual amounts may vary based on the plans offered by your employer. Always remember to stay in-network to maximize your benefits. Refer to the medical plan section for more details about plans offered to you.

PREVENTION IS PRICELESS

There are services under a medical plan that are 100% paid for when visiting an in-network provider. These are called your preventive services, or wellness care, and are set by the Affordable Care Act (ACA).

Examples of preventive benefits include:

- ✓ Annual wellness visit
- ✓ Prostate screenings
- ✓ Immunizations and flu shots
- ✓ Hearing exams
- ✓ Mammogram screenings
- ✓ Colonoscopy screenings
- ✓ Cancer screenings
- ✓ Generic contraceptives
- ✓ Blood pressure tests

But what happens if I receive a bill from my provider for a qualified wellness screening?

This could mean that you had a diagnostic screening or it may have been coded incorrectly. Get in touch with Kairos at the number below and we can help you through it.

MEDICAL BENEFITS

UMR

UMR is the medical claims processor and uses the UnitedHealthcare (UHC) Choice Plus network. This is a PPO network, which is a group of health care providers who discount what they charge you for services. By staying in-network, services will cost you less.



NEW: Since our medical plans have changed, UMR will be issuing new ID cards to all participants for 7/1. Be on the lookout for your new cards.

Where does Kairos fit in?



KAIROS The Plan

Kairos manages and funds all of the health care plans and voluntary coverages. We also work closely with your employer to administer your benefits.



UnitedHealthcare Medical Network

Kairos medical plans use the UnitedHealthcare network. If your doctor asks what medical network you have, you'll say, "United."



UMR Claims Handling

UMR processes your medical claims. When you see your doctor, he or she submits the claim to UMR. For questions about your medical coverage, call Kairos or UMR (not United).

FIND A DOCTOR

If you want to find a doctor, there's no need to log in! Instead, follow these simple steps:

- ✓ Go to umr.com
- ✓ Select "Find a Provider"
- ✓ In the Provider Network search bar, type the network name: **UnitedHealthcare Choice Plus**
- ✓ Click search, then view providers
- ✓ Type in your address or zip code

Now you'll be able to search by provider name, locations, services, and more.

MANAGE YOUR BENEFITS

Create your mobile-friendly account at umr.com to take full advantage of your medical benefits. You'll need to have your ID card handy to register. From there, you can:

- ✓ View/print/order ID cards
- ✓ View medical claims
- ✓ Monitor your deductible and out-of-pocket limits
- ✓ Shop for the best and most cost-effective care

did you know?

Not all doctors and facilities charge the same amount for services.

Individuals who compare costs before receiving care pay 36% less.

You shop for car insurance, so why not shop for your medical care?

When logged into the UMR portal, leverage their Cost Transparency Tool to get cost estimates for services.



Questions: 844.212.6811 or www.umar.com



PHARMACY BENEFITS

MAXORPLUS



When you enroll in our medical plan, you automatically receive prescription drug coverage through MaxorPlus, the Pharmacy Benefit Manager (PBM). This benefit allows you to fill prescriptions through any participating pharmacy listed in the MaxorPlus pharmacy network.

MANAGE YOUR BENEFITS

Your pharmacy coverage includes access to a member portal at members.maxorplus.com. At a glance, you can use the member portal to:

- ✓ View your prior authorization activity
- ✓ Manage pharmacy refills
- ✓ View deductible and out-of-pocket limits
- ✓ Sign up for home delivery
- ✓ Shop around for pharmacies and medications

TIPS

- If you're on a high deductible health plan (if offered by your employer), you must pay for the full cost of medications prior to meeting your deductible unless it's considered a covered and qualified preventive medication.
- Thanks to the ever-changing market, covered medications change often throughout the year. If you're ever concerned about a medication being covered, contact Maxor at the number below or Kairos (888.331.0222).
- If you like convenience, sign up for mail order to have your 90-day medications delivered right to your doorstep. This might not be an option for everyone but is a great benefit for those who qualify.

SHOPPING FOR PRESCRIPTIONS

Depending on your medication type, dosage, and frequency, the dollars can add up quickly. But you have options for lowering your out-of-pocket costs. Try these simple steps to help you save a buck or two!



TAKE THE GENERIC

Generics have the same strength and active ingredients as the name brand version of your medications. The only difference is that they're significantly cheaper. Talk to your prescriber to see if generics are right for you.

SIGN UP FOR MYMAXORLINK

The myMaxorLink discount program does the work for you. Once enrolled, you'll automatically receive information on lower-cost prescriptions, reminders specific to your benefits, and other important health updates. Call 888.596.0723 to enroll or go to mymaxorlink.com/maxorplus.

TRY GOODRx

GoodRx could be a good option for those expensive medications or medications not covered by insurance. Please note, however, that when using GoodRx, your insurance will not apply.



Questions: 800.687.0707 or www.maxorplus.com



ADDED SUPPORT

NURSES ON YOUR SIDE

Navigating health care and insurance can be complicated and leave you feeling overwhelmed. That's where we come in. Through the **KairosPro Navigators** program, our dedicated Kairos nurses help guide you through the health care system, choose the best treatment, and keep your costs to a minimum.



With this program, you have a real person in your corner who not only has a clinical background but understands your insurance coverage and is there to provide support **at no cost to you**.

How can our nurses help you?

- ✓ Finding in-network providers
- ✓ Assisting with appeals and prior authorizations
- ✓ Reviewing and monitoring claims
- ✓ Obtaining medical and prescription orders
- ✓ Monitoring high-cost medications and medical treatment
- ✓ Coordinating medical services, prescriptions, and durable medical equipment supplies
- ✓ Monitoring inpatient admissions
- ✓ Helping with post-discharge needs
- ✓ Overseeing and collaborating with partner case management programs
- ✓ Arranging for redirection of care, if appropriate
- ✓ Attending onsite biometric screening events and engaging in outreach and follow-up
- ✓ Researching and connecting members with community resources

Bonus: This program offers personalized mental health support for finding in-network mental health providers, lining up post-discharge resources, and more!



Want to speak to a Nurse Navigator? Call 888.331.0222 or send an email to nurse@kairoshealthaz.org

(Please include the name of your employer and refrain from emailing sensitive and personal information.)

SKIP THE ER & USE TELADOC

Teladoc allows those enrolled in the medical plan to use their phone or computer to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.



COVERED SERVICES

- **General medicine:** Treat cold & flu, allergies, strep throat, and more
- **Dermatology:** Treat psoriasis, eczema, acne, and more (no phone call needed)
- **Counseling:** Support for anxiety, eating disorders, depression, and more

NEW: Starting July 1, 2025, Teladoc will now collect a fee for services for those on a high-deductible health plan until they meet their deductible. However, these fees can be significantly lower than if you were to go to Urgent Care or the Emergency Room.



WAIT! DID YOU REGISTER?

You must create an account through Teladoc before you can access your benefits. Click the link, scan the code, or call Teladoc at 800.835.2362.



Please note: Enrolled dependents ages 18+ must set up their own Teladoc account prior to receiving care.

WELLNESS PROGRAMS

Our wellness programs—available through **KairosPro Wellness**—include a variety of options to help promote a healthier and happier you. Take advantage of these offerings at no cost (unless you see a cost listed).



Active&Fit Direct fitness program

Starting at \$28/month, you'll get access to 18,000+ fitness centers with no long-term contracts. With your membership, you also get online workout videos, one-on-one life coaching, and options for enrolling your spouse.

For more information on how to access this benefit, please visit kairoshealthaz.org/AFD.



UMR online wellness center

Our online wellness hub provides wellness activities to keep you on track for healthy eating, weight management, physical activity, and more.

Log in at umr.com, click on Health Center, and then Wellness Activity Center to use these benefits.



Real Appeal weight loss program

A no-cost healthy lifestyle and weight loss program for employees and dependents 18+. Participants on the medical plan who qualify based on BMI or comorbidities can work directly with a health coach.

Sign up at enroll.realappeal.com.



Employee Network discount tool

Through EmployeeNetwork.com, you can register to receive over 300 exclusive discounts. These include tickets to theme parks, concerts, sporting events, and more.

Use **Company Code: Kairos Health** when registering. (Yes, there should be a space between Kairos and Health.)



UMR CARE programs

Maternity care program: Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. When completing the program, you'll receive a \$25 incentive!

Ongoing condition care program: For those who need help when managing chronic conditions like diabetes, COPD, asthma, hypertension, and more, this program is for you.

Complex condition care program: Get assistance with complex cases such as transplants, oncology, high-risk maternity, and neonatal care.

KAIROS VITALITY VIBE

Vitality Vibe is your monthly newsletter dedicated to promoting healthy habits and recipes, wellness offerings, and other valuable benefit insights.

These are emailed out to you from your employer on a monthly basis. They are also posted on the Kairos website underneath

Resources: www.svc.kairoshealthaz.org.



Vitality Vibe Newsletters
Scan the code to access



Questions: 888.331.0222 or www.svc.kairoshealthaz.org



EMPLOYEE ASSISTANCE PROGRAM

COMPSYCH EAP

Everyone can use a little help sometimes. That's where your EAP benefit comes in. Through the employee assistance program (EAP) with ComPsych, you can speak with a highly-trained and compassionate guidance consultant who can help you and your family 24/7.



FREE SHORT-TERM COUNSELING

- ✓ Stress and anxiety
- ✓ Relationship/marital conflicts
- ✓ Grief, loss, and life adjustments
- ✓ Substance abuse
- ✓ Minor depression management

Your benefit includes 6 one-on-one counseling sessions per family member, per issue, per year at no cost to you.

WORK-LIFE SOLUTIONS

Get the everyday help you need with work-life solutions. Call the number at the bottom of the page for assistance with topics including:

- ✓ Finding child, pet, or elder care
- ✓ Housing searches
- ✓ Seeking financial assistance
- ✓ Will preparation
- ✓ Sending a child off to school
- ✓ Planning a major project or event

ONLINE RESOURCES

You have 24/7 access to vital information, tools, and support through the ComPsych website.

WHAT TO EXPECT

- Product and service discounts
- Educational articles, podcasts, and videos
- On-demand trainings
- "Ask the Expert" personal responses to your questions

HOW TO ACCESS

1. Go to [guidanceresources.com](https://www.guidanceresources.com)
2. Click Register
3. Enter Web ID: **KAIROSEAP**
4. Complete your registration
5. Gain access to endless resources



WHERE TO GO FOR CARE

OPTIONS, OPTIONS, OPTIONS

Kairos offers an abundance of health care options for you to choose from. At times, this could feel overwhelming. Don't let it be. Save this guide to help you when deciding where to go.

TELADOC	URGENT CARE	PRIMARY CARE OR SPECIALIST	EMERGENCY ROOM
\$	\$\$	\$\$	\$\$\$\$
- Sore throat - Mild cold and flu symptoms - Skin conditions - Short-term counseling	- Allergic reaction - Cuts requiring stitches - Minor burns - Sprains or strains - Suspected broken bones	- Check ups or physicals - Wellness/preventive care - Common illness - Flu shots and other vaccines - Health advice - Medication refills - Routine tests	- Broken bones - Coughing/vomiting blood - Chest pain - Head or eye injury - Poisoning or overdose - Severe burns - Signs of stroke - Shortness of breath
To get in touch with Teladoc, visit www.teladochealth.com	To find in-network facilities, visit www.umar.com	To find in-network providers, visit www.umar.com	To find in-network facilities, visit www.umar.com

These examples are general guidelines, and it's important to use your judgment and consult with health care professionals when deciding where to seek care. If in doubt, especially in potentially life-threatening situations, it's always best to err on the side of caution and seek emergency care.

CENTERS OF EXCELLENCE

Do you have an upcoming non-emergent surgery planned? Find care with fewer headaches at our Centers of Excellence facilities, in partnership with Carrum Health. This benefit is available to those enrolled in a medical plan, ages 18 to 65.



COVERED PROCEDURES

- Joint replacement: Hip, knee, ankle, shoulder—total or partial replacement revisions
- Spine (neck and back): Fusion, decompression, laminectomy
- Heart (valve repair)
- Cancer care: Breast, thyroid
- NEW:** Substance use therapy



BENEFITS

- ✓ Most procedures covered from pre-op consult to post-op discharge
- ✓ Pay no- or low-cost for covered procedures
- ✓ Receive care from proven quality specialists throughout the country
- ✓ Transportation is covered!

Ready to get started? Visit www.carrum.me/kairos or call 888.855.7806.

HOW TO ENROLL

SIMON LOGIN INSTRUCTIONS



To enroll in your benefits, you will need to log in to the online benefit portal called SIMON at the link below:



kairos.simon365.com

FIRST-TIME USERS

On the first day of your open enrollment window, you'll receive an invite to create a username and password from kairos@vimly.com. If you aren't sure when your open enrollment starts and ends, please check with your employer.

TIPS

- ✓ If you didn't receive the email invite, check your junk or spam folder.
- ✓ The email invite will most likely be sent to your work email address, but if you still don't see it, try your personal email.
- ✓ If you've tried the above and still can't find the invite, call Kairos at the number below.

EXISTING USERS

If you've previously enrolled in SIMON, you will log in with the same username and password you've used before.

Username help: If you aren't sure of the username you used when first registering, try your work or personal email address. If you're still having issues recovering your username, call Kairos.

Password help: If you can't remember your password, select the **Forgot Password** link. You'll be sent an email to create your new password.

READY TO START? ENROLLMENT TIPS!

- View and update your benefit plan options and life insurance beneficiaries.
- If you're enrolling a dependent, make sure you have their date of birth (DOB) and social security number (SSN). This information is required.
- Is your address up to date? If not, make sure to update your address on file to ensure you receive important mailings!
- Re-enter your HSA contributions. The IRS requires these to "reset" each year, so you will be required to re-enter any HSA contributions, if offered by your employer.
- When you're done enrolling, print a copy of your enrollment confirmation statement.

DON'T WAIT...

Don't wait until the last day to sign up for your benefits. Why, you ask? You might run into tech hiccups like forgetting your login details, having trouble navigating the system, or getting stuck on a weekend when no one's around to help. If you leave it to the last minute, you risk missing your open enrollment period. So, when in doubt, just give Kairos a call, and we'll be happy to walk you through it!

Questions: 888.331.0222

\$1,650/\$3,300 HDHP

OVERVIEW	IN-NETWORK ³	OUT-OF-NETWORK ³
DEDUCTIBLE ¹	\$1,650/individual \$3,300/individual +1 or more	\$4,800/individual \$9,600/individual +1 or more
OUT-OF-POCKET MAXIMUM ²	\$5,000/individual \$10,000/individual +1 or more	No maximum
OFFICE VISITS/TELEHEALTH	Deductible, then 20%	Deductible, then 50%
TELADOC	Deductible, then \$0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 20%	Deductible, then 50%
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	Deductible, then \$0	Not available

PRESCRIPTIONS

Except for preventive medications, you must meet your annual medical deductible before the following payment schedule applies.

RETAIL 30-DAY

- Generic: \$10
- Preferred: 30% up to \$80 max
- Non-preferred: 30% up to \$200 max
- Specialty: 50% up to \$200 max

RETAIL 90-DAY or MAIL ORDER

- Generic: \$30
- Preferred: 30% up to \$200 max
- Non-preferred: 30% up to \$500 max

¹This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than preventive/wellness care). It also means that the out-of-pocket maximum applies to the family as a whole rather than to individual covered family members. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.



\$2,500/\$5,000 HDHP

OVERVIEW	IN-NETWORK ³	OUT-OF-NETWORK ³
DEDUCTIBLE ¹	\$2,500/individual \$5,000/individual +1 or more	\$7,500/individual \$15,000/individual +1 or more
OUT-OF-POCKET MAXIMUM ²	\$5,500/individual \$11,000/individual +1 or more	No maximum
OFFICE VISITS/TELEHEALTH	Deductible, then 20%	Deductible, then 50%
TELADOC	Deductible, then \$0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 20%	Deductible, then 50%
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\$5,000 HDHP

OVERVIEW	IN-NETWORK ³	OUT-OF-NETWORK ³
DEDUCTIBLE ¹	\$5,000/individual \$10,000/individual +1 or more	\$15,000/individual \$30,000/individual +1 or more
OUT-OF-POCKET MAXIMUM ²	\$6,750/individual \$13,500/individual +1 or more	No maximum
OFFICE VISITS/TELEHEALTH	Deductible, then 20%	Deductible, then 50%
TELADOC	Deductible, then 0%	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
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RETAIL 90-DAY or MAIL ORDER

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- Non-preferred: 30% up to \$500 max

¹This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

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HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a high deductible health plan (HDHP), you are eligible to open a health savings account with HealthEquity. An HSA is a personal savings account that lets you set aside pre-tax money from your paycheck to use on qualified medical expenses. Some examples of qualified expenses include deductibles and copays, doctor's office visits, prescription drugs, vaccines, screenings, and more! For a complete list, visit healthequity.com/kairos/qme.



Once you receive your debit card from HealthEquity, you'll be able to use your account. New cards are issued only to first-time enrollees (or if an existing card expires). Because it's your personal account, please contact HealthEquity if you need a replacement debit card.

HSA Advantages



Triple Tax Benefit

Contributions are tax deductible; the funds grow with no tax liability; and money used for health expenses is not taxed upon withdrawal.



It's Yours Forever

The money in your HSA rolls over every year and is yours to keep, even if you leave your employer.



Grow and Save

You can invest the funds, and your earnings grow tax-free. After age 65, you can use the HSA like a traditional retirement account and funds used for non-medical expenses will be taxed as income.

YOU'RE ELIGIBLE FOR AN HSA IF

- You're enrolled in a qualified high deductible health plan.
- You're not also covered by a spouse's non-HDHP employer plan.
- You aren't enrolled in Medicare or another non-qualified health care plan.
- You can't be claimed as a dependent on someone else's tax return.

HOW MUCH CAN YOU CONTRIBUTE?

TIER	MAXIMUM AMOUNT
INDIVIDUAL	\$4,300
FAMILY	\$8,550
AGE 55+	Additional \$1,000



*Learn how to
maximize your HSA
Click link or scan for
a short video*

You may contribute the maximum amount stated on a calendar year basis, or January 1 to December 31. This is a little different from the Kairos plan year, which runs from July to June. You are responsible for verifying eligibility and calculating your contributions (including any employer contributions) so that they don't exceed the maximum annual amount.



Questions: 866.346.5800 or www.healthequity.com



METLIFE BASIC LIFE INSURANCE

Your employer provides eligible employees with basic life and AD&D through MetLife. This benefit is at no cost to you, and enrollment is automatic. Once you reach age 65, the original amount reduces by 35% and then reduces again by 50% at age 70.

Finally, this coverage includes an Accidental Death and Dismemberment benefit. Refer to the plan document for more information.

WHAT YOUR LIFE/AD&D BENEFITS INCLUDE

- **Grief counseling:** Included at no cost to help you with loss. You can have up to five face-to-face grief counseling sessions per event. Simply call 888.319.7819 to access these services.
- **Funeral discounts and planning services:** You and your family have access to funeral discounts, planning, and support to help honor a loved one's life. To use these benefits, call 866.853.0954.
- **Travel assistance:** Offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. For more information, visit www.metlife.com/travelassist or call 800.454.3679.

BENEFICIARY TIPS!

A beneficiary must be selected during enrollment. If no beneficiary is designated, the policy will pay out in this order: spouse; children; parents; siblings; then finally, insured estate.

Multiple beneficiaries and contingents can be listed. However, together should total 100%.

Finally, please update your beneficiary's date of birth and social security numbers. Though not required, it can streamline the life insurance claims process.

CHOOSING A BENEFICIARY

- ✓ **Can I name a child as a beneficiary?** Yes! However, benefits cannot be paid to a minor. Benefits would be paid to a court-appointed guardian or trust set up for the minor until the child reaches 18 or until MetLife receives a court order to release the benefit to a legal guardian.
- ✓ **How about a pet?** Interesting question and unfortunately, no. Pets aren't legal people, and benefits cannot be paid to them.
- ✓ **Can I choose a charity, non-profit, or school?** Yes. We will need the applicable Tax ID number.
- ✓ **Can I choose a funeral home or trust?** Absolutely.



HEALTH PLAN NOTICES

THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

This guide attempts to describe important details and changes to the Kairos health plans in a clear, simple, and concise manner. If there is a conflict between the guide and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.



Disclaimer: It is the responsibility of the employer to ensure that all required notices are provided to employees and their covered dependents in a timely and accurate manner. Failure to provide these notices can result in significant penalties and legal consequences.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change in status event as outlined below:

Special enrollment event: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your 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 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- change in number or status of dependents (e.g., birth, adoption, death);
- change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;
- have a Qualified Medical Child Support Order (QMCSO);
- have a change in entitlement to or loss of eligibility for Medicare or Medicaid;
- experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan; and
- have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request

enrollment within 60 days after the Medicaid or S-CHIP coverage ends.

- become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Kairos at 888.331.0222.

Mid-year change in status event: Because Kairos pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- change in legal marital status (e.g., marriage, divorce/legal separation, death);
- coverage of the employee's or spouse's plan; and
- changes consistent with special enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting your employer. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Marketplace is not considered a qualified life event with Kairos, and you will not be allowed to join the plan mid-year. However, you can drop your medical coverage to join a Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents 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.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888.331.0222.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. A copy of this notice is posted on the Kairos website at www.svc.kairoshealthaz.org.

DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Kairos do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network healthcare provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to

obstetrical or gynecological care from a healthcare professional who specializes in obstetrics or gynecology. The healthcare 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 healthcare professionals who specialize in obstetrics or gynecology, contact Kairos at 888.331.0222.

REQUIREMENT TO PROVIDE THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH HEALTH PLAN ENROLLEE

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) for each medical plan participant and include that number on reports that are provided to the IRS each year. If you have a covered dependent who does not yet have a social security number, you can go to this website

To request one: www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each dependent enrolled in the health plan, please contact your employer.

PAPERWORK REDUCTION ACT STATEMENT

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

control number. See 44 U.S.C. 3512.

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

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through Kairos is creditable with (as valuable as) Medicare's prescription drug coverage.

Kairos has determined that the prescription drug coverage under the

following prescription drug plan options is "creditable": Core, Copay, \$1,200 PPO and all HDHP's.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Kairos at 888.331.0222.

COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Care Marketplace. (See <https://www.healthcare.gov/>.) In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for

Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Kairos via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact Kairos at 888.331.0222.

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 the 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).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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. To see if any other states have added a premium assistance program since July 31, 2024, contact U.S. Department of Labor at 866.444.3272 or US Department of Health and Human Services at 877.267.2323.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: 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+)	FLORIDA – Medicaid
Health First Colorado Website: www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: www.in.gov/medicaid/ www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: iowa.gov/health-human-services Medicaid Phone: 1-800-338-8366 Hawki Website: iowa.gov/health-human-services Hawki Phone: 1-800-257-8563 HIPP Website: iowa.gov/health-human-services HIPP Phone: 1-888-346-9562	Website: www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms	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	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: dhcfs.nv.gov Medicaid Phone: 1-800-992-0900	Website: 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	NEW YORK – Medicaid
Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: www.insureoklahoma.org Phone: 1-888-365-3742	Website: healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: www.scdhhs.gov Phone: 1-888-549-0820	Website: dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: 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	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select-coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: dhhr.wv.gov/bms/ mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269