



Full-Time
Employees

BENEFITS GUIDE

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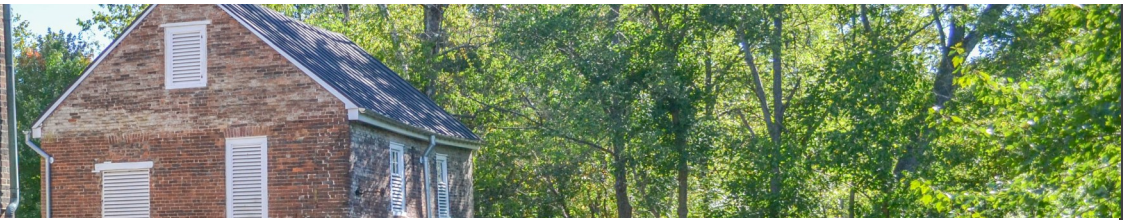
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Dear NOVA Parks Colleague:

NOVA Parks cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

As an active, full-time employee, you are eligible for a variety of valuable benefits such as health insurance, dental and vision benefits, flexible spending plans, and an employee assistance program. NOVA Parks is also pleased to provide employer-paid life, AD&D, short term disability, and long term disability insurance, as well as access to optional employee-paid voluntary benefits including additional life and AD&D insurance. Premiums for all health, dental, and vision benefits are deducted on a bi-weekly, pre-tax basis over 26 pay periods.

Consider your benefit options carefully before you make your benefit elections. The benefits you choose will be in place from your eligibility date through the end of the calendar year, unless you have an IRS qualifying event during the year such as marriage, birth, death, etc. It is the employee's responsibility to notify Human Resources of any mid-year qualifying events that affect their coverage within 30 days of the event.



HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your Kaiser, MetLife, Avēsis, Renaissance, iSolved, and INOVA EAP benefits issues.

For service that's confidential and responsive, contact:

866.293.9736

Monday—Friday

8:30am—8:00pm (ET)

Fax: 856.996.2755

solutions@benefitsvip.com

QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

Please note, BenefitsVIP is limited in their ability to service questions and concerns that apply to the Cigna medical and EyeMed plans.

BenefitsVIP.com

QUESTIONS? Call BenefitsVIP at 866.293.9736

ADVOCACY



BENEFITSVIP.COM

Request member assistance and order ID cards with a click.



HEALTHDISCOVERY.ORG

Get vital, useful and fun health insurance and wellness facts.

MEDICAL



CIGNA PLANS

NOVA Parks offers two medical plans, managed by Cigna. These plans offer out-of-network coverage and include vision benefits (pg.9). To find a doctor, log on to www.mycigna.com.

CO-INSURANCE

Cigna's share of the cost of a covered health service, calculated as a percent of the allowed amount for the service. You pay the remaining co-insurance, copays, and any deductibles you owe.

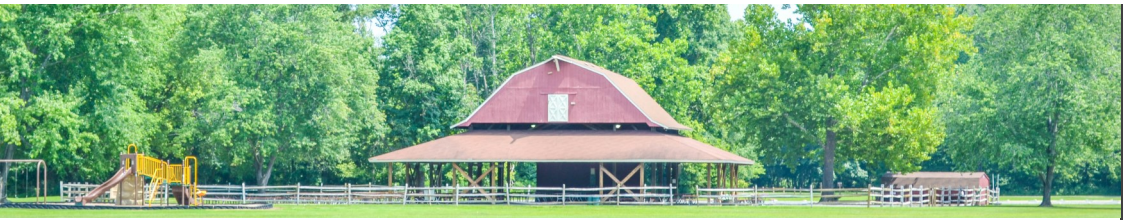
OAP 80% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	80%*	60%*
Specialty Care	80%*	60%*
Annual Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	Through age 17: 70% Ages 18 and older: 60%*
Inpatient Hospital Facility	80%*	60%*
Outpatient Hospital Facility	80%*	60%*
Outpatient Professional Service	80%*	60%*
Chiropractic Care	80%*	60%* ¹
Hearing Aids	80%* ²	80%* ²
Emergency Room	80%*	80%*
Urgent Care Facility	80%*	80%*
Mental Health & Substance Abuse Treatment (In-Patient)	80%*	60%*
Annual Prescription Drug Deductible	\$200 Individual \$400 Family	
Annual Prescription Drug Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	
Prescription Drug Retail 30 day supply	Generic: \$10 copay* Preferred Brand: 80%* (max. \$55) Non-Preferred: 65%* (max. \$110)	70%*
Prescription Drug Home Delivery 90 day supply	Generic Maintenance: \$0 copay* Generic Non-Maintenance: \$20 copay* Preferred Brand: 80%* (max. \$110) Non-Preferred: 65%* (max. \$220)	Not Covered
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	\$52.21	\$295.87
Employee + 1	\$169.67	\$509.04
Family	\$253.21	\$759.65

* After applicable deductible

¹ Maximum 12 visits per year

² Maximum benefit is \$3,000 every 24 months



MEDICAL

OAP 90% CO-INSURANCE



BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	90%*	70%*
Specialty Care	90%*	70%*
Annual Deductible	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	Through age 17: 70% Ages 18 and older: 70%*
Inpatient Hospital Facility	90%*	70%*
Outpatient Hospital Facility	90%*	70%*
Outpatient Professional Service	90%*	70%*
Chiropractic Care	90%*	70%* ¹
Hearing Aids	90%* ²	90%* ²
Emergency Room	90%*	90%*
Urgent Care Facility	90%*	90%*
Mental Health & Substance Abuse Treatment (In-Patient)	90%*	70%*
Annual Prescription Drug Deductible		\$75 Individual \$150 Family
Annual Prescription Drug Out-of-Pocket Maximum		\$2,000 Individual \$4,000 Family
Prescription Drug Retail 30 day supply	Generic: \$7 copay* Preferred Brand: 80%* (max. \$50) Non-Preferred: 70%* (max. \$100)	70%*
Prescription Drug Home Delivery 90 day supply	Generic Maintenance: \$0 copay* Generic Non-Maintenance: \$14 copay* Preferred Brand: 80%* (max. \$100) Non-Preferred: 70%* (max. \$200)	Not Covered
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	\$72.59	\$411.35
Employee + 1	\$237.70	\$713.13
Family	\$349.66	\$1,049.00

CIGNA PRESCRIPTION
Most diabetic medications and supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.

Generic Preventive Medications are \$0 and any deductible is waived.

A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now Participating Pharmacy.

* After applicable deductible
¹ Maximum 12 visits per year
² Maximum benefit is \$3,000 every 24 months

MEDICAL

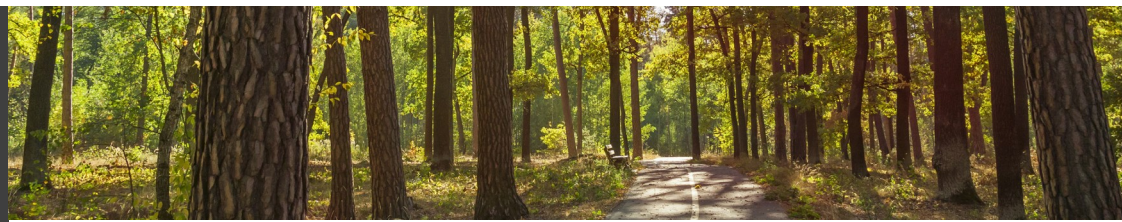


KAISER PERMANENTE INSURANCE PLANS

NOVA Parks offers two Kaiser Permanente insurance plans; the HMO Signature and HMO Select. These plans only provide in-network coverage — **no out-of-network benefits are available.**

The HMO Select plan has the same benefits as the HMO Signature plan, but offers a larger network of doctors to choose from. In other words, the HMO Select plan does not require you or your dependents to visit a Kaiser Permanente medical facility for care, while the HMO Signature plan is a local HMO medical center based design.

Visit www.kp.org or call 1.855.249.5018 for a list of network providers.



BENEFIT	HMO SIGNATURE		HMO SELECT	
	IN-NETWORK ONLY		IN-NETWORK ONLY	
Primary Care Physician (PCP)	\$10 copay ¹		\$10 copay ¹	
Specialty Care	\$20 copay		\$20 copay	
Annual Deductible	None		None	
Out-of-Pocket Maximum	\$3,500 Individual \$9,400 Family		\$3,500 Individual \$9,400 Family	
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	No charge		No charge	
Inpatient Hospital Facility	\$100 per admission		\$100 per admission	
Outpatient Hospital Facility	\$50 per visit		\$50 per visit	
Outpatient Professional Service	\$50 copay		\$50 copay	
Chiropractic Care	Not covered		Not covered	
Hearing Aids	Not covered		Not covered	
Emergency Room	\$50 copay ²		\$50 copay ²	
Urgent Care Facility	\$20 copay		\$20 copay	
TMJ, Surgical and Non-Surgical Physician's Office	Copay costs vary based on location of service		Copay costs vary based on location of service	
In-Patient Mental Health & Substance Abuse Treatment	\$100 per admission ³		\$100 per admission ³	
Annual Prescription Drug Deductible	None		None	
Annual Prescription Drug Out-of-Pocket Maximum	Combined with medical		Combined with medical	
Prescription Drug Kaiser Pharmacy 30 day supply	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order ⁴ : \$20/\$40/\$70		Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order ⁴ : \$20/\$40/\$70	
Prescription Drug Community Pharmacy 30 day supply	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay		Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay	
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS	EMPLOYEE	NOVA PARKS
Individual	\$46.28	\$262.25	\$48.32	\$273.86
Two-Party	\$154.26	\$462.80	\$161.09	\$483.28
Family	\$223.68	\$671.06	\$233.58	\$700.76

¹ No charge for children under 5 years old

² Copay waived if admitted

³ Outpatient: \$10 per individual visit / \$5 per group visit

⁴ 90 day supply



DENTAL



LOW PLAN

HIGH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum	\$1,000		\$1,750	
Diagnostic & Preventive Services Prophylaxis (Cleanings, up to 4 per plan year); Oral Examinations; Topical Fluoride (up to age 14); Bitewing; X-rays	100%	60%	100%	80%
Basic Services Problem Focused Examinations; Fillings; Extractions; Oral Surgery; Endodontics; Scaling, Root Planning, and Periodontal Surgery; Anesthesia; Repairs; Sealants and Space Maintainers (up to age 14)	80%*	40%*	80%*	80%*
Major Services Bridge and Dentures; Crowns, Inlays, Onlays, Implants; Consultations	50%*	10%*	50%*	50%*
Orthodontia Services	Not Covered		Not Covered	
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE		EMPLOYEE	
Individual	\$15.01		\$20.70	
Two-Party	\$30.72		\$42.15	
Family	\$53.11		\$71.29	

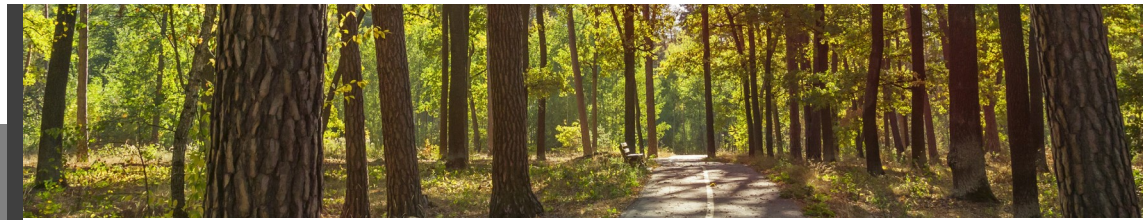
* After deductible

METLIFE DENTAL

NOVA Parks offers two MetLife dental plans; the low plan and high plan. To locate a dentist, visit www.metlife.com/dental or call 1.800.275.4638.

You may choose either an in or out-of-network dentist. However, if you choose an out-of-network dentist, your out-of-pocket costs may be higher. Before receiving service, MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. Your dentist can submit a request online at www.metdental.com or can call 1.877.MET.DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office!

VISION



AVESIS VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 copay	Up to \$35 reimbursement
Frequency Exam/Lenses or Contacts/Frames	12 /12 /24 months	
Frames	\$120 allowance ¹	Up to \$45 reimbursement
Lenses		
Single Vision Lenses	Covered in full after \$15 copay	Up to \$25 reimbursement
Bifocal Vision Lenses	Covered in full after \$15 copay	Up to \$40 reimbursement
Trifocal Vision Lenses	Covered in full after \$15 copay	Up to \$50 reimbursement
Polycarbonate Lenses (Single/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressive	\$75 copay	Up to \$40
Level 2 Progressive	\$110 copay	Up to \$40
All Other Progressive	\$50 allowance + up to 20%	Up to \$40
Transitions (Single/Multi-Focal)	\$70/\$80 copay	N/A
Polarized	\$75 copay	N/A
PGX/PBX	\$40 copay	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses²		
Standard Contact Lens Fitting & Follow-up	\$50 maximum copay	n/a
Elective Contact Lenses	\$110 allowance	Up to \$85 reimbursement
Medically Necessary Contact Lenses ³	Covered in full	Up to \$250 reimbursement
BI-WEEKLY CONTRIBUTIONS		EMPLOYEE
Employee Only		\$3.65
Employee + Spouse		\$7.01
Employee + Child(ren)		\$7.65
Employee + Family		\$9.88

¹ Up to 20% discount above frame allowance

² In lieu of frame and spectacle lenses

³ Prior authorization is required for medically necessary contacts

To locate in-network providers, call 800.828.9341 or visit www.avesis.com. Members who use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement.



VISION



EYEMED

KP*

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	ONLY IN-NETWORK & DEPENDENT COVERAGE
Eye Exam	No charge	Up to \$40 reimbursement	\$10-20 copay ¹
Frequency Exam/Frames & Lenses/Contacts	12/12/12 months		12/12/12 months ^{2,3}
Frames	\$150 allowance ⁴	Up to \$50 reimbursement	No charge ⁵
Lenses Single Vision Lenses Bifocal Vision Lenses Trifocal Vision Lenses	No charge No charge No charge	Up to \$50 reimbursement Up to \$75 reimbursement Up to \$100 reimbursement	No charge ⁵ No charge ⁵ Not covered
Contact Lenses Standard Fitting & Follow-up Premium Fitting & Follow-up Conventional Lenses Disposable Lenses Medically Necessary Lenses ⁷	Up to \$40 copay 10% off retail price \$150 allowance ⁶ \$150 allowance No charge	Not covered Not covered Up to \$140 reimbursement Up to \$140 reimbursement Up to \$225 reimbursement	Not covered Not covered 1 pair covered in full 1 pair covered in full 2 pair covered in full

*No coverage for ages 19 and older, discounts available
¹ Optometrist \$10 copay / Ophthalmologist \$20 copay
² Frames & Lenses in lieu of contact lenses
³ Contact Lenses in lieu of frames & lenses
⁴ 20% off balance over \$150

⁵ Some limitations apply
⁶ 15% off balance over \$150
⁷ Medically Necessary Lenses require prior approval



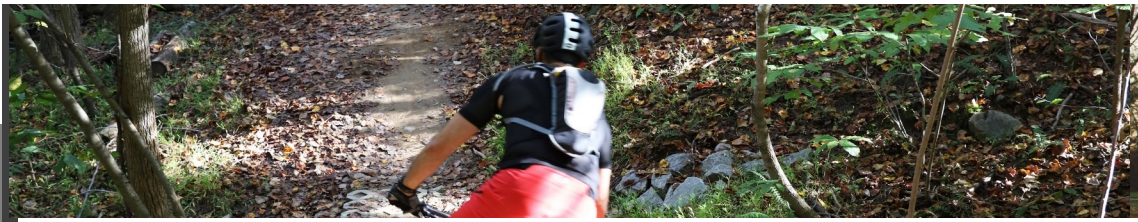
EYEMED VISION

If you are enrolled in a Cigna insurance plan, vision insurance, provided by EyeMed, is included. You have access to providers such as Target Optical, LensCrafters, MyEyeDr, America's Best, Pearle Vision, JC Penney, or Sears Optical. To find a vision provider or discounts, visit www.eyemed.com.



KAISER PERMANENTE (KP) VISION

If your dependents under age 19 are enrolled in the Kaiser Permanente insurance plan offered by NOVA Parks, they have vision benefits included. You and your dependents over the age of 19 have an exam benefit included with your medical insurance. A routine exam is a \$10 copay. You may be eligible to receive a discount on your eyeglass lenses, contacts and frames. Visit www.kp.org for more information.



BUDGET APPROPRIATELY

FSA's are typically "use it or lose it" type programs meaning if you do not use all of the funds you elect to contribute to your FSA during the plan year, you will lose those remaining funds. This is why it is important for you to budget appropriately and use all of the funds within the FSA plan year. With a Health Care FSA, you will be eligible to carryover amounts up to \$640 into the next plan year. The only time you may make a change to your contribution amount is during open enrollment or if you experience an IRS qualified status change.

Internal Revenue Service tax regulations require participants to make a new election each year. In other words, you must complete a new enrollment form each year.

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your pay which may be used to cover out-of-pocket health care expenses incurred by you or your dependents, as well as dependent day care expenses throughout the year.

SAVE ALL RECEIPTS

You must save all receipts from purchases made on your FSA debit card, if provided one. iSolved may request that you substantiate your FSA health care purchases.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE TAX BENEFIT
Health Care FSA	<ul style="list-style-type: none"> • Medical Plan Deductibles • Most Insurance Co-payments • Prescription Drugs • Vision Exams • Eyeglasses/Contacts • Laser Eye Surgery • Dental • Orthodontia (Braces) 	2024 maximum contribution is \$3,200 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made	<p>Save 20% - 40% on your health care expenses</p> <p>Save on purchases not covered by insurance</p> <p>Reduce your taxable income</p>
Dependent Care FSA	<ul style="list-style-type: none"> • Daycare • Day Camp • Eldercare • Before and After School Care 	2024 maximum contribution is \$5,000 per year (\$2,500 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account (You will only be reimbursed based on your accumulated contribution amounts)	<p>Save 20%40% on your dependent care expenses</p> <p>Reduce your taxable income</p>



LIFE & DISABILITY



TERM LIFE AND AD&D INSURANCE

Life Insurance coverage provides important financial protection for your family in the event of your death. Accidental death and dismemberment (AD&D) insurance coverage provides financial protection in the event of death, loss of hand, feet, and/or vision due to a covered accident. NOVA Parks provides all active full-time employees with Term Life and AD&D coverage through Renaissance. The benefit amount is your annual salary rounded to the nearest thousand not to exceed \$100,000. Benefit reductions begin when the employee reaches the age of 65. NOVA Parks pays the full cost of this benefit.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Full-time employees are eligible to purchase voluntary life insurance through Renaissance in increments of \$10,000, with an overall benefit up to the lesser of five times their annual salary or \$500,000. Spouse insurance is available in \$5,000 increments, up to a maximum of \$100,000, not to exceed 50% of the employee's amount. Dependent children can have coverage amounts in \$1,000 increments, up to \$10,000. During open enrollment, Renaissance allows for employees with existing coverage to increase their election by \$10,000 (up to \$100,000) without a medical questionnaire. Medical underwriting is required for all other increases outside of the initial enrollment window or initial elections over \$100,000. Any costs associated with record requests or testing for the medical underwriting will be at the employee's expense. Premiums are based on employee age and amount of coverage elected. Employees are responsible for 100% of the cost of this benefit.

SHORT TERM DISABILITY

Short term disability (STD) is designed to provide income replacement if you become disabled due to an accident or illness and are unable to work. NOVA Parks provides all active full-time employees with STD coverage through Renaissance. The STD benefit replaces 60% of your gross salary to a maximum of \$1,000 per week. NOVA Parks pays the full cost of this benefit.

LONG TERM DISABILITY

Long term disability (LTD) is designed to provide income replacement if you become disabled due to an accident or extended illness and are unable to work. NOVA Parks provides all active full-time employees with LTD coverage through Renaissance. The LTD benefit replaces 60% of your gross salary to a maximum of \$5,000 per month. NOVA Parks pays the full cost of this benefit.

LIFE ASSIST



TRAVEL ASSISTANCE

Whether employees are traveling on business or pleasure, an unexpected illness, virus exposure, toothache, or lost baggage can ruin a trip. With travel assistance services, you have access to emergency transportation, travel support, personal and security assistance, and concierge services while traveling. With a local presence in 200 countries and territories, and 365 24/7 assistance centers staffed with multilingual assistance coordinators, case managers, medical staff and security, travel assistance helps you obtain the care you need in case of an emergency while traveling. In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance, then contact Generali Global Assistance (GGA).

IDENTITY THEFT RESOLUTION ASSISTANCE

With increasing cyber security risks and the significant stress that may be associated with having one's identity stolen, employees may benefit from a resource that will help them restore their identity if they find themselves to be victims of ID Theft.

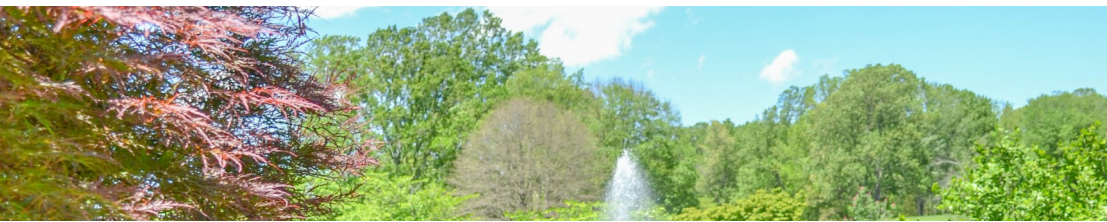
- Certified Resolution Specialists available 24/7 to help resolve any issues that arise
- Assistance with affidavit submission-used to dispute any fraudulent activity to the authorities, credit bureaus and creditors on a Member's behalf
- Creditor Notification, Dispute and Follow-Up
- Assistance in reporting fraudulent activity to the law enforcement and forwarding a report to creditors

BENEFICIARY COMPANION ASSISTANCE

At a time of loss, many survivors may not want to make phone calls and handle paperwork. Our Beneficiary Companion Assistance helps take care of the administrative details involved in closing a loved one's affairs, and helps relieve the stress of paperwork, allowing beneficiaries to focus on the healing process.

- 24/7 counsel and guidance
- Identity protection and resolution assistance in the event of theft
- Notification assistance, third-party vendor and bank communications, social media closure
- Assistance in managing insurance and a loved one's final affairs

To contact Life Assist, call their 24/7 assistance line at 1.213.338.6614 (Local/Direct Number) or 1.833.960.1152 (Toll-free)



RETIREMENT



DEFERRED COMPENSATION

The NOVA Parks Deferred Compensation Plan is administered by MissionSquare Retirement. This plan provides employees with an opportunity to save a portion of their wages for retirement on a pre-tax basis. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement NOVA Parks' defined benefit retirement plan.

The annual deferral limit is set each year, with some employees eligible to make catch-up contributions. If you have questions about your account or catch-up contributions, please contact Human Resources or reach out to MissionSquare Retirement directly at www.missionsq.org or 1.800.669.7400.

DEFINED BENEFIT RETIREMENT PLAN

The NOVA Parks Defined Benefit Retirement Plan is an annual annuity (payable monthly) equal to the employee's average final compensation, multiplied by the number of years of creditable service and 1.9% or 2.1%.* Various annuity forms are available, including survivor benefits for married retirees. There are options for both early and normal retirement. Detailed information is in the Retirement Plan document.

* 1.9% for employees hired after July 1, 2002 and 2.1% for employees hired prior to July 1, 2002.

RETIREE HEALTH INSURANCE

Qualified retirees may participate in the health insurance program. Retirees are subject to the same procedures and rules as active employees. The Retirement Plan will pay a portion of the premium, not to exceed the cap, based on years of service.

DEFERRED COMPENSATION ELIGIBILITY

Employees are eligible to enroll at any time. Changes to the amounts that you contribute can be made on a bi-weekly basis.

Important to note is that you are not allowed to borrow or withdraw any funds from this account while employed with NOVA Parks.

RETIREMENT PLAN ELIGIBILITY

Full-time employees are automatically enrolled and covered.

RETIREMENT PLAN MANDATORY WITHHOLDINGS

Employees contribute 5% of their salary through 26 bi-weekly pre-tax payroll deductions per calendar year.

EAP



EAP ON THE GO

iConnectYou is your EAP app that instantly connects you with professionals for instant support and help finding resources for you and your family. App features:

- Calls
- Instant messaging
- Video
- Make appointments
- Your app history
- Self-help resources and articles
- Account information

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode: 28185.

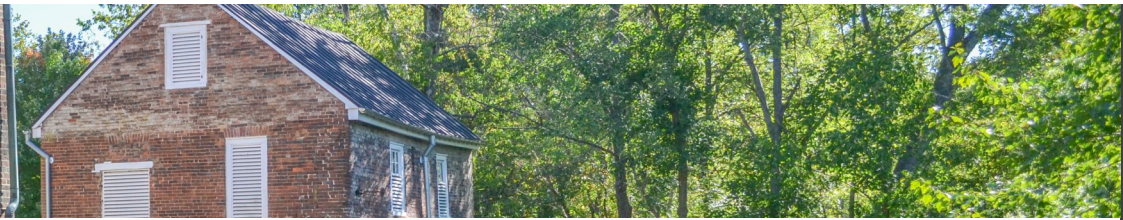


EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a free, confidential employee assistance service that offers practical, real-world solutions to help you manage problems before they adversely affect your personal life, health, and job performance. Full time employees and their household members are eligible for EAP services. The EAP includes:

- Confidential counseling
Short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.
- Legal services
One free 30-minute consultation with an in-network attorney and a 25% discount off the attorney's hourly rate if you choose to retain that attorney. Access wills, advance directives and other legal documents online.
- Financial services
Speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools and calculators are available online.
- Work Life referral services
Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. Consultants can locate resources in a variety of areas, including child care, elder care, identity theft, education information, health and wellness, pet services, and more.
- On-line resources
An interactive web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools.

Call 1.800.346.0110 or log in to www.inova.org/eap for support, referrals, and resources. Username: NVRPA Password: NVRPA



VACATION

- Less than 3 years of service – 4 hours per pay period (equivalent to 13 days per year)
- 3 years but less than 15 years of service – 6 hours per pay period plus 4 hours on anniversary date (equivalent to 20 days per year)
- 15 years of service or more – 8 hours per pay period (equivalent to 26 days per year)

SICK LEAVE

- 4 hours per pay period (equivalent to 13 days per year)

HOLIDAYS

- New Year's Day
- Martin Luther King, Jr. Day
- Inauguration Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving and following Day
- Christmas Eve (1/2 day)
- Christmas Day

TUITION ASSISTANCE PROGRAM

NOVA Parks offers eligible full-time employees benefits under a Tuition Assistance Program. This program provides you tuition assistance to pursue undergraduate or graduate courses from accredited educational institutions so long as the course is related to your current job duties, advancement/promotional opportunities with NOVA Parks, or is required as a core course to complete a job-related degree.

Eligible full-time employees are regularly scheduled to work 40 hours per week and have worked 12 consecutive months. If you are eligible, you can apply to receive reimbursement for up to 9 credit hours per fiscal year. This reimbursement is a tax-free benefit.

For questions or to apply for Tuition Assistance, please reach out to Human Resources



PARK USE PASS

Full-time NOVA Parks employees are eligible to receive a Park Use Pass for themselves, their spouse, and their children under 18 years of age. Employees are allowed to have one guest accompanying them when using the Park Use Pass for one of the free services. Family members are not permitted a free guest.

Free Services:

Pass holders will have access to the following services at no charge. These services are subject to limits on their availability, facility capacity, and time of day.

- Admission to waterparks
- Admission to Carlyle House
- Admission to Meadowlark Botanical Gardens
- Admission to the Festival of Lights, Meadowlark's Winter Walk of Lights, and Ice & Lights.
- Admission to the Temple Hall Fall Festival
- Admissions to NOVA Parks interpretive programs
- Mini Golf
- Batting Cages
- Climb Upton Ropes Course
- Golf round, cart, and rental clubs (Monday - Thursday anytime, Weekends after 12:00)
- Golf driving range
- Disc Golf
- Shooting Center gun rental and Learn to Shoot course. Ammunition and target fees not included.
- Boat and motor, kayak, or stand up paddle board rental or launch
- Campground site for tent or RV

Discount Services:

Pass holders are also offered the following discounts for service that they directly use. A pass holder may not convey the discounts to other non-pass holders. These services are subject to limits on their availability, facility capacity, and time of day or year.

40% off the current price for:

- Picnic Shelter Rentals; does not include Corporate Pavilions or Eagle's Nest.
- Cottage and Cabin Rentals during non-peak seasons or weekdays (Monday - Thursday) during peak seasons.
- Event Venue Rentals for The Atrium, The River View, Rust, and The Woodlands. Discounts only apply to event venue rentals from Monday - Thursday during the months of March - October and Fridays or Sundays during the months of November - February.

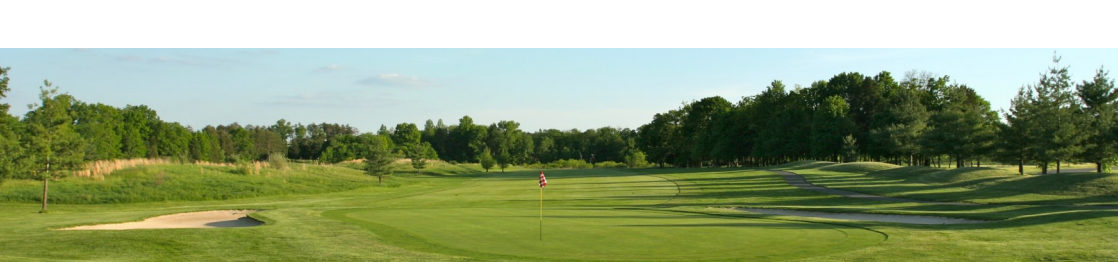
25% off the current price for:

- Catering Services (group catering only; does not apply to individual food sales)
- Birthday Packages
- Summer Camps

Products & Services where discounts are not offered:

Unless otherwise noted, boat and RV storage, retail items like individual food sales, or retail items carried at our pro shop, gift shop, camp store, on-line store, and/or other retail outlets are for sale at their listed price. Park Managers may authorize certain food items at a discount for park employees.

Many special events are produced by outside organizations and held at NOVA Parks facilities. Pass holders have no discounted or free admissions to such events hosted by an outside group.



MEDICARE PART D

IMPORTANT NOTICE FROM NOVA PARKS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you and/or your covered dependents are not Medicare eligible, this document is for information purposes only.

However, if any of your covered benefit eligible dependents are Medicare eligible, please read this information carefully so that you and your dependents can make an informed decision regarding their prescription drugs.

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with NOVA Parks 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. NOVA Parks has determined that the prescription drug coverage offered by Cigna and Kaiser Permanente 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 NOVA Parks group health plan coverage may be affected.

You have the following options regarding your health and prescription drug coverage:

- Keep your current NOVA Parks health plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or
- Opt out of your current NOVA Parks health plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to get your NOVA Parks health plan coverage back if you opt out of it, unless (as a dependent) you become eligible to re-enroll due to a Qualifying Change in Status Event.

Remember: Your current NOVA Parks health coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a different Medicare prescription drug plan and drop your health coverage with NOVA Parks.

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 NOVA Parks 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 NOVA Parks Human Resources at (703) 352-5900 for further information or call CIGNA at (800) 244-6224 or Kaiser Permanente at (800) 777-7902.

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 NOVA Parks 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).

DISCLOSURES



NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S 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).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)
If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to

enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) at a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B.] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program). Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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 July 31, 2022. 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
Website: 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/>



DISCLOSURES

Health First Colorado Member Contact Center:
 1-800-221-3943/ State Relay 711
 CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
 CHP+ Customer Service: 1-800-359-1991/ State Relay 711
 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
 HIBI Customer Service: 1-855-692-6442

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

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
 Healthy Indiana Plan for low-income adults 19-64
 Website: <http://www.in.gov/fssa/hip/>
 Phone: 1-877-438-4479
 All other Medicaid
 Website: <https://www.in.gov/medicaid/>
 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

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: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

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: <https://www.maine.gov/dhhs/ofi/applications-forms>
 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: (617) 886-8102

MINNESOTA – Medicaid
 Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
 Phone: 1-800-657-3739

MISSOURI – Medicaid
 Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 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: 1-855-632-7633
 Lincoln: 402-473-7000
 Omaha: 402-595-1178

NEVADA – Medicaid
 Medicaid Website: <http://dhcpf.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 5218

NEW JERSEY – Medicaid and CHIP
 Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

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: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
 Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid
 Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
 Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 Phone: 1-800-692-7462

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: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
 Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT – Medicaid
 Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
 Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
 Medicaid Phone: 1-800-432-5924
 CHIP Phone: 1-800-432-5924

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

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

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: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

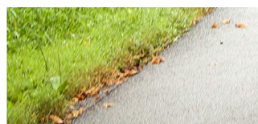
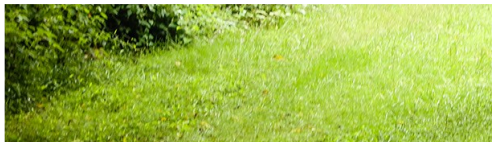
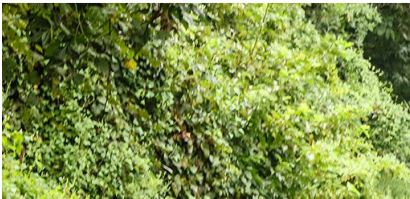
U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.