

**Barr & Barr**

**2024-2025**

EMPLOYEE BENEFITS GUIDE  
& OPEN ENROLLMENT



**Barr & Barr, Inc.** strives to offer you and your dependents a competitive and comprehensive benefits package. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

## QUESTIONS?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)** and complete the fields.



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# ELIGIBILITY & PLAN CHANGES

## WHO IS ELIGIBLE TO ELECT BENEFITS?

If you are a benefits-eligible employee (regular full-time employee scheduled to work a minimum of 30 hours per week), you can enroll in the benefits described in this Guide.

## WHEN DOES COVERAGE BEGIN?

Coverage will be effective the first of the month following 30 days of employment, provided you complete your enrollment within 30 days of your hire date.

During Open Enrollment coverage for benefits elected will be effective August 1, 2024. Premiums associated with those elections are withheld each pay period.

## DEPENDENTS

### Eligible dependents include:

- An employee's lawfully married spouse
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability (periodic certification may be required).

*Verification of dependent eligibility may be required upon enrollment.*

## QUALIFYING LIFE EVENTS

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a Qualifying Life Event.

### Qualifying Life Events include:

- Marriage or divorce
- Death of a spouse or dependent
- Birth or adoption of a child
- Termination or commencement of employment for your spouse
- Change in employment status (full-time to part-time or part-time to full-time) for you or your spouse that affects benefits eligibility
- Taking an unpaid, medical leave of absence by either you or your spouse



**NOTE:** When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.



# READY FOR OPEN ENROLLMENT?



Barr & Barr covers a significant amount of your benefits costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, for federal and where allowed by state, lessening your tax liability. Employee contributions vary depending on the level of coverage you select - typically, the more coverage you have, the higher your portion.

## OPEN ENROLLMENT RUNS FROM JUNE 1, 2024 THROUGH JULY 31, 2024.

If you miss this Open Enrollment deadline, you must wait until the next Open Enrollment unless you experience a Qualifying Life Event during the year that allows you to make a change.

## WELLNESS PROGRAM RUNS FROM JUNE 1, 2024 TO JULY 19, 2024.

Wellness Programs will continue to be offered to **employees and covered spouses** on the Medical/Prescription plan in a modified setting. See page 5 for more information.



## OPEN ENROLLMENT ACTION ITEMS

- ☒ **Update your personal information.**  
If you've experienced any life changes since the last Open Enrollment period - such as the birth of a child or a move - you may need to change your elections or update your pertinent details.
- ☒ **Double-check covered medications.** If you make any changes to your plan, consider how it affects your prescriptions.
- ☒ **Review available plans' deductibles.**  
Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.
- ☒ **Consider your HSA\*.** An HSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding this to your benefits can help with your long-term financial goals.
- ☒ **Check your networks.** Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.
- ☒ **Other Voluntary Insurance.** See pages 11, 12, 17 to 19 for more plan details.

*\* This applies if you are changing your medical plan from a traditional plan to an HSA plan.*



# WELLNESS PROGRAM



The Wellness Program is offered to new hires\*, employees and lawfully married spouses on the Medical/Prescription plan. The savings is a 10% reduction in your weekly contribution if you and your spouse complete all 3 requirements.

## HOW TO QUALIFY FOR SAVINGS

To qualify for your savings you and your spouse will need to complete the following wellness requirements **by July 19th**:

- Complete a **CONFIDENTIAL** Health Risk Assessment by registering at [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com) and completing the Know Your Number Assessment.
- Complete a Biometric Screening which includes cholesterol, glucose, blood pressure, BMI, waist, height/weight.
- Complete a Non-Tobacco User Affidavit or complete a Tobacco Cessation Program

## REGISTER ON THE WELLNESS PORTAL

If you have not done so yet, please follow the directions below to create an account.

- Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com) and click the link to create an account as a New Member
- Enter the Company ID: **12188** and select **“Yes”** to confirm the company name listed is correct.
- Create a Username, Password, and enter required Personal Information. Select **“Create Account”** and accept the terms of the Consent Form.

## TOBACCO CESSATION PROGRAM

Barr and Barr will help you and your spouse become a non-smoker/non-tobacco user with the Tobacco Cessation e-Learning series. The **Wellworks For You Tobacco Cessation e-Learning Series** is an interactive program to help participants quit smoking, tobacco, or nicotine use. This six-week, self-study program is designed to educate, inform, and inspire behavioral change. The program contains a pre- and post-module survey, intended to assess a readiness to change in an individual, and six (6) modules that each include a video and a quiz. Participants will receive information to create a personalized quit plan, as well as online resources, to support participants through each step of the quitting process.

**\* New Hires and their spouses must complete this assessment within 30 days of hire date.**

# MEDICAL BENEFITS

## MERITAIN



Below is a summary of the medical plans available to you. Medical benefits are provided through Meritain, an Aetna company. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing the right plans for you and your family. Keep in mind your choice is effective for the full plan year unless you have a qualifying life event. Premium contributions for medical are deducted from your paycheck on a pre-tax basis, for federal and where allowed by state. Your level of coverage determines your weekly contribution. To review the weekly Medical Plan Contributions see page 15.

### AETNA HDHP WITH HSA

### AETNA CHOICE POS II

IN-NETWORK BENEFITS		
PLAN YEAR DEDUCTIBLE	\$1,700 individual / \$3,400 family	\$500 individual / \$1,000 family
OUT-OF-POCKET MAXIMUM	\$4,000 individual / \$8,000 family	\$1,500 individual / \$3,000 family*
COINSURANCE	Plan pays 80%	Plan pays 90%
PREVENTIVE CARE SERVICES	100%, no deductible	100%, no deductible
PCP OFFICE VISITS	80% after deductible	\$25 copay, no deductible
SPECIALIST OFFICE VISIT	80% after deductible	\$40 copay, no deductible
INPATIENT HOSPITAL	80% after deductible	Plan pays 90% after deductible
OUTPATIENT SURGERY	80% after deductible	Plan pays 90% after deductible
LABORATORY	80% after deductible	100%
DIAGNOSTIC-X-RAY/IMAGING	80% after deductible	100%
EMERGENCY ROOM (WAIVED IF ADMITTED)	80% after deductible	\$150 copay, no deductible
URGENT CARE	80% after deductible	\$50 copay, no deductible
OUT-OF-NETWORK BENEFITS		
DEDUCTIBLE	\$4,000 individual / \$8,000 family	\$1,500 individual / \$3,000 family
OUT-OF-POCKET MAXIMUM	\$8,000 individual / \$16,000 family	\$4,500 individual / \$9,000 family*
COINSURANCE (% PLAN PAYS)	60%, after deductible	70%, after deductible

\* Includes deductibles, copays, coinsurance

# PRESCRIPTION DRUG SUMMARY

## CVS CAREMARK



The prescription drug plans that are included with the Meritain medical plans are administered by CVS Caremark. Please review the information below regarding the CVS Caremark Performance Drug List and Mail Order program. Remember, always discussing generics with your physician could save you money.

### AETNA HDHP WITH HSA

### AETNA CHOICE POS II

#### PRESCRIPTION BENEFITS (CVS/CAREMARK)

<b>PRESCRIPTION DEDUCTIBLE</b>	Combined with Medical	N/A
<b>PRESCRIPTION OUT-OF-POCKET MAXIMUM</b>	Combined with Medical	\$5,100 individual / \$10,200 family**
<b>RETAIL PHARMACY (30 DAY-SUPPLY)</b> Generic/Brand Preferred/Brand Non-Preferred	80% after deductible	\$15 / \$35 / \$50
<b>SPECIALTY MEDICATIONS</b>	80% after deductible	20% to \$100 max. script
<b>MAIL ORDER (90-DAY SUPPLY)</b> Generic/Brand Preferred/Brand Non-Preferred	80% after deductible	\$38 / \$88 / \$125

\* Includes deductibles, copays, coinsurance

## MAINTENANCE MEDICATION

### (90-DAY SUPPLY)

Maintenance medications are those that you take for ongoing medical conditions like diabetes, high blood pressure and asthma. Maintenance drugs can be ordered through CVS Caremark's mail order pharmacy and delivered to your home. Members can receive up to 2 fills at a local retail pharmacy until you have to start using mail order for additional maintenance medications. After the second fill of the maintenance medication at the local retail pharmacy, members will not be able to obtain any additional fills of those scripts at the pharmacy. Members will be instructed to submit for mail order delivery for those scripts going forward.

## PERFORMANCE DRUG LIST (PDL)

You can access a copy of the most current Performance Drug List at [www.caremark.com](http://www.caremark.com) or by contact the CVS Caremark Member Service Department at **800.334.8134**. We encourage you to review the PDL as it may provide lower cost alternatives for your medications.

## GETTING STARTED WITH MAIL ORDER

- Register on [www.caremark.com](http://www.caremark.com). Click on "Start a New Prescription" and then click on "FastStart".
- Call **800.845.0867** to speak to a representative that will assist you filling your prescriptions through mail.
- Contact your physician for a new prescription(s) for each maintenance medication for a 90-day supply with up to three refills, complete the mail order form and mail your prescriptions.

If you have questions call CVS Caremark at **800.334.8134**

(Monday-Friday, 8:00 am to 5:00 pm ET)

# MAXIMIZE YOUR BENEFITS ADDITIONAL TOOLS & RESOURCES



## MERTAIN TOOLS & RESOURCES

With Meritain Connect, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available on Meritain Connect:

- Verify eligibility and benefits
- Find a doctor or hospital in your Network
- Find the status of a claim
- View your Explanation of Benefits (EOB)
- View deductibles and out-of-pocket limits

Go to [www.meritain.com](http://www.meritain.com) to get started today!

## HEALTHCARE BLUEBOOK

Did you know the price of a medical procedure from one facility to another can be hundreds to thousands of dollars different? It's true. Not only that, healthcare costs have doubled in the past nine years. With Healthcare Bluebook, you have the power to see these price differences and choose where you go for your medical procedures - giving you more chances to save money.

## COMPARE PRESCRIPTION PRICES AND SAVE WITH GOODRX!

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips. **This is a GREAT RESOURCE for members enrolled in the HDHP plan!**

Learn more about GoodRx and start saving today by visiting [connerstrong.goodrx.com](http://connerstrong.goodrx.com).



Download the mobile app for Apple and Android devices today! In no time at all you can search, find, and save on medical costs— it doesn't get much easier. Visit [www.meritain.com](http://www.meritain.com) for more information.



# MAXIMIZE YOUR BENEFITS

## ADDITIONAL TOOLS & RESOURCES



### VALENZ HEALTH KISx

#### How Does it Work?

Before seeking in-network providers through your health plan, just call a Valenz Health KISx Card nurse regarding your elective procedure. By choosing a Valenz Health KISx Card provider, you will always **pay \$0**. You must be enrolled in Barr & Barr's medical plan to take advantage of this benefit.

The Valenz Health KISx Card has access to the largest national footprint of contacts with surgery centers. The KISx Card is the operational front, guiding you through the entire process and paying the facility directly.

#### Common procedures include:

- Orthopedics
- General Surgery
- Colonoscopies
- Major Imaging

#### To Contact Valenz Health KISx:

- Call **877-438-5479**
- Visit [www.valenzhealth.com/members/care-management/surgery-imaging/](http://www.valenzhealth.com/members/care-management/surgery-imaging/)

### CANCER CARE

The CancerCARE Program is an additional benefit that focuses on helping members diagnosed with cancer. The CancerCARE medical team will be available from the day of your diagnoses and beyond. The program will grant you access to a national network of the best doctors, hospitals, and technology nationwide. The medical staff has decades of experience treating cancer and prides themselves on staying up-to-date with the latest cancer treatments and technologies.

#### To contact CancerCARE

- Call **877.640.9310**
- Email [cancermanagement@cancercareprogram.net](mailto:cancermanagement@cancercareprogram.net)
- Visit [cancercareprogram.net](http://cancercareprogram.net)

### REGENEXX

Regenexx implements your body's natural healing agents by employing your own stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon and ligament tissues - eliminating the need for up to 70% of elective orthopedic surgeries.

To learn more, visit:

<https://regenxxbenefits.com/barrandbarr>

# TELEMEDICINE

## HEALTHJOY

Using benefits can be complicated. HealthJoy makes it simple and is here to help your family anytime, anywhere. HealthJoy is the company's benefits experience platform. Through personalized guidance and AI technology, HealthJoy empowers YOU to understand and use your benefits.

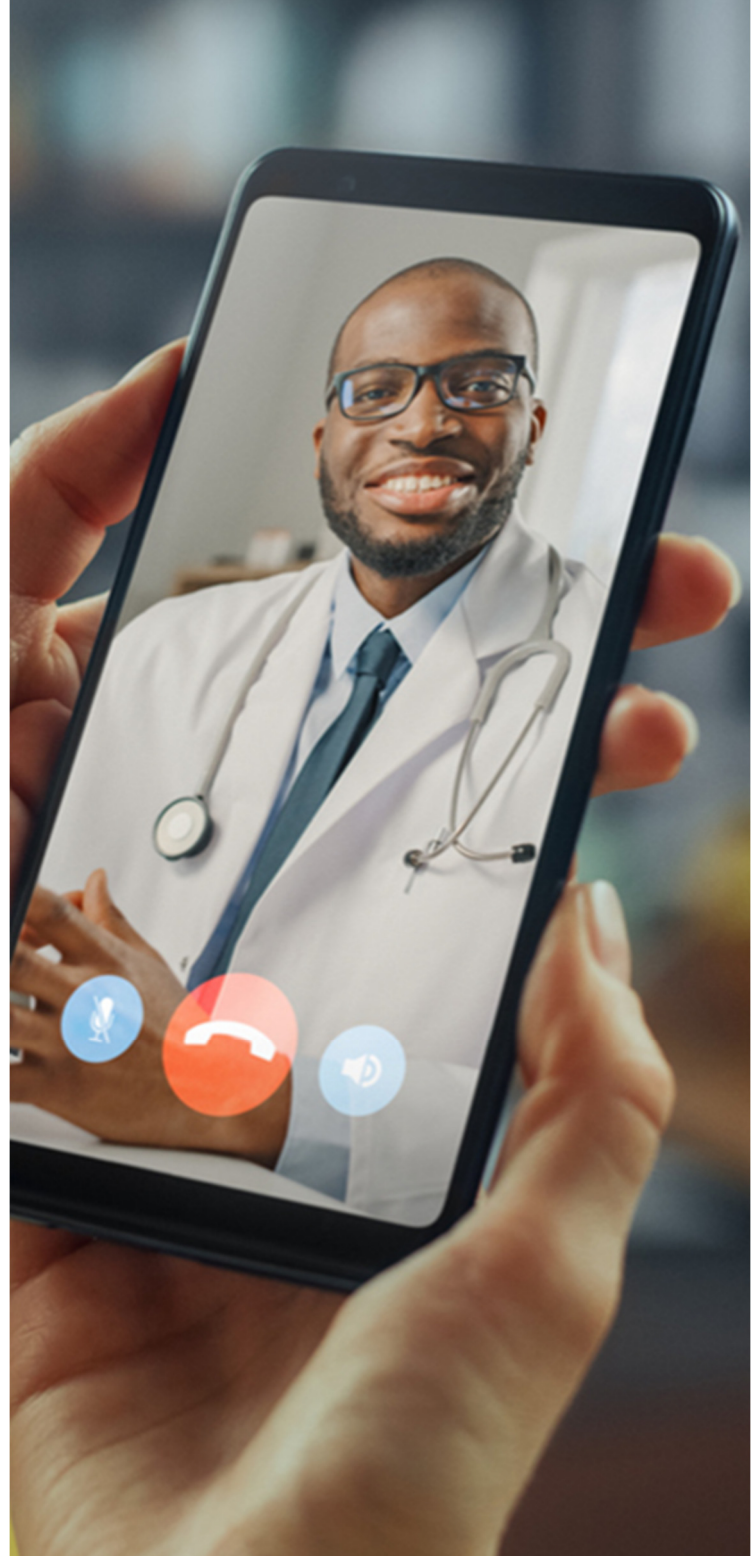
HealthJoy is the first stop for all of your healthcare and employee benefit needs. This service is provided to all employees who have medical benefits through Barr & Barr for free and is personalized for you. You will have instant access to an up-to-date benefits wallet with all of your benefit ID cards.

### HOW CAN HEALTHJOY HELP YOU?

- You can send benefits questions to HealthJoy's healthcare LIVE concierge team
- Use HealthJoy's provider search to choose in-network providers and find the best value and quality care based on your benefits
- Have an expert review or negotiate your medical bills
- Spouses and dependents (age 18 and over) can use HealthJoy to access online medical consultations and support

### HEALTHJOY INCLUDES

- Digital benefits wallet with all of your benefit ID cards
- Online Doctor Consultations
- Healthcare concierge
- Prescription Drug Savings Review
- Medical Bill Review
- Appointment Booking
- Provide Recommendations
- HSA/FSA Support



To start using HealthJoy download the app from the App Store or Google Play, scan the QR code or call **877.500.3212**.



SCAN ME

# VOLUNTARY DENTAL PLAN

## CIGNA



Brushing, flossing, and visiting your dentist are essential parts of maintaining your oral health. Barr & Barr offers the below Cigna Dental plan to employees. Since this plan is optional, the employee is responsible for 100% of the premium.

### VOLUNTARY CIGNA DENTAL PPO

REIMBURSEMENT LEVELS	DPPO ADVANTAGE Based on reduced contracted fees	DPPO IN-NETWORK Based on reduced contracted fees	OUT-OF-NETWORK*
<b>CALENDAR YEAR DEDUCTIBLE</b> (Individual/Family)	\$50 / \$150	\$100 / \$300	\$100 / \$300
<b>CALENDAR YEAR MAXIMUM</b> (per patient)	\$1,500	\$1,000	\$1,000
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b> Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100% covered	100% covered	100% covered
<b>BASIC SERVICES</b> Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	100% after deductible	80% after deductible	80% after deductible
<b>MAJOR SERVICES</b> Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	60% after deductible	50% after deductible	50% after deductible
<b>ORTHODONTIA BENEFITS</b> (children age 19 and below)	50%	50%	50%
<b>ORTHODONTIA LIFETIME MAXIMUM</b> (Child Only)	\$1,000	\$1,000	\$1,000

\* Out-of-Network provider services are paid based on the Maximum Reimbursable Charge. For this plan, the Maximum Reimbursable Charge is calculated at the 90th percentile of all provider charges in the geographic area.

DPPO Advantage and In-Network providers are paid based on the Contracted Fee that is agreed to by the provider and Cigna. Based on the provider's Contracted Fee, a higher level of plan payment may be made to a Participating Provider resulting in a lower payment responsibility for you. To determine how your Participating Provider compares, refer to your provider directory.





# VOLUNTARY VISION PLAN EYEMED



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. Barr & Barr provides quality vision care for you and your family through EyeMed. Since this plan is optional, the employee is responsible for 100% of the premium.

## VOLUNTARY EYEMED VISION PLAN

INSIGHT NETWORK	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
<b>EXAM</b>	\$10 Copay	\$40
<b>FRAMES</b>	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$91
<b>LENSES</b>		
Single Vision Lenses		\$30
Bifocal Lenses	\$10 Copay	\$50
Trifocal Lenses		\$70
Lenticular Lenses		\$70
<b>CONTACT LENSES</b> (in lieu of eyeglasses)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 Copay; 100% of balance over \$130 allowance	\$130
Medically Necessary	\$0 Copay, Paid in Full	\$300
<b>FREQUENCY</b>		
Vision Exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

## YOU'LL LIKE THE SOUND OF THIS

Because we want you to enjoy all that life has to offer, EyeMed members get more than just great vision benefits - you get access to hearing discounts through Amplifon Hearing Health Care. You heard us correctly - you get special discounts through the world's largest distributor of hearing aids and services, just for being an EyeMed member. Call **844.526.5432** to schedule a hearing exam today!



## SAVINGS YOU CAN HEAR LOUD AND CLEAR!

- 40% off hearing exams
- Discounts on thousands of hearing aids
- Low price guarantee
- 3-year warranty
- 60-day hearing aid trial period
- Free batteries for 2 years with initial purchase

# HDHP W/HSA PLAN

## HSA BANK



**Barr & Barr offers a low cost HDHP medical/prescription drug plan with Health Savings Account (HSA) through HSA Bank.**

### HSA HIGHLIGHTS

- An HSA is an account that lets you set aside money before taxes are calculated to save or pay for eligible expenses. Deductions will be made from your paycheck and automatically sent to your HSA.
- The 2024 maximum combined contribution toward an HSA is \$4,150 if enrolled as an individual or \$8,300 if enrolled as a family.
- If you are 55 or older, you can make “catch-up” contributions, meaning you can deposit an additional \$1,000 per year. If your spouse is also 55 or older, he or she may establish a separate HSA and make a “catch-up” contribution to that account.
- Funds in your HSA **roll over from year to year**.
- An HSA is portable, meaning that if you change plans or retire, you can take your HSA funds with you.

### REMINDER

If you have become Medicare eligible you will need to be on a medical plan with credible coverage or risk penalty at a later date when signing up for Medicare Part D. Our Aetna Choice POS II program qualifies for credible coverage.

### HSA CONTRIBUTIONS

Barr & Barr will be contributing an additional **\$200** to employee's HSA with a total of **\$1,200 contribution for single coverage** and a **\$2,400 contribution to the HSA for family coverage**.

These contributions will be split in two equal deposits, the first in August and the second in February.

### HSA ELIGIBLE EXPENSES INCLUDE:

- Medical and prescription drug deductibles, coinsurance, and copayments
- Dental deductibles, coinsurance, and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses, and glasses

**Important Note:** For more detailed information on eligible expenses, please refer to IRS publication 502 entitled “Medical and Dental Expenses”.

[www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

### HSA BANK MEMBER SERVICES

- Member website or mobile app with personalized Dashboard 24/7 access
- Potential opportunities to build retirement savings through self-directed investment options

For more information, visit [www.hsabank.com](https://www.hsabank.com) or contact the Client Assistance Center by calling **800.357.6246**.

# FLEXIBLE SPENDING ACCOUNTS

## ADMINISTERED BY BARR & BARR

Flexible Spending Accounts (FSAs) provide a tax-advantaged way to help you pay for certain out-of-pocket expenses. An FSA allows you to set aside money on a pre-tax basis to pay for eligible Healthcare and/or Dependent Care expenses.



### REMEMBER!

You must enroll/re-enroll in the FSA plans each year.

### “USE-IT-OR-LOSE-IT” RULE

If you do not use the money you contributed toward your Healthcare FSA by the end of the plan year, you have until March of the following year to submit bills paid during the current year.

Please note you cannot carry over remaining Dependent Care FSA dollars to the next plan year.

## HEALTHCARE FSA

The Healthcare FSA allows you to set aside pre-tax, for federal and where allowed by state. Via payroll deductions to pay for qualified healthcare expenses for you and your dependents. You can contribute between **\$200** to **\$3,200** per calendar year.

### CARES Act and Qualifying Medical Expenses

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter medications and products. Specifically, the act treats additional over-the-counter medications, along with menstrual care products, as qualified medical expenses that may be paid for using FSAs or other tax-advantaged accounts. Check out IRS Publication 502 on [www.irs.gov](http://www.irs.gov) for a complete list of eligible expenses.

## DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars, for federal and where allowed by state. toward qualified dependent care expenses. The annual maximum amount you may contribute is **\$5,000** (or \$2,500 if married and filing separately) per plan year.

### The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

## PLAN YOUR FSA CONTRIBUTIONS CAREFULLY

It's important that you plan your contributions to the FSAs carefully. Consider how much you expect to spend on out-of-pocket health care and prescription drug and/or dependent care expenses in 2024, recognizing that your needs may have changed from the previous year. Once you have elected your contribution amount and the plan year begins, you cannot change your contributions or stop contributing during the year unless you have a qualifying status change, such as gaining or losing a dependent.

## USING THE ACCOUNT

You must submit a claim form along with required documents to the payroll department.



# EMPLOYEE CONTRIBUTIONS WEEKLY PAYROLL DEDUCTIONS



**Good News!** Employee contributions for the Medical/Prescription Drug, Dental, and Vision plans will not be changing for the 2024/25 plan year.

## MEDICAL/PRESCRIPTION DRUG CONTRIBUTIONS

	AETNA HDHP WITH HSA		AETNA CHOICE POS II PLAN	
ENROLLMENT TIERS	<u>WITH</u> WELLNESS CREDIT	<u>WITHOUT</u> WELLNESS CREDIT	<u>WITH</u> WELLNESS CREDIT	<u>WITHOUT</u> WELLNESS CREDIT
<b>SINGLE</b>	\$38.86	\$43.23	\$48.58	\$54.04
<b>FAMILY</b>	\$95.77	\$106.36	\$119.63	\$133.01

## DENTAL CONTRIBUTIONS

VOLUNTARY CIGNA DENTAL PLAN	
ENROLLMENT TIERS	
<b>EMPLOYEE</b>	\$11.10
<b>EMPLOYEE + SPOUSE</b>	\$23.13
<b>EMPLOYEE + CHILD(REN)</b>	\$21.20
<b>EMPLOYEE + FAMILY</b>	\$33.23

## VISION CONTRIBUTIONS

VOLUNTARY EYEMED VISION PLAN	
ENROLLMENT TIERS	
<b>EMPLOYEE</b>	\$1.70
<b>EMPLOYEE + SPOUSE</b>	\$3.22
<b>EMPLOYEE + CHILD(REN)</b>	\$3.39
<b>EMPLOYEE + FAMILY</b>	\$4.99

# EMPLOYEE ASSISTANCE PROGRAM

## HEALTHWELL

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

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

### HOW THE EAP WORKS

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

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

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



### START USING HEALTHWELL EAP

For personal and confidential assistance 24/7/365, contact *Healthwell* at **888.723.2466** or visit LifeMatters online at **<https://mylifematters.com>**

Password: **WWFY2**

# ADDITIONAL BENEFITS

## AFLAC

Aflac is proudly offered at Barr & Barr! Want to get paid if you get sick or hurt? Aflac does not replace your medical insurance (that pays doctors and hospitals). Aflac pays **cash to you** to help with out-of-pocket costs. All plans are voluntary, supplemental and portable. Premiums are deducted from your paycheck on a pre-tax basis, for federal and where allowed by state.

### ACCIDENT PLAN

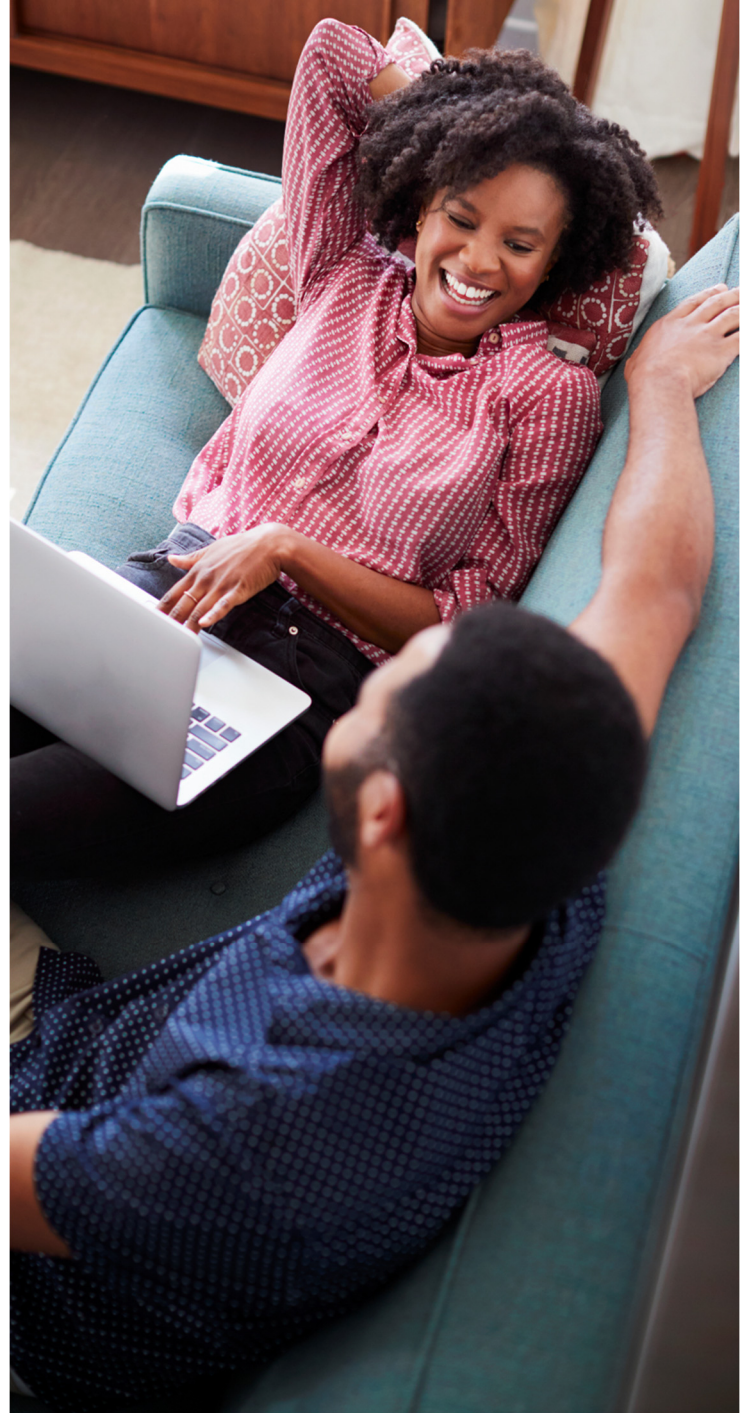
Aflac's accident insurance coverage you and your family if you are hurt on or off the job, 24 hours a day, seven days a week. This plan has coverage for accidental injuries, whether a car accident, broken arm, cut or sprained ankle - whatever injury sends you or a family member to seek treatment. Coverage includes a hospital stay benefit, physical therapy, follow-up treatments and more. Includes an accidental death benefit.

### CANCER INDEMNITY

The risk of Cancer in the US is 1 in 2 men, 1 in 3 women - 50% of all US families will be affected by this disease. Most people don't realize that the indirect cost can be devastating. This plan helps provide an important safety net in fighting the financial consequences of a diagnosis of internal cancer. This plan includes a benefit for an annual cancer screening for each covered person. The best way to beat it is to catch it early!

### GUARANTEED ISSUE HOSPITAL PLAN

A hospital stay can be an expensive one, with costs racking up quickly. Aflac pays you for a hospital stay for any covered accident or sickness, no matter what other insurance you have. Many plans offer additional benefits for doctor visits, diagnostics, emergency room visits and more.



All of these plans are Guaranteed renewable for life. Spouse and dependent child coverage is available.

### QUESTIONS?

Interested in learning more about these valuable programs? Contact Cindy Flood (email, text, or call) at **201.819.4085** or **Cynthia\_Flood@us.aflac.com**.



# ADDITIONAL BENEFITS NEW YORK LIFE



## HEALTHY REWARDS

Healthy Rewards participants can enjoy instant savings between 10% and 40% on various wellness programs and services, ranging from Weight Management and Nutrition, to Vision and Hearing Care, and Tobacco Cessation.

Call **888.842.4462** or visit [www.newyorklife.com](http://www.newyorklife.com).

## WILL PREPARATION & IDENTITY THEFT

- Education on how to avoid identity theft, consultation with a Fraud Resolution Specialist, and a fraud resolution kit that provides the right documents to use and steps to follow.
- Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents.
- Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees.

Call **888.842.4462**, Monday - Friday, 9:00 am to 11:00 pm EST (6:00 am to 8:00 pm PST) to speak to a representative.

## SECURE TRAVEL

Emergencies can happen while traveling, but help is only a phone call away with Secure Travel. Secure Travel offers pre-trip planning, assistance while traveling, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home. Service is a phone call away, 24/7/365 - in an emergency you can even call collect.

To learn more, call **888.842.4462**.

# LIFE & DISABILITY INSURANCE

## NEW YORK LIFE



### LIFE INSURANCE

All active full-time employees working a minimum of 30 hours per week are automatically enrolled in the Basic Life & Accidental Death and Dismemberment (AD&D) plan. This coverage is available to Barr & Barr employees at **no cost** - the company pays 100% of the Basic Life and AD&D premium. The Basic Life and AD&D benefit is 1 times annual compensation to a maximum of \$100,000. Employees must name both a primary and contingent beneficiary.

### VOLUNTARY TERM LIFE INSURANCE

- **Employee:** Units of \$25,000 up to maximum of \$500,000
- **Spouse:** Units of \$12,500 to the lesser of 50% of employee life insurance amount of \$250,000
- **Child:** Birth to 14 days: \$500; 15 days to 6 months \$1,000; 6 months of 19 years: units of \$1,000 to \$10,000

**Note:** You must purchase Voluntary Life Insurance for yourself to be eligible to purchase Life Insurance for your spouse and/or child(ren).



### SHORT-TERM DISABILITY

- **Weekly Benefit:** 70% to \$1,500 Maximum
- **Benefit Waiting Period:** 0 Days Accident; 7 Days Sickness
- **Maximum Benefit Duration:** 13 weeks Accident; 12 weeks Sickness

### LONG-TERM DISABILITY

All active, full-time employees working a minimum of 30 hours per week are eligible to participate in the Long-Term Disability Insurance Plan (LTD).

After satisfying the 90-day elimination period, the benefits pay 60% to a maximum of \$13,000 per month. Benefits are non-taxable.

#### PLEASE NOTE:

If you are enrolling in voluntary life insurance for the first time, or increasing your election, you will be subject to Evidence of Insurability (EOI) requirements and New York Life will need you to answer medical questions to guarantee coverage.

# WHOLE LIFE INSURANCE

## NEW YORK LIFE

Whole Life Insurance is for employees looking for lifetime protection with added benefits. In addition to providing a guaranteed life insurance benefit, it also offers an important way to plan for the future, helping you to be prepared for whatever lies ahead.

### ELIGIBILITY REQUIREMENTS

Eligible employees must be employed by the company for at least 90 days. During that time, the employee must have been actively and continuously at work on a full-time basis (30 hours a week). A completed application is all that's required for approval.

### HOW DOES IT WORK?

Voluntary Payroll Deduction allows you to purchase a permanent whole life insurance policy at Barr & Barr through the convenience of automatic weekly payroll deductions from your paycheck.

### FACE AMOUNTS

- **Employee** - Minimum: \$10,000; Maximum: \$150,000
- **Spouse** - Minimum \$10,000; Maximum: \$50,000
- **Child(ren)/Grandchild(ren)** - Minimum: \$10,000; Maximum: \$50,000

### BENEFITS

- **Guaranteed Cash Value** - Employee's Whole Life (EWL) is guaranteed to have cash value starting on the first anniversary that will be equal to one monthly premium.
- **Portable** - You own the policy, it stays with you as long as you continue to pay the premiums, even if you leave the company or retire.
- **Permanent** - In addition to permanent protection, your policy builds guaranteed tax-deferred cash value that you can borrow against to meet various needs, such as your children's college funding, help to pay off a mortgage, or to supplement retirement income as your life insurance needs decrease.
- **Participating** - While the policy is in effect, it is eligible to receive dividends on the policy anniversary, if all premiums due before then have been paid. Dividends are not guaranteed.
- **Flexible** - Optional policy riders can be used to help you customize your policy to fit your individual needs.
- **Family Friendly** - Coverage is available for your spouse, domestic partner, child(ren), and grandchild(ren).

### QUESTIONS?

Interested in learning more about this program? Contact Matthew Pomerantz at **212.261.9555** or email **matthew@millerpomerantz.com**.



# 529 PLANS

Barr & Barr provides employees with the opportunity to contribute to a state 529 College Savings Plan ("529 Plan"). Once you open a 529 Plan you will need to provide payroll the information so the contributions deducted from your paycheck, on a pre-tax basis, can be sent to your plan for you on a weekly basis.

529 Plans offer a tax-advantaged way to **SAVE FOR COLLEGE** and other higher education expenses.

## GROWTH POTENTIAL

A 529 plan offers the potential of higher returns and tax-advantaged growth compared with a low-yielding bank account

## MORE THAN COLLEGE

Use your savings at nearly any accredited college, university, vocational, trade, or graduate institution in the U.S. and some international schools for qualified expenses.

You can reach out to our advisor, WealthScorz Participant Line: **(888) 304-7556**, for investment advice.



- **Florida**  
<https://www.myfloridaprepaid.com/savings-plan/>
- **Connecticut**  
<https://portal.ct.gov/OTT/Financial-Wellness/CHET/Connecticut-Higher-Education-Trust---CHET>
- **New York**  
<https://www.nysaves.org/>
- **New Jersey**  
<https://www.njbest.com/>
- **North Carolina**  
<https://www.cfnc.org/save-for-college/>
- **Massachusetts**  
<https://www.mefa.org/save/u-fund-college-investing-plan>

# COMMUTER BENEFITS

## ADMINISTERED BY BARR & BARR

**Barr & Barr is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related commuter expenses.**

Commuter benefits are pre-tax reimbursement accounts which allow you to pay for eligible work-related commuter expenses through pre-tax employer-paid subsidies or payroll deductions from your paycheck.

You are able to make a monthly pre-tax election **up to \$315**. You are able to make changes to your pre-tax election amount on a month-to-month basis.

For transit related benefits a debit card will be given to you monthly with your pre-tax deductions taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

If you are not a transit commuter the Company will reimburse you once you submit a reimbursement form to payroll with backup.

### CARRYOVER & ELIGIBLE EXPENSES

There is no annual “use-it-or-lose-it” rule. While unused amounts cannot be cashed out, they do not need to be forfeited, and can be carried over to provide commuter benefits in subsequent years.



### TRANSIT RIDERS:

- Bus and Bus Tokens
- Subway
- Train and Trolley
- Ferry and Water Taxi
- Light Rail

### DRIVERS:

- Parking Expenses and Meters
- Garage and Lots
- Vouchers and Passes
- Carpoolers and Vanpool
- Ridesharing (UberPool and Lyft Shared)

# 401(K) PLAN



## ELIGIBILITY

- Must be 21 years of age or older
- Immediate eligibility once new quarter from date of hire (i.e., February hire would be April 1<sup>st</sup>, May hire would be July 1<sup>st</sup>).

## EMPLOYER CONTRIBUTIONS (OUTSTANDING BENEFIT)

**Barr & Barr match is outlined below:**

- 1% Deferral = 0.5% Match
- 2% Deferral = 1% Match
- 3% Deferral = 1.5% Match
- 4% Deferral = 2% Match

## CONSOLIDATING YOUR RETIREMENT

If you have any existing qualified retirement plan (pre-tax) with a previous employer, you may rollover that account into the plan at any time. Regardless of how much you contribute, remember to think of it as a long-term strategy. If you need help putting a strategy together reach out to our advisor Todd Scorzafava, CFP, AIF at **908.208.5378** or via email [tscorz@wealthscorz.com](mailto:tscorz@wealthscorz.com).

## DOWNLOAD THE MOBILE APP

Download the Empower retirement app to keep tabs on your account. Search **“Empower”** in the App Store or Google Play.

## EMPLOYEE CONTRIBUTIONS

- 2024 Participant Maximum Contribution is \$23,000
- If over 50 years of age, an additional contribution of \$7,500 can be made as a “catch-up”, whereby totaling \$30,500
- Participants can contribute After-Tax Roth and/or Pre-Tax, for federal and where allowed by state
- Participants must choose percentage

## DISTRIBUTIONS

- Retirement: Rollover, Distributions from plan
- A one time in service withdrawal is allowed prior to 59.5 years
- At 59.5 years of age, in-service withdrawals are allowed
- Hardships, such as medical care, purchase of primary residence, college tuition and related expenses, funeral expenses, eviction prevention, and federal disaster. (All of these have strict rules, but allowable)

## CHANGING OR STOPPING YOUR CONTRIBUTIONS

You may change the amount of your contributions at any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at a later time. Contact the payroll department for any changes.

Visit **[empower-retirement.com](https://empower-retirement.com)** and enter the Plan Number **780362-01**



# EMPLOYEE STOCK OWNERSHIP PLAN (ESOP)



In 2005, the Barr family sold the company to its employees under the Employee Stock Ownership Plan (ESOP). We are proud to be an ESOP as we are all employee-owners. As we look ahead we want to create sustainable retirement for every employee as we are the future of Barr & Barr.

## WHAT IS AN ESOP AND HOW DOES IT WORK?

An Employee Stock Ownership Plan (ESOP) is a retirement plan similar to a 401(k) with one distinct difference - employees don't contribute their own money.

## FUNDING

The ESOP is 100% funded by the company. It doesn't cost employees anything to participate, and it is available to employees at all levels of the business.

## STOCK PRICE

The company's ESOP stock price is calculated annually by an external valuation firm. As an owner, you will receive a statement that shows the number of shares and the value of your ESOP account annually.

## SHARES

Shares are added to employees' accounts annually. Employee must complete 500 hours of service and be employed on the last day of the year to be eligible.

## PERFORMANCE

As an owner, you can influence company performance and the value of your ESOP retirement account. Actions that drive stock performance include process improvements and profitability.

## DISTRIBUTION

Your vested balance will start to be paid out no later than 1 Plan Year after separation of employment, retirement, disability or death. When one leaves the company, payments must be completed no later than the end of the 6th Plan Year.

## DIVERSIFICATION

You must be 55 years of age or older and have at least 10 years participating in the ESOP. You can then have up to 25% of your account rolled over into the Barr & Barr 401k Plan. This election is available for 5 consecutive years and on the 6<sup>th</sup> year the maximum you can elect to diversify is 50% of your total company stock.

## DEDICATION

The longer you work at Barr & Barr, Inc. the larger the opportunity to build retirement wealth through our ESOP. When the company does well, you do well.

# EMPLOYEE RESOURCES

## CONNER STRONG & BUCKELEW

### BENEFITS MEMBER ADVOCACY CENTER

**Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!**

The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefits plans have to offer!

**You can contact the Benefits MAC in any of the following ways:**

- Via phone: **800.563.9929**
- Via the web:  
[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via e-mail: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

### BENEPORTAL

At Barr & Barr, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

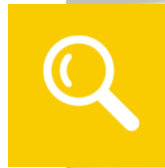
#### Mobile-Friendly Site

BenePortal is mobile-optimized making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

Visit **[www.barrandbarrbenefits.com](http://www.barrandbarrbenefits.com)** to access your benefits information today!



# BENEFITS CONTACTS & RESOURCES



BENEFITS / RESOURCES	PROVIDER/CONTACT	PHONE NUMBER	WEBSITE/EMAIL
<b>ACCIDENT, CANCER &amp; HOSPITAL PLANS</b>	Aflac (Cindy Flood)	201-819-4085	Cynthia_Flood@us.aflac.com
<b>DENTAL BENEFITS</b>	Cigna	800-244-6224	www.mycigna.com
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	Healthwell	888-723-2466	https://mylifematters.com Password: WWFY2
<b>EMPLOYEE STOCK OWNERSHIP PLAN (ESOP)</b>	Linda Morano	212-563-2330	lmorano@barrandbarr.com
<b>HEALTHJOY/TELEMEDICINE</b>	Health Joy	877-500-3212	www.healthjoy.com
<b>MEDICAL BENEFITS</b>	Meritain	800-925-2272	www.mymeritain.com
<b>PRESCRIPTION DRUG BENEFITS</b>	CVS Caremark	800-344-8134	www.caremark.com
<b>VISION BENEFITS</b>	EyeMed	866-800-5457	www.eyemed.com
<b>WHOLE LIFE INSURANCE</b>	Matthew Pomerantz	212-261-9555	matthew@millerpomerantz.com
<b>401(K)</b>	Barr & Barr Payroll Department & Linda Morano	215-563-2330	PRHR@barrandbarr.com lmorano@barrandbarr.com



# LEGAL NOTICES

## **Notice Regarding Special Enrollment Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

## **Loss of coverage for Medicaid or a State Children's Health Insurance Program**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

## **New dependent by marriage, birth, adoption, or placement for adoption**

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## **Eligibility for Medicaid or a State Children's Health Insurance Program**

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

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

## **Newborns' and Mothers' Health Protection Act**

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

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

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

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

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

## **Notice Regarding Wellness Program**

The Barr & Barr Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information

Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will be asked to complete a health risk assessment, biometric screening, which will include a cholesterol, glucose, blood pressure, BMI, waist, height/weight and a non-tobacco affidavit or a tobacco cessation program. You are not required to complete any of the activities to earn points, participate in the blood test, or any other medical examinations.

However, employees who choose to participate in the wellness program will receive an 10% reduction in your weekly contribution. Although you are not required to complete any wellness activities, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Linda Morano at [lmorano@barrandbarr.com](mailto:lmorano@barrandbarr.com) or 215-563-2330.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Barr & Barr may use aggregate information it collects to design a program based on identified health risks in the workplace, the Barr & Barr Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a health coach, or registered nurse in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Linda Morano at [lmorano@barrandbarr.com](mailto:lmorano@barrandbarr.com) or 215-563-2330.

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

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

# LEGAL NOTICES

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](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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 January 31, 2024. 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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

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

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

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

**FLORIDA – Medicaid**  
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.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  
HIPP Phone: 1-800-766-9012

**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](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

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

**MAINE – Medicaid**  
Enrollment Website: [www.mymaineconnection.gob/benefits/s/?language=en\\_US](http://www.mymaineconnection.gob/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 800-977-6740 TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**  
Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**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: 1-573-751-2005

**MONTANA – Medicaid**  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)

# LEGAL NOTICES

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 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/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

## U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565





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