



# 2025 BENEFITS GUIDE

FOR BENEFITS EFFECTIVE JANUARY 1, 2025



# Welcome!

At Gateway Community Action we are committed to providing our employees with a comprehensive valuable benefits package and the resources you need to understand all the options available to you.

We are pleased to present the 2025 employee benefit plans. The health and well-being of our employees and that of your families are important to us as is the overall health and well-being of the organization. This is why we are committed to sustaining the high value benefit plans we make available.

We encourage you to explore all the benefit plan options so that you can make the most informed decisions.

Wishing you the best of health.

## How do I enroll?

For enrollment assistance, please contact Kristy Jannelli in Human Resources at **856.451.6330 ext. 1607**.

## What I Need to Know

The benefits you elect will be effective from January 1, 2025 to December 31, 2025. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.



## Qualifying Life Event

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/ civil union partner.

If you experience a qualifying life event, you must notify Human Resources within 30 days of the event.



# Medical Plan:

## AmeriHealth Administrators

### AmeriHealth Administrators HDHP

SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Deductible</b>		
Individual	\$1,500	\$4,000
Family	\$2,500	\$8,000
<b>Coinsurance</b>	Plan pays 80%	Plan pays 60%
<b>Out-of-Pocket Max*</b>		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Primary Care Physician (PCP) Office Visit</b>	\$25 copay	Plan pays 60% after deductible
<b>Specialist Office Visit</b>	\$50 copay	Plan pays 60% after deductible
<b>Preventive Care</b>	Plan pays 100% - NO deductible	Plan pays 60% after deductible
<b>Urgent Care</b>	\$50 copay	Plan pays 80% after deductible
<b>Inpatient Hospital</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Diagnostic Laboratory</b>	100% at Participating Lab/Office Setting 80% after deductible (outpatient facility)	Plan pays 60% after deductible
<b>Diagnostic X-Ray</b>	\$50 copay (free standing Radiology Center) 80% after deductible (outpatient facility)	Plan pays 60% after deductible
<b>Complex Radiology</b>	\$100 copay (free standing Radiology Center) 80% after deductible (outpatient facility)	Plan pays 60% after deductible
<b>Outpatient Surgery</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Telemedicine (Virtual Visit)</b>	\$20 copay	Plan pays 60% after deductible
<b>Emergency Room</b>	Plan pays 80% after deductible	Plan pays 60% after deductible

\* Medical deductible, coinsurance and copays apply to the plan out-of-pocket maximum.



# Prescription Drug Plan:

## Express Scripts



When you enroll in the medical plan offerings, you are automatically enrolled in the prescription drug plan administered by Express Scripts (ESD).

### Prescription Drug Plan

IN-NETWORK ONLY*	
<b>Out-of-Pocket Maximum</b>	
Single	\$2,450
Family	\$4,900
<b>Retail (up to a 30 day supply)</b>	
Generic	\$8 copay
Preferred	\$30 copay
Non-Preferred	\$50 copay
<b>Mail-Order (up to a 90 day supply)</b>	
Generic	\$16 copay
Preferred	\$60 copay
Non-Preferred	\$100 copay

\*Not covered out-of-network

### Why should I use mail-order instead of the retail pharmacy?

Using the mail-order program for your maintenance medications will save you money. You will receive a 90-day (3 month) supply for the equivalent of two (2) retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using mail-order, simply complete a mail-order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be obtained online at [www.express-scripts.com](http://www.express-scripts.com).

To find in-network pharmacies, please go to [www.express-scripts.com](http://www.express-scripts.com) or call **877.268.4715**.

# Save Time and Money!

## Keep Non-Emergencies Out of the ER

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing Teladoc and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast. Unnecessary visits to the ER can be very costly. When you keep non-emergencies out of the ER, you help keep benefits costs down, both for you and Gateway Community Action. **And the best part is, you can do this in the privacy of your home or office.**

### Know Where to Get Care

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Teladoc or Urgent Care instead. Below are just a few examples of where you can go and when.

Teladoc	Urgent Care Center	Emergency Room
<ul style="list-style-type: none"><li>• Cold/Flu</li><li>• Allergies</li><li>• Animal/ insect bite</li><li>• Bronchitis</li><li>• Skin problems</li><li>• Respiratory infection</li><li>• Sinus problems</li><li>• Strep throat</li><li>• Pink eye/ Eye irritation</li><li>• UTI/ Urinary issues</li></ul>	<ul style="list-style-type: none"><li>• Allergic reactions</li><li>• Bone x-rays, sprains or strains</li><li>• Nausea, vomiting, diarrhea</li><li>• Fractures</li><li>• Whiplash</li><li>• Sports injuries</li><li>• Cuts and minor lacerations</li><li>• Infections</li><li>• Tetanus vaccinations</li><li>• Minor burns and rashes</li></ul>	<ul style="list-style-type: none"><li>• Heart attack/ Stroke symptoms</li><li>• Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath</li><li>• Coughing up or vomiting blood</li><li>• High fever with stiff neck, confusion or difficulty breathing</li><li>• Sudden, unexplained loss of consciousness</li><li>• Excessive blood loss</li></ul>

### Set Up Your Teladoc Account

Whether you’re on vacation or it’s the middle of the night, the care you need is just to call or click away. You and your family members have unlimited on-demand access to doctors by phone or video chat from your mobile device - 24/7/365. **The cost for a consultation is \$20.**

#### REGISTER TODAY!

It’s quick and easy online. Visit Teladoc at [www.teladochealth.com](http://www.teladochealth.com) to video chat with a board certified doctor any time, or download the Teladoc mobile app, available for iPhone and Android users. You can also call Teladoc for assistance over the phone. Why wait for the care you need? Contact Teladoc and feel better now! Visit [www.teladochealth.com](http://www.teladochealth.com) or call **1.800.835.2362**.

### Use Urgent Care Centers for Non-Emergency, Time-Sensitive Ailments

**The cost for an in-network Urgent Care Visit is a \$50 copay.** Urgent Care Centers are, on average, 80% less costly than Emergency Rooms. They are a convenient, cost-effective medical care alternative when your primary care physician is unavailable or your ailments cannot be treated through Teladoc. Typically no appointments are necessary and most Urgent Care centers are open 7 days a week!

#### See the Savings!

Medical Services	Emergency Room	Urgent Care	Estimated Savings
Asthma	\$825	\$80	90%
Bronchitis	\$795	\$123	85%
Stitches	\$445	\$45	90%
Strep Throat	\$678	\$112	84%
UTI	\$940	\$108	88%

## Vision Plan:

### *Vision Benefits of America (VBA)*



*Employees receive vision benefits at no cost if enrolled in the Medical/Rx plan.*

#### Vision Plan

BENEFIT	IN-NETWORK AMOUNT COVERED	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$40
<b>Clear Standard Lenses (pair)</b> Single Vision Bifocal Blended Trifocals Lenticular	100%	\$40 \$50 \$50 \$75 \$100
<b>Frames</b>	\$50 Wholesale Allowance (approximately \$125 - \$150 Retail Allowance)	\$50
<b>Contacts (in lieu of glasses)</b> Medically Required Evaluation/ Fitting Fee	\$120 Material Allowance 100% 15% off UCR	\$120 Material Allowance \$120 N/A
<b>Low Vision Aids</b> (per 24 months - No lifetime max)	N/A	\$650
<b>Frequency</b> Vision Exam Lenses Frames	Once every 12 Months Once every 12 Months Once every 24 Months	

\* Dependent Children are covered to age 26

## LASIK Discounts

### *VBA partners with TLC Laser Eye Centers and Qualsight LASIK*

Receive a free consultation and 10% off a LASIK procedure from TLC Laser Eye Centers. TLC Laser Eye Centers offer the most advanced LASIK procedures including Bladeless and Custom LASIK. TLC has performed over two million procedures, and provides enhancement procedures free of charge if necessary. Learn more at [www.TLCVision.com](http://www.TLCVision.com).

Save 40-50% off LASIK procedures from QualSight. With flexible payment plans as low as \$53/month. QualSight provides a managed Laser Vision Correction program through a national, credentialed network of the nation's most experienced surgeons, who have collectively performed more than 6.5 million procedures. QualSight has more than 900 locations nationwide. Learn more at [www.qualsight.com](http://www.qualsight.com) or call **877.437.6105**.

## Dental Plan: Guardian

*Employees receive the Guardian Low Plan at no cost if enrolled in the Medical/Rx plan.*

	Guardian Low Plan		Guardian High Plan	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b> (Applies to Type B and C Services Only)	\$50 per person \$150 family	\$50 per person \$150 family	\$50 per person \$150 family	\$50 per person \$150 family
<b>Annual Maximum Per Person</b>	\$1,000	\$1,000	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b> (Child to age 19 only)	N/A	N/A	\$1,000	\$1,000
<b>Preventive</b> Includes: cleanings, oral exams, fluoride treatments, x-rays, space maintainers, sealants	100%	100%	100%	100%
<b>Basic Restorative</b> Includes: general anesthesia, simple extractions, periodontal maintenance, fillings, root canal, scaling & root planning (per quadrant)	80%	80%	90%	80%
<b>Major Restorative</b> Includes: bridges & dentures, inlays, onlays, perio surgery, repair & maintenance of crowns, bridges & dentures, single crowns, surgical extractions	0%	0%	60%	50%
<b>Orthodontia</b>	N/A	N/A	50%	50%

Dependent Children are covered to age 26

## Dental Maximum Rollover

Guardian will rollover a portion of your unused annual maximum. To be eligible you must have a paid claim (not just a visit) and must have not exceed the paid claims threshold during the benefit year. To obtain more information visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com).





# Flexible Spending Accounts:

## WEX

Gateway provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA). **The FSA plan year runs from January 1, 2025 to December 31, 2025.**

### Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA in 2025 is \$3,300.

#### *Eligible expenses include:*

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

### IMPORTANT:

For the 2025 plan year, the roll over amount is \$660, which means that you will be able to roll over up to \$660 of unused FSA dollars at the end of the 2025 plan year into 2026. Any amounts over the maximum roll over amount will be forfeited.

### Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

#### *Eligible expenses include:*

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

### Contact Information

Your Flexible Spending Accounts (FSA) are administered by WEX. Please visit BenePortal for the FSA forms.

For more information please visit [www.wexinc.com/discovery-benefits](http://www.wexinc.com/discovery-benefits) or call **866.451.3399**, 6:00 am to 6:30 pm CST.





# Life and Accidental Death and Dismemberment (AD&D) Insurance:

## Guardian

### Basic Life and AD&D Insurance

Gateway provides employees with Basic Life and AD&D Insurance through Guardian Life Insurance Company. Each eligible employee receives \$10,000 of Basic Life insurance. This coverage is 100% company paid – **no cost to the employee**. Benefits Reduce as follows:

- Employees age 60 – 65%
- Employees age 70 and + - 50%



### Optional Life and AD&D Coverage

Employees also have the option to purchase additional life insurance for self, spouse and/or dependent children. The benefit amount and cost of AD&D is included in the Life rate. Optional Life Coverage is **100% employee paid**.

**Please note:** Guarantee Issue provisions only apply to newly hired employees.

- **Optional Life for Employee** – coverage can be purchased in multiples of \$10,000 up to an overall benefit maximum amount of \$500,000, not to exceed 5 times salary. Amounts elected in excess of \$200,000 will require completion/review of evidence of insurability (EOI) prior to approval.
- **Optional Life Spouse\*** – coverage can be purchased in multiples of \$5,000 up to a maximum of \$250,000. Amounts elected in excess of \$10,000 will require completion/review of evidence of insurability (EOI) prior to approval.
- **Optional Life Children\*** – coverage can be purchased in multiples of \$1,000 up to a maximum of \$10,000.

The monthly premium for Optional Life for the Employee and Optional Life for a Spouse is based on the employee age and the amount of coverage elected.

\* The amount of insurance elected for spouse will not exceed 50% of the amount for which the employee is insured under the “Optional Life for Employee” benefit.

*Please Note: If you enroll in any Guardian benefits that require Evidence of Insurability, you will be required to fill out a paper form. Please refer to BenePortal for the forms.*

## Additional Benefits

### Voluntary Group Accident:

#### *Guardian*

All eligible employees have the option to enroll in Guardian's Voluntary Group Accident Plan. This plan pays a lump sum benefit based on the type of injury (or covered accident) you sustain, or the type of treatment you need as a result of an accident. Benefits are paid on an indemnity basis per a pre-determined schedule, regardless of other coverage, including medical. This benefit includes coverage for on and off the job accidents, as well as accidental death. You have the option to purchase coverage for your spouse and/or dependent children, as well as for yourself. A Wellness Benefit of \$50 per calendar year per insured member is also included.

### Employee Assistance Program:

#### *Guardian*

Guardian plans offer enrolled members and family **at no cost** access to the Uprise Health. EAP provides unlimited access to support and resources online or via a phone consult and up to 3 face-to-face counseling sessions with a provider.

For additional information call **800.386.7055** (available 24/7) or visit <https://worklife.uprisehealth.com>.

Access Code: **worklife**



### Employee Assistance Program:

#### *Preferred EAP*

Gateway provides employees an additional EAP through Preferred EAP - at no cost to employees. Contact Preferred EAP at **610.433.8550** or toll-free at **800.327.8878**.

### Will Preparation Services:

#### *Uprise Health*

Will Prep services, provided by Uprise Health, are available to employees enrolled in the Guardian Voluntary Life plans and provides a range of services including online planning documents, a resource library and access to professionals. For more information call **877.433.6789** or visit <https://willprep.uprisehealth.com>.

Username: **WillPrep**

Password: **GLIC09**

# Additional Benefits

## Commuter Benefits:

### WEX

Employees can enroll in a spending account specific to work related transit. See below for additional information regarding this account, as well as a list of qualified eligible expenses that would enable you to enroll in this type of spending account.

- Employees are eligible to make a monthly pre-tax deduction of up to \$325 into their commuter spending account.
  - \* Once you make your election, you will receive a debit card that can only be used to pay for work related transit expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is 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.
- Eligible work related expenses include vouchers, passes, tokens for buses, trains, rail, subways, ferries and vanpooling costs.

## Auto Insurance Discount:

### New Jersey Manufacturers

Employees can obtain a customer discount with NJM Auto Insurance. To obtain your quote online visit [njm.com/partners/gatewaycap](http://njm.com/partners/gatewaycap) or call customer service at **800.232.6600** and provide the member ID **#97998**.



## 403(b)

Gateway offers a 403b program and will match up to 6% of your contribution. Please see your Human Resources Department for more information on how you can participate in the 403b.

## Prepaid Legal & Identity Theft:

### Countrywide

The Pre-Paid Legal, Identity Theft, and Credit Monitoring plans are all offered by Countrywide. Enrollment forms can be found on BenePortal. The below outlines the costs for each plan on a **bi-weekly** basis:

- Pre-Paid Legal: \$6.44
- Platinum/Protect Max ID Theft Plan: \$5.52
- Premier/Protect Pro ID Theft Plan: \$5.06



## Voluntary Pet Insurance: *Nationwide*



All eligible employees have the option to enroll in Nationwide My Pet Protection plan which offers you cash back on eligible vet bills for your covered pets.

- Choose from three different levels of reimbursement: 70% or 50% after satisfying a \$250 deductible.
- Multiple pet discounts
- Wellness option for spaying/neutering, dental cleaning, vaccines, and more!
- Customize your coverage based on the state you live in, pet species, and the reimbursement level you choose.

To enroll in the My Pet Protection plan or for more information, please contact Nationwide directly at **877.738.7874** or online by visiting <https://benefits.petinsurance.com/gatewaycap>.



# **BenePortal:**

## *Online Benefits Resource*

### *Your benefits information in one place!*

At Gateway Community Action, 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 benefit plan documents, insurance carrier contacts, forms, guides, link and other applicable benefit materials.

### **Secure Online Access**

Visit [www.gatewaybenefits.net](http://www.gatewaybenefits.net) to access your benefits information today!

### **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.

### **Other Features Include:**

- Direct links to specific enrollment sites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!



## Member Advocacy:

### *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 benefit problem you’ve been working on
- Discover all that your benefit plans have to offer!

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (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.

### **Contact the Benefits MAC**

**You may contact the Benefits Member Advocacy Center in any of the following ways:**

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:  
[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via fax: **856.685.2253**
- Via email: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)



# Legal Notices

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Employees are able to obtain a copy of the Gateway Summary of Benefits and Coverage (SBC) for the medical/prescription drug plan during Open Enrollment via the Human Resources Department. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or are unable to access your SBC.

## Patient Protection and Affordable Care Act

Please note: The Gateway medical plans are considered compliant with the Patient Protection and Affordable Care Act.

Gateway reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

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

## Loss of eligibility 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 (CHIP) 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 CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

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

## Newborns' and Mothers' Health Protection Act

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

## Women's Health and Cancer Rights Act

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

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

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

## Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

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 for up to 24 months while in the military. Even if you don't 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 (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>.

# Legal Notices

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 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 July 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**  
Health Insurance Premium Payment Program  
All other Medicaid Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fss/dfp/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

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

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

**KENTUCKY – Medicaid**  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [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.medicaid.la.gov](http://www.medicaid.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/health-care-coverage/>  
Phone: 1-800-657-3672



# Legal Notices

## 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: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

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

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

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

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

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

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS - Medicaid

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

## UTAH – Medicaid and CHIP

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

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-562-3022

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Phone: 1-800-432-5924

## WASHINGTON – Medicaid

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

## WEST VIRGINIA – Medicaid and CHIP

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

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 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



*This benefit summary provides selected highlights of the employee benefits program at Gateway Community Action Partnership. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Gateway Community Action Partnership. 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. Gateway Community Action Partnership 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.*