



BETHEL
UNIVERSITY

2025 BENEFITS GUIDE

**HEALTH
INSURANCE**

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Welcome

At Bethel University we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Dave Fredrickson

Eligibility



Eligible Employees:

You may enroll in the Bethel University Employee Benefits Program if you are an employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is newly hired employees and dependents will be effective in Bethel University's benefits programs. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

Change of legal marital status (i.e. marriage, divorce, death of spouse)

Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)

Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical



Bethel University will continue to offer medical coverage. The charts on the following pages are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

The Bethel medical plan is partnered with Coupe and Nice Healthcare. The guide includes information on ways for you and your family to take advantage of added savings.

**This year Bethel is offering
Coupe medical benefits.**

Medical Plan Comparison

Medical Benefits - Copay Plan				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single Family		None None		None None
Out-of-Pocket Maximum (includes copays – combine with prescription drug card)				
Single Family		\$4,000 \$8,000		Unlimited Unlimited
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Covid 19 Services				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$115	\$155	\$260	\$315
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$405			
Urgent Care Facility	\$55			
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$2,530	\$3,365	\$4,500	\$6,835
Outpatient Hospital	\$830	\$1,105	\$1,865	\$2,240
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility	\$2,300	\$3,060	\$4,500	\$6,210
Ambulance Services	\$405			
Home Health Care	\$55	\$70	\$120	\$140
Hospice Care	\$285	\$375	\$635	\$765
Laboratory Services				
Routine Diagnostic Labs	\$20	\$25	\$40	\$50
Diagnostic Labs	\$70	\$95	\$155	\$190
Maternity				
Initial Office Visit	\$25	\$35	\$70	\$85
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	\$2,530	\$3,365	\$4,500	\$6,835

Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$35	\$70	\$85
Inpatient	\$2,530	\$3,365	\$4,500	\$6,835
Outpatient	\$830	\$1,105	\$1,865	\$2,240
Physician Services				
Primary Care Physician	\$25	\$35	\$70	\$85
Specialist	\$40	\$55	\$95	\$110
Telehealth Services				
E-visits	\$25	\$35	\$70	\$85
Preventive Services & Routine Care				
Well-Child Care (Including exams and immunizations)	No Charge			
Adult Physical Examination (Including routine GYN visit)	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Radiology Services				
Diagnostic X-Rays	\$70	\$95	\$155	\$190
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$260	\$345	\$585	\$700
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$40	\$55	\$95	\$110
Outpatient Therapies (PT, OT, ST)	\$40	\$55	\$95	\$110
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$40	\$55	\$95	\$110
Acupuncture	\$40	\$55	\$95	\$110
Transplants	\$2,530	\$3,365	\$4,500	\$6,835
<p>Medical Network: Aware®/BlueCard® PPO Network How to Find a Provider: Log into your member portal at www.coupehealth.com and click on "Find a Doctor and Compare Costs" under the "Benefits" tab.</p> <p>For questions about your Coupe Health Plan, please contact your Coupe Health Valet:</p> <p>Email: healthvalet@coupehealth.com Phone: 1-833-749-1969</p>				

Medical Benefits - HDHP Plan

Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single Family		\$3,300 \$6,600		None None
Out-of-Pocket Maximum (includes copays – combine with prescription drug card)				
Single Family		\$5,000 \$10,000		Unlimited Unlimited
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Covid 19 Services				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$75	\$100	\$170	\$205
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$305			
Urgent Care Facility	\$35			
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient Hospital	\$535	\$715	\$1,205	\$1,445
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility	\$1,445	\$1,920	\$3,250	\$3,900
Ambulance Services	\$305			
Home Health Care	\$35	\$50	\$80	\$95
Hospice Care	\$180	\$240	\$405	\$485
Laboratory Services				
Routine Diagnostic Labs	\$10	\$15	\$30	\$35
Diagnostic Labs	\$50	\$65	\$105	\$125
Maternity				
Initial Office Visit	\$20	\$25	\$40	\$50
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	\$1,640	\$2,180	\$3,690	\$4,425

Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$1,640	\$2,180	\$3,690	\$4,425
Outpatient	\$535	\$715	\$1,205	\$1,445
Physician Services				
Primary Care Physician	\$20	\$25	\$40	\$50
Specialist	\$35	\$50	\$80	\$95
Telehealth Services				
E-visits	\$20	\$25	\$40	\$50
Preventive Services & Routine Care				
Well-Child Care (Including exams and immunizations)	No Charge			
Adult Physical Examination (Including routine GYN visit)	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Radiology Services				
Diagnostic X-Rays	\$50	\$65	\$105	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$165	\$215	\$365	\$435
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$35	\$50	\$80	\$95
Outpatient Therapies (PT, OT, ST)	\$35	\$50	\$80	\$95
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$50	\$80	\$95
Acupuncture	\$35	\$50	\$80	\$95
Transplants	\$1,640	\$2,180	\$3,690	\$4,425
<p>Medical Network: Aware®/BlueCard® PPO Network How to Find a Provider: Log into your member portal at www.coupehealth.com and click on "Find a Doctor and Compare Costs" under the "Benefits" tab.</p> <p>For questions about your Coupe Health Plan, please contact your Coupe Health Valet:</p> <p>Email: healthvalet@coupehealth.com Phone: 1-833-749-1969</p>				

Prescription Drug Benefits

Pharmacy Drug Vendor: Prime Therapeutics

Rx Network: Select Network

Rx Formulary: FlexRx

Specialty Drug Vendor: Prime Therapeutics Specialty Pharmacy

While the prescription drug copays are the same on both medical plans, the deductible must be satisfied before the copays apply on the HDHP plan due to IRS regulations. Visit coupehealth.com for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from Coupe Health before they can be filled and drugs that can be filled in limited quantities.

Prescription Drug Benefits		
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Provider.		
If you reach your out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts for excluded or non-covered services.		
Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies
Preferred Generics	\$8 copay/prescription (retail) \$16 copay/prescription (mail service) \$16 copay/prescription (90-day Rx retail)	Not Covered
Non-Preferred Generics	\$60 copay/prescription (retail) \$120 copay/prescription (mail service) \$120 copay/prescription (90-day Rx retail)	Not Covered
Preferred Brand	\$30 copay/prescription (retail) \$60 copay/prescription (mail service) \$60 copay/prescription (90-day Rx retail)	Not Covered
Non-Preferred Brand	\$60 copay/prescription (retail) \$120 copay/prescription (mail service) \$120 copay/prescription (90-day Rx retail)	Not Covered
Specialty Drugs	\$150 copay/prescription	Not Covered

Employee Contributions (Monthly)

	Copay Plan	HDHP Plan
Employee	\$292.68	\$197.64
Employee + 1	\$613.44	\$415.80
Employee + Family	\$950.40	\$641.52

Coupe Medical

Get ready for a better healthcare ride.

With Coupe you no longer have to worry about deductibles, coinsurance or bills from your provider. We identify top-quality providers and show you a price for every medical service, giving you control over your healthcare.

Reasons to love Coupe

Price certainty

Know the price of every medical service ahead of time. Get one statement at the end of the month and pay how you prefer.

Great care and value

Easily locate high-quality providers at a predetermined cost for all services - from checkups to advanced procedures.

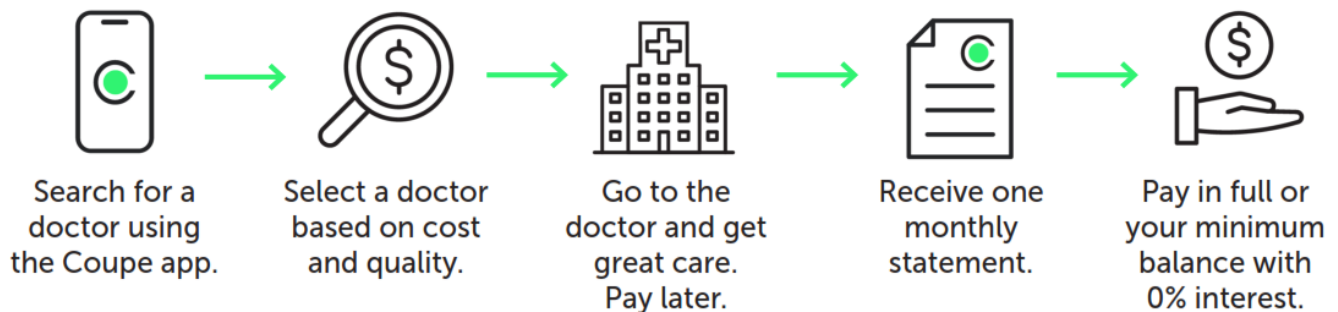
Simple user experience

Enjoy a straightforward and intuitive health plan, designed around how you shop and live.

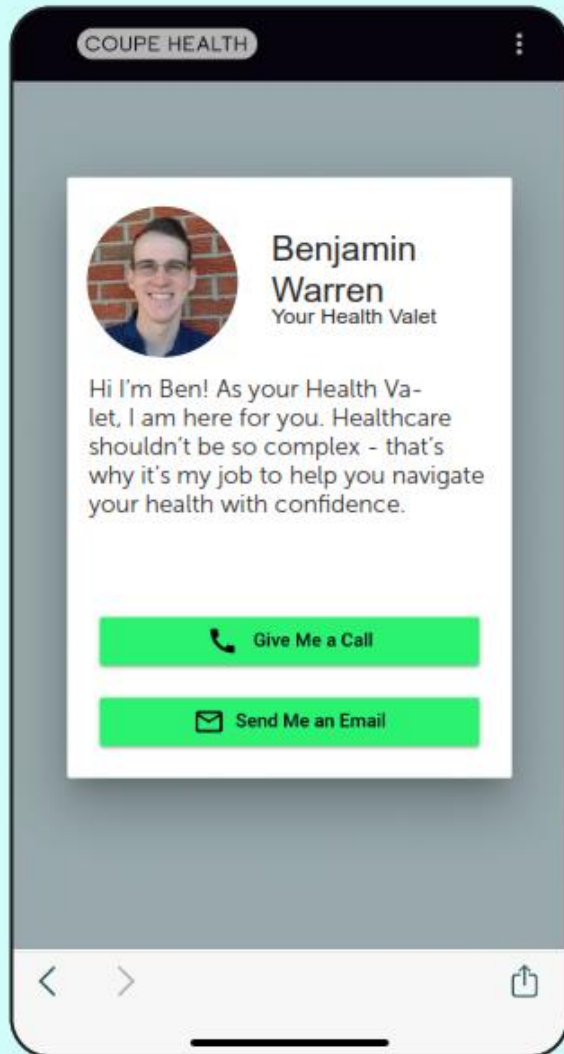
Health Valet service

Work with a Coupe Health Valet as you navigate your healthcare journey with confidence.

Going for care is easy-going



Will I only work with one Health Valet?



Each time you call or email the Health Valet Team you will be assigned a trained resource for your case. If the Health Valet you started to work with is unavailable, your case may be passed to the next available team member to assist you.

What is a Coupe Health Valet and how can they help me?

Your Coupe Health Valet is a concierge resource that can help you navigate your healthcare with confidence.


Health Valets can assist with a variety of different situations including:

- Finding a high-quality provider.
- Helping you understand different care options.
- Answering questions on all things Coupe, such as, billing questions, doctor questions or even general insurance questions.

What is the easiest way to work with a Health Valet?


While you can reach out to your Health Valet via email or phone, email is the fastest way to interact with them. You can access your Health Valet Team from your Coupe Health Portal.

How do I contact the Coupe Health Valets?

 1-833-749-1969

 healthvalet@coupehealth.com

What are the service hours for the Health Valets?

 Monday - Friday
8:00 a.m. - 8:00 p.m. Central

Total Care Option (Spousal HRA)

Total Care Option (TCO)



Save up to \$6,000 on your family's healthcare costs!

Through the TCO, Bethel will reimburse up to \$6,000 of your family's out-of-pocket costs if you enroll in your spouse's health insurance plan with their employer.

What does the TCO cover?

Bethel University will cover up to \$6,000 of out-of-pocket medical costs (copays, coinsurance, and deductibles) for your entire family.

That could mean \$0 for prescriptions, doctors visits, and any medical care you and your family needs.

Is there a cost to enroll?

The **TCO is free** for you and your eligible family members to join. There is no payroll contribution required to participate.

You can also continue to enroll in other Bethel University benefits.

How do I enroll in the TCO?

1. Enroll in your spouse's health insurance through their employer.
2. During open enrollment at Bethel choose the "Total Care Option."
3. You'll then have up to \$6,000 of your out-of-pocket costs covered!

How do I use the TCO once I enroll?

It's simple!

1. Present your insurance card from your spouse's health plan to the provider or pharmacy.
2. Once you receive the EOB, doctor's bill, or pharmacy receipt, upload it to Healia's online portal or mobile app.
3. Our partners at Healia will review the claim and reimburse you for the expense!



Are there any restrictions?

You must opt-out of health insurance with Bethel University and enroll in your spouse's coverage. Employees that have already waived health coverage with Bethel University are not eligible for the TCO

Have a question? Email our partners at Healia at support@healiahealth.com.

Total Care Option (TCO)



Can I enroll in my spouse's Medicare or ACA plan?

No, you must enroll in a group health plan sponsored by your spouse's employer. Medicare, Medicaid, Tricare coverage, or a plan on the ACA marketplace are not eligible. Your spouse may also not be enrolled in a Bethel plan themselves.

Can I enroll in the TCO and a High Deductible Health Plan (HDHP)?

Yes, you are eligible to enroll in an HDHP as long as you and your family do not contribute to a Health Savings Account (HSA) or receive employer contributions to an HSA. The HSA and the TCO are both pre-tax programs, so the IRS does not allow you to be enrolled in both at the same time.

Note: if you have an HSA from a previous plan year, you can still keep it!

What happens if my spouse's plan does not include my current doctor or a procedure?

The TCO can only reimburse you for procedures, services, and prescriptions that your spouse's plan covers. Please check network access on your spouse's plan and the prescription formulary to ensure coverage.

What if I waive coverage with Bethel and then lose access to coverage on my spouse's plan?

Loss of coverage is known as a "Qualifying Life Event." As long as you let Bethel know within 31 days of a Qualifying Life Event, you and your eligible dependents may enroll in a Bethel plan without a lapse in coverage.

Am I eligible to enroll if I'm already on my spouse's plan?

No, if you are a current employee, you must be enrolled in a Bethel plan and then opt out to be eligible to enroll in the TCO.

If you are a new hire and you have health insurance available through a spouse, you are eligible for the TCO as long as that spouse's plan fits all the necessary criteria listed previously.

How do I know whether the TCO will save me money?

Check out the [Healia savings tool](#)! Just upload your spouse's benefit guide and Healia will show you how much you could save by choosing the TCO. QR code below.



Nice Health Care



Healthcare
That's Nice



Our mission is simple

make getting amazing
everyday care easy and
affordable

“

They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.

Angela K.
Nice Healthcare Patient

The Nicest Benefit

These are the integrated primary care services that Nice Healthcare® offers for only \$5 per visit:

- Virtual Chat and Video Visits
- *In-Home Visits with 35 Labs and Physical Tests
- 550+ Free Medications Can Be Prescribed by Our Clinicians
- Virtual Physical Therapy Visits
- Virtual Mental Health Therapy Visits
- *In-Home X-rays and EKG Services

*Only available to those within our at-home service areas.

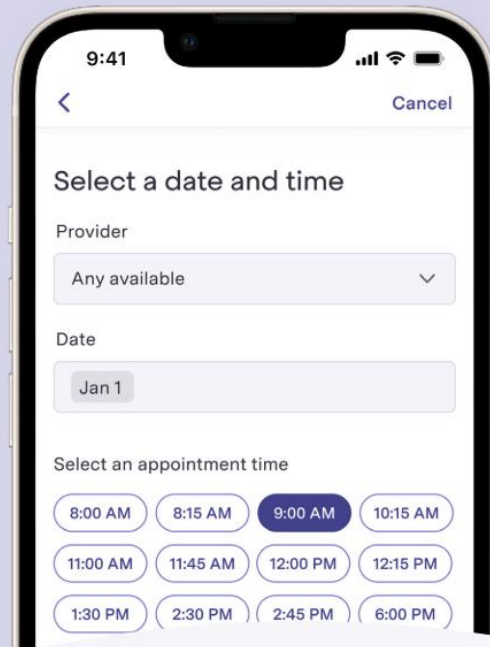
Visit nice.healthcare

Due to regulatory changes there will be a \$5 per visit fee for Nice services beginning January 1, 2025.

It All Starts With The Nice App

Whenever you and your dependents need Nice, you'll begin the process by scheduling a virtual visit with a clinician. All virtual services are conducted using the Nice app, including chat and video visits, physical therapy and mental health therapy.

In addition to scheduling and conducting visits, you will also use the Nice app to review treatment plans, upload documents and manage your accounts.



The Clinic That Comes To You

We offer our clinician services in parts of Arizona, Colorado, Idaho, Iowa, Minnesota, Nebraska, New Mexico, Nevada, Oregon, Utah, Washington, and Wisconsin.

-  Virtual Only
-  Virtual & In-Home

Online Visit Hours

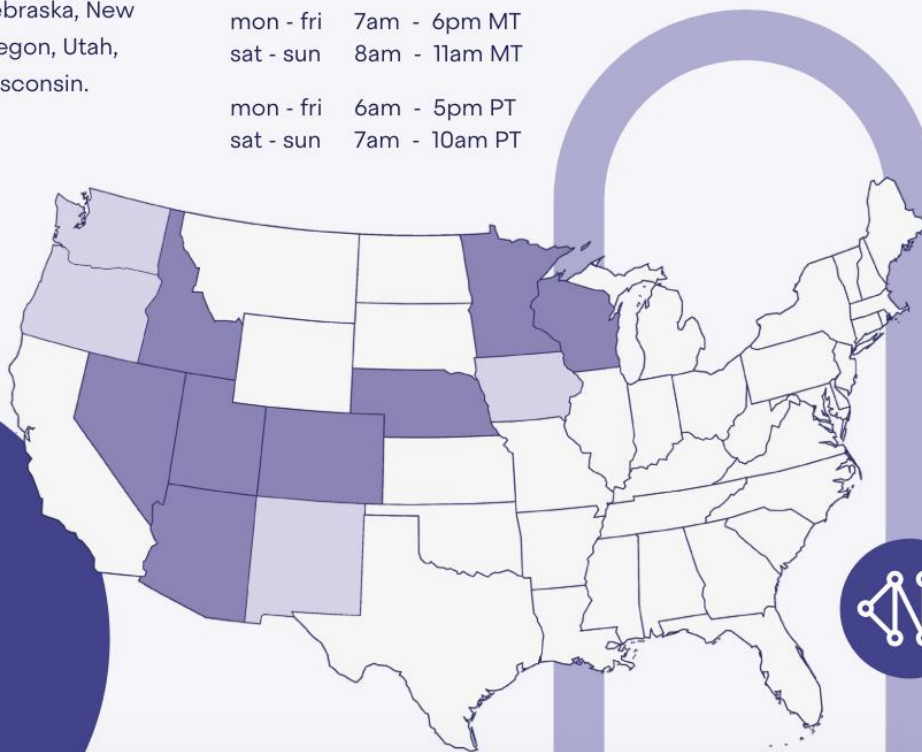
mon - fri 8am - 7pm CT
sat - sun 9am - 12pm CT

mon - fri 7am - 6pm MT
sat - sun 8am - 11am MT

mon - fri 6am - 5pm PT
sat - sun 7am - 10am PT

Home Visit Hours (local time)

mon - fri 9am - 5pm



Download
the app



Dental Plan



Bethel University will continue to offer a dental program.

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

There are three coverage options, with differing benefits based on the network status of the provider. Be sure to choose the network that fits your needs best. Please refer to the summary plan description for complete plan details.



Delta Dental Provider Networks

You can maximize the benefits received under the dental plan by utilizing providers in the Delta Dental PPO network. The next best option is to use providers in the Delta Dental Premier network. While out-of-network benefits are available, employees will experience higher out-of-pocket costs when accessing these providers.

To search for participating providers, go to deltadentalmn.org/find-a-dentist.

Show me providers named within **10 miles** of covered under **PPOSM Plus Premier[®] Networks**

SEARCH

Dental Plan Summary

	Delta Dental of Minnesota		
	Delta Dental PPO - Level 1	Delta Dental Premier - Level 2	Out-of-Network - Level 3
Annual Deductible			
Individual	\$0	\$25	\$50
Family	\$0	\$75	\$150
Waived for Preventive?	N/A	Yes	Yes
Annual Maximum Benefit			
Per Person	\$2,000	\$1,500	\$1,000
Benefits			
Preventive	100%	100%	80%
Basic	100%	80%	60%
Major	50%	50%	50%
Orthodontia			
Benefit Percentage	50%	50%	Not covered
Dependent Child(ren)	Covered	Covered	Not covered
Lifetime Maximum	\$1,500	\$1,500	N/A

Employee Contributions (Monthly)

Employee	\$10.80
Employee + 1	\$20.40
Employee + Family	\$30.00

Vision Plan

Vision Plan Summary

	EyeMed Vision Care Vision 1042688	
	PLUS In-Network Providers	In-Network Providers
Copay		
Routine Exams	<i>Covered once every plan year</i>	
	\$0 copay	\$10 copay
Vision Materials		
Frames	<i>Covered once every other plan year</i>	
	\$0 copay, covered up to \$180; 20% off balance over \$180 allowance	\$0 copay, covered up to \$130; 20% off balance over \$130 allowance
Lenses	<i>Covered once every plan year</i>	
Single Vision	\$25 copay	
Bifocal	\$25 copay	
Trifocal	\$25 copay	
Lenticular	\$25 copay	
Progressive	\$80 - \$200 copay	
Contacts	<i>Covered once every plan year</i>	
Conventional	\$0 copay, covered up to \$130; 15% off balance over \$130 allowance	
Disposable	\$0 copay, covered up to \$130; No discount off balance over allowance	
Medically Necessary	\$0 copay, paid in full	

To access a listing of providers (private practice and retail centers) logon to www.eyemed.com.

Employee Contributions (Monthly)	
Employee	\$6.76
Employee + 1	\$12.84
Employee + Family	\$18.86

Health Savings Account (HSA)



When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.



Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2025 HSA Contributions

You can contribute to your HSA on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for the 2025 tax year:

- Employee only coverage: \$4,300
- Family coverage: \$8,550 (includes Employee +1 or Family coverage)
- If you are age 55 or older, you may contribute an extra \$1,000 catch up contribution.
- Bethel will contribute to the HSA accounts of employees enrolled in the HDHP plan
 - Employee only coverage: \$500
 - Employee + 1: \$750
 - Family: \$1,000

Important Note: Maximum contributions include all funds deposited in your HSA, regardless of source. Don't forget to account for Bethel's contribution when planning your 2025 contributions.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. You may also withdraw money from an ATM, pay bills online or reimburse yourself if you initially paid another way. Manage your account at optumbank.com 24 hours a day, seven days a week. Optum provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth.

Flexible Spending Accounts



The Flexible Spending Account (FSA) plan with Optum allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	\$3,300
Dependent Care FSA	\$5,000



Life and AD&D

Bethel University provides Basic Life and AD&D benefits to eligible employees. The coverage amount is one times your salary, subject to a maximum of \$500,000. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Long-Term Disability Insurance

Bethel University offers long-term income protection through Voya in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$5,000. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Short Term Disability Insurance

Bethel University offers a short-term disability option through Voya. This benefit covers 60% of your weekly base salary up to \$2,000/week. The benefit begins after 7 days of injury or illness and lasts up to 12 weeks. Please see the summary plan description for complete plan details.

Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Premiums are based on your age and the amount of coverage you elect.

How much supplemental coverage can I get?

	Supplemental Life	Supplemental Accidental Death & Dismemberment	Guaranteed Issue Limit
You	Choice of 0.5 to 3.0 times basic annual earning rounded to the next higher \$1,000 to a maximum of \$500,000 in increments of 0.5 times basic annual earnings. Minimum benefit of \$10,000.	Choice of 0.5 to 3.0 times basic annual earning rounded to the next higher \$1,000 to a maximum of \$500,000 in increments of 0.5 times basic annual earnings. Minimum benefit of \$10,000	You may elect up to \$200,000 without providing evidence of insurability during your initial enrollment opportunity.
Your Spouse*	\$5,000 to \$250,000 in \$5,000 increments, coverage cannot exceed 100% of your approved employee Supplemental Life Insurance amount.	40% of Employee amount or 50% if there are no children covered.	You may elect up to \$50,000 without providing evidence of insurability during your initial enrollment opportunity.
Your Children*	\$2,000 up to a maximum of \$10,000 in \$2,000 increments.	10% of Employee amount or 15% if there is no spouse covered.	Evidence is not required for any amount less than or equal to the plan maximum.

*Coverage is available only if employee coverage is elected.

Other Voluntary Plans

Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. You have the option to enroll yourself, as well as your spouse, and children in Accident Insurance coverage. Employees must be enrolled to elect coverage for an eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders. Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you. Coverage is always guaranteed issue. You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

Hospital Indemnity

Even with medical insurance, a hospital stay can be costly. Plan deductibles, copays, and out-of-network costs can add up fast, not to mention costs outside of medical needs, like your mortgage, childcare expenses, transportation and more. Hospital indemnity insurance can help with out-of-pocket costs while you're in the hospital and recovering to help reduce the financial impact while you heal.

Critical Illness

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.




- Heart attack*
- Cancer
- Stroke
- Sudden cardiac arrest*
- Major organ transplant**
- Coronary artery bypass
- Carcinoma in situ
- Type 1 Diabetes
- Severe burns
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Abdominal aortic aneurysm (10%)
- Thoracic aortic aneurysm (10%)
- Open heart surgery for valve replacement or repair (25%)
- Transcatheter heart valve replacement or repair (10%)
- Coronary angioplasty (10%)
- Implantable (or Internal) cardioverter defibrillator (ICD) placement (25%)
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant
- Stem cell transplant
- Permanent paralysis
- Loss of sight, speech, or hearing
- Coma
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Huntington's disease
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)*
- Addison's disease (10%)
- Myasthenia gravis (50%)
- Systemic lupus erythematosus (SLE) (50%)
- Systemic sclerosis (scleroderma) (10%)
- Occupational HIV
- Occupational Hepatitis B or C

Covered conditions for your insured children:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease - Type II or III, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Sickle Cell Anemia, Type 1 Diabetes, Type IV Glycogen Storage Disease, Zellweger Syndrome

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Why should I consider it?

-  Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
-  Coverage is always guaranteed issue.
-  Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

Norton LifeLock



Benefit Plan Overview

ALL PRODUCTS INCLUDE:

Identity Theft Protection

- LifeLock Identity Alert™ System
- Financial protections
- Lifestyle protection
- Social protection
- Protective lock & freeze dashboard

Online Privacy

- Secure VPN
- Data broker scanning and removal assistance (Privacy Monitor)
- Solicitation reduction, ad blocker

Device Security

- Norton Device Security
- Online threat protection
- Password manager
- Child online safety tools (Parental Controls)

Service & Support

- Restoration & remediation services
- Dedicated phone line and email support
- \$3 Million Protection Package

Benefit Essential

\$7.99 Employee Only
\$15.98 Employee + Dependents

All Product Features, Plus:

- 1 Bureau Credit Monitoring +
- 1 Bureau Credit Application Alerts
- 1 Bureau Report & Score (monthly)
- Norton Device Protection (3EE/6FM)

Benefit Premier

\$11.49 Employee Only
\$21.98 Employee + Dependents

All Essential Features, Plus:

- 3 Bureau Credit Monitoring
- 3 Bureau Report + Score
- Monthly Credit Score Tracking
- Norton Device Protection (5EE/10FM)
- Bank Account Takeover Alerts
- New Checking & Saving Application
- Home Title Monitoring



Identity Alerts with Credit Monitoring¹ alerts you if we find potentially fraudulent or suspicious activity surrounding your personal info including new account opening, credit card usage, and data breaches.



Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.



Norton™ Secure VPN is a Virtual Private Network (VPN) that helps protect your sensitive information, browsing history, online activities, and webcam.



Parental Control[∇] makes it easy to monitor your child's online activities and view their search history so they stay safer online.



Million Dollar Protection™ Package⁺⁺⁺ reimburses stolen funds, personal expenses, and provides coverage for lawyers and experts up to \$1 million each.

Benefit Plans are **60% less** than the retail equivalent.

Enroll Now!

Benefit Plans are **60% less** than the retail equivalent.

[\[URL\]](#)



Has your personal info been exposed in a data breach?

Try our free [Threat Detector](#) tool to uncover potential threats to your identity.





Changes in Benefit Elections

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year.

During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2025 benefit elections, you will not have coverage for the 2025 plan year. All coverage options require elections. Elections are due by November 27th.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Important Contacts

Have Questions? Need Help?

Bethel University is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0742 or via e-mail at BRCMT@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

BENEFIT PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical	Coupe	833-749-1969	employers.coupehealth.com/Bethel.html
Dental	Delta Dental of MN	800-553-9536	deltadentalmn.org
Vision	EyeMed Vision Care	866 800-5457	eyemed.com
Health Savings Account	Optum	877-620-6194	optumbank.com
Flexible Spending Account	Optum	877-620-6194	optumbank.com
Life and AD&D	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Voluntary Life and AD&D	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Short Term Disability	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Long Term Disability	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Accident	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Critical Illness	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel
Hospital Indemnity	Voya	800-955-7736	presents.voya.com/EBRC/Home/Bethel

This brochure summarizes the benefit plans that are available to Bethel University eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

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

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 medical and surgical benefits provided under this plan.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Office of People and Culture
2 Pine Tree Drive, Suite #300
Arden Hills, Minnesota United States 55112
People-culture@bethel.edu

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of 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
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 Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
[Iowa Medicaid | Health & Human Services](#)
Medicaid Phone: 1-800-338-8366
Hawki Website:
[Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)
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
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/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: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp><https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.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: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://www.texas.gov/health-insurance-premium-payment-hipp-program)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health-insurance-premium-payment-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>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

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

Medicaid Phone: 304-558-1700

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

WISCONSIN – Medicaid and CHIP

Website:

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

Phone: 1-800-362-3002

WYOMING – Medicaid

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

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

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

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