

EMPLOYEE BENEFITS GUIDE



2024 - 2025
PLAN YEAR

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Welcome

At Norfolk Airport Authority 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,



Sheila M. Balli PHR, SHRM-CP
Associate Vice President, Human Resources

Contact Information

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

| | CARRIER | PHONE NUMBER | WEBSITE |
|--|---------------------------------------|----------------|--|
| Medical | Sentara Health Insurance Company | (757) 552-7401 | www.sentarahealthplans.com |
| Dental PPO | United Concordia Insurance Company | 1-800-332-0366 | www.unitedconcordia.com |
| Vision | Vision Service Plan | 1-800-877-7195 | www.vsp.com |
| Employee Assistance Program (EAP) | Sentara Health Insurance Company | 1-800-899-8174 | www.sentaraeap.com |
| Flexible Spending Accounts Health Savings Accounts | Health Equity | 1-877-924-3967 | www.healthequity.com |
| Legal and Identity Theft | Legal Resources | 1-800-728-5768 | www.legalresources.com |
| Pet Insurance | Nationwide | 1-877-738-7874 | www.petsnationwide.com |
| Supplemental Retirement Plan (457 and Roth IRA) | Mission Square | 1-800-669-7400 | www.icmarc.org |
| Voluntary Critical Illness, Cancer, Hospital Indemnity, and Accident | Colonial Life & Accident Insurance Co | 1-800-325-4368 | www.coloniallife.com |

Eligibility

Who is Eligible:

You may enroll in the Norfolk Airport Authority Employee Benefits Program if you are a Full-Time employee working at least 30 hours per week. Part-time employees are eligible to enroll in any employee paid plans.

When Coverage Begins:

The effective date for your benefits is July 1, 2024. Newly hired employees and dependents will be effective in Norfolk Airport Authority's benefits programs the first of the month following their date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event.

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, step-children and children obtained through court- appointed legal guardianship.



Medical

Norfolk Airport Authority offers medical coverage through Sentara Health. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Employees that opt out of medical coverage and complete a waiver form certifying that they have medical coverage elsewhere, are eligible to receive Norfolk Airport Authority's Medical Opt-Out Credit of \$500 per fiscal year in their Medical Flexible Spending Account.

| | Sentara Health Insurance Company Equity Vantage 3200/0% | Sentara Health Insurance Company Equity POS 3200/0% | | Sentara Health Insurance Company POS 1000/25/30% | |
|--|--|--|-----------------------|---|----------------------|
| Benefits Coverage | HMO In-Network | POS In-Network | POS Out-of-Network | POS In-Network | POS Out-of-Network |
| Annual Deductible | | | | | |
| Individual | \$3,200 | \$3,200 | \$5,500 | \$1,000 | \$2,000 |
| Family | \$6,400 | \$6,400 | \$15,000 | \$2,000 | \$4,000 |
| Coinsurance | 100% | 100% | 70% | 70% | 50% |
| Maximum Out-of-Pocket* | | | | | |
| Individual | \$4,000 | \$4,000 | \$10,100 | \$4,500 | \$9,000 |
| Family | \$8,000 | \$8,000 | \$20,200 | \$9,000 | \$18,000 |
| Physician Office Visit | | | | | |
| Primary Care | 100% after deductible | 100% after deductible | 70% after deductible | \$25 copay | 50% after deductible |
| Specialty Care | 100% after deductible | 100% after deductible | 70% after deductible | \$50 copay | 50% after deductible |
| Preventive Care | | | | | |
| Adult Periodic Exams | 100% before deductible | 100% before deductible | 70% after deductible | 100% before deductible | 50% after deductible |
| Well-Child Care | 100% before deductible | 100% before deductible | 70% after deductible | 100% before deductible | 50% after deductible |
| Diagnostic Services | | | | | |
| X-ray and Lab Tests | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Complex Radiology | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Urgent Care Facility | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Emergency Room Facility Charges* | 100% after deductible | 100% after deductible | 100% after deductible | 70% after deductible | 50% after deductible |
| Inpatient Facility Charges | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Outpatient Facility and Surgical Charges | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Mental Health | | | | | |
| Inpatient | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Outpatient | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |

| | Sentara Health Insurance Company Equity Vantage 3200/0% | Sentara Health Insurance Company Equity POS 3200/0% | Sentara Health Insurance Company POS 1000/25/30% | | |
|--|--|--|---|----------------------------------|----------------------|
| Benefits Coverage | HMO In-Network | POS In-Network | POS Out-of-Network | POS In-Network | POS Out-of-Network |
| Substance Abuse | | | | | |
| Inpatient | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Outpatient | 100% after deductible | 100% after deductible | 70% after deductible | 70% after deductible | 50% after deductible |
| Other Services | | | | | |
| Chiropractic | 100% after deductible | 100% after deductible | 70% after deductible | \$25 copay | 60% after deductible |
| Retail Pharmacy (30 Day Supply) | | | | | |
| Generic (Tier 1) | \$10 copay | \$10 copay | Not covered | \$10 copay | Not covered |
| Preferred (Tier 2) | \$30 copay | \$30 copay | Not covered | \$30 copay | Not covered |
| Non-Preferred (Tier 3) | \$50 copay | \$50 copay | Not covered | \$50 copay | Not covered |
| Preferred Specialty (Tier 4) | 20% after deductible up to \$200 | 20% after deductible up to \$200 | Not covered | 20% after deductible up to \$200 | Not covered |
| Mail Order Pharmacy (90 Day Supply) | | | | | |
| Generic (Tier 1) | \$25 copay | \$25 copay | Not covered | \$25 copay | Not covered |
| Preferred (Tier 2) | \$75 copay | \$75 copay | Not covered | \$75 copay | Not covered |
| Non-Preferred (Tier 3) | \$125 copay | \$125 copay | Not covered | \$125 copay | Not covered |
| Preferred Specialty (Tier 4) | 20% after deductible up to \$200 | 20% after deductible up to \$200 | Not covered | 20% after deductible up to \$200 | Not covered |

| | Rates Per Pay Period | | |
|---------------------|------------------------|--------------------|-----------------|
| | Equity Vantage 3200/0% | Equity POS 3200/0% | POS 1000/25/30% |
| Employee Only | \$0.00 | \$6.30 | \$28.30 |
| Employee + Spouse | \$168.12 | \$173.16 | \$190.76 |
| Employee + Children | \$134.60 | \$138.64 | \$152.72 |
| Employee + Family | \$235.37 | \$242.43 | \$267.07 |

Infertility Benefits

- Endometrial Biopsies – Limited to 2 Per Lifetime
- Semen Analysis – Limited to 4 Per Lifetime
- Hysterosalpingography – Limited to 4 Per Lifetime
- Sims-Huhner Test (Smear) – Limited to 4 Per lifetime
- Artificial Insemination – Limited to 8 Per Lifetime
- Diagnostic Laparoscopy – Limited to 2 Per Lifetime
- IVF (In-Vitro Fertilization) and ZIFT (Zygote Intrafallopian Transfer) to Include Drugs and Injections - \$25,000 Combined Lifetime Limit for all Services



*Services for covered persons only, to diagnose and treat conditions resulting in infertility. The member is responsible for all applicable copayments, coinsurances, and any deductibles depending on the type and place of service as listed on the Plan's Benefit Summary. Members should refer to Plan documents for details in addition to coverage exclusions and limitations.

Health Savings Account

When you are enrolled in the Consumer Directed Health Plan and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. As the budget permits, Norfolk Airport Authority will contribute \$1,000 annually to HSA accounts for single employee coverage and \$1,500 annually for employees covering dependents, who are enrolled in either of the Sentara Health Equity CDHP health plans.

Health Savings Account (HSA)

An HSA is a tax-sheltered bank account that you own for the purpose of paying 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.

Although everyone is able to 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).

2024 HSA Contributions

You are able to contribute to your Health Savings Account 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 2024 Tax Year:

- \$4,150 Individual
- \$8,300 Family

If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

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. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.



Dental

Norfolk Airport Authority offers dental coverage through United Concordia.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

| Rates Per Pay Period | |
|----------------------|---------|
| PPO Plan | |
| Employee Only | \$14.72 |
| Employee + Spouse | \$29.40 |
| Employee + Children | \$34.81 |
| Employee + Family | \$54.23 |

| United Concordia Insurance Company UCCI Advantage Plus | | |
|---|----------------------|-------------------------|
| Benefits Coverage | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | |
| Individual | \$50 | \$100 |
| Family | \$150 | \$300 |
| Waived for Preventive Care? | Yes | Yes |
| Annual Maximum | | |
| Per Person / Family | \$2,000 | \$1,000 |
| Preventive | 100% | 80% |
| Basic | 80% after deductible | 60% after deductible |
| Major | 50% after deductible | 40% after deductible |
| Orthodontia | | |
| Benefit Percentage | 50% | 50% |
| Adults (and Covered Full-Time Students, if Eligible) | Covered | Covered |
| Dependent Child(ren) | Covered | Covered |
| Lifetime Maximum | \$1,000 | \$1,000 |
| Benefit Waiting Periods | 0 months | 0 months |

VISION COVERAGE

Vision

Norfolk Airport Authority provides Vision Insurance through Vision Service Plan (VSP).

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

| Vision Service Plan All Employees | |
|---|---|
| Copay | |
| Routine Exams, Materials Copay, and Lenses (Annual) | \$10 copay for Exam \$10 copay for Lenses |
| Materials Allowances | |
| Frames and Contacts (Contacts in lieu of Frames) | Base Plan: Annual allowance of \$130 Every 24 months |
| | Enhanced Plan: Annual allowance of \$180 Every 12 months |

| | Rates Per Pay Period | |
|--------------------------|----------------------|---------------|
| | Base Plan | Enhanced Plan |
| Employee Only | \$5.87 | \$8.03 |
| Employee + One Dependent | \$8.96 | \$12.25 |
| Employee + Family | \$16.07 | \$21.96 |

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Health Equity 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 with the exception of a \$640 carryover amount for the Medical FSA, as long as you re-enroll for the following plan year.
- 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.

Dependent Care FSA:

- This can be used to pay for eligible dependent care expenses to allow you and your spouse, if you are married, to work, look for work, or attend school full-time.
- Eligible dependents include children under age 13 or mentally incapable of self-care and, in some cases, elder care.

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 | \$3,200 |
| Dependent Care FSA | \$5,000 |

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with Sentara Health Insurance Company, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Employees are eligible for 3 visits per issue per year.

Sentara Health Insurance Company is only a phone call away at 1-800-899-8174 or via the web site at www.Sentaraeap.com



Other Benefits

Colonial Life

Accident & Injury

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Cancer

This voluntary coverage helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer that most medical plans may not cover. This coverage also provides benefits for specified cancer-screening tests.

Colonial Life Contact Information:

Sue Brosemer, Benefits Counselor

Colonial Life Insurance Co.

Cell: 757-651-8413

sue.brosemer@coloniallifesales.com

Legal Resources

Legal Plan

Norfolk Airport Authority includes the option to purchase protection for expected and unexpected legal expenses through Legal Resources. The plan offers employees a complete comprehensive package of legal services, including advice, consultation and courtroom representation. The cost per pay period is \$8.31.

Identity Theft

The Identity Theft Protection Benefit minimizes the risk of identity theft by managing and protecting your information through standard monitoring and recovery services. The plan includes credit bureau monitoring, suspicious activity alerts, and resolves and restores identify in the event of ID Theft. The plan includes \$1 million of identity theft insurance which is active from day one.

Selman and Company Tricare Supplement

This benefit wraps around Standard, Extra, and Prime to pick-up covered out-of-pocket expenses for the insured. You and your dependents may be eligible to participate in the Tricare Supplement Plan if you are retired from the military, are a spouse of a retired military or active duty service members, enrolled in TRICARE Reserve Select (TRS), or are a spouse of a disabled veteran and have CHAMPVA.

| | Rates Per Pay Period |
|---------------------|---------------------------|
| | Tricare Supplement |
| Employee Only | \$31.15 |
| Employee + Spouse | \$61.15 |
| Employee + Children | \$61.15 |
| Employee + Family | \$82.38 |

Mission Square Retirement

457 Deferred Compensation Plan

The 457 Deferred Compensation Plan allows for contributions to be made during your employment, and you can change, stop, and restart them at any time. Your account's value is based on those contributions and subsequent investment returns. Earnings are not subject to tax until withdrawn, and you have control over how your money is invested, how funds are withdrawn following your separation from service, and who receives any remaining assets upon your death. Contributions are pre-tax which reduces your taxable income for the year, and there is a wide range of investment options available to help you build a diversified portfolio.

457 2024 Contribution Limits

| Plan | Normal Limit | "Age 50" Catch-up Limit | "Pre-Retirement" Catch-up Limit |
|------|--------------|-------------------------|---------------------------------|
| 457 | \$23,000 | \$7,500 | \$23,000 |

Payroll Roth IRA

The Payroll Roth IRA provides for flexible, tax-free savings that can complement your employer retirement plans by allowing for tax-free earnings, and if needed, flexible withdrawals. You are able to make convenient contributions directly from your paycheck. The plan allows you to diversity your taxes with tax-free earnings, provides for control and flexibility, and to have the ability to match a Roth IRA with your 457 plan. Eligibility depends on modified adjusted gross income, and contributions are subject to IRS limits.

Roth IRA 2024 Contribution Limits

| Plan | Normal Limit | "Age 50" Catch-up Limit | "Pre-Retirement" Catch-up Limit |
|------|--------------|-------------------------|---------------------------------|
| IRA | \$7,000 | \$1,000 | N/A |

This brochure summarizes the benefit plans that are available to Norfolk Airport Authority 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.

Pet Insurance

A pet insurance policy can help you plan for your pet's healthcare and offset costs for unexpected illnesses or injuries. Here's what you need to know before you buy pet insurance.



1

Understand what you're buying

Know what's covered and what isn't before you need it. Also, make sure that you understand how reimbursements and deductibles work.



2

Choose coverage

Nationwide offers coverage options for dogs, cats and a variety of other pets including birds, reptiles, small mammals and more.

3

Pick a plan

Premiums and reimbursement levels vary, so choose the coverage and price that fits your needs.

4

Enroll pets young and healthy

Pre-existing conditions typically aren't covered by any pet insurer. Enroll pets when they're young and healthy to help ensure maximum lifelong coverage.

5

Get reimbursed for vet visits

Once your pet is enrolled, get cash back on eligible veterinary expenses.^[1]

Using your pet insurance policy is easy



Visit any vet



Send us your claim



We'll reimburse you^[2]



Get a quote at [PetsNationwide.com](https://www.PetsNationwide.com) • 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

[2] For eligible expenses after annual deductible is met.

USI Resources



USI Mobile App

Norfolk Airport Authority is pleased to offer on-the-go access to key benefit information through the USI EB Mobile App. Search “MyBenefits2GO” in your App Store or Google Play Store and enter code X92777 in the app to access your benefit highlights.

Benefit Resource Center (BRC)

Norfolk Airport Authority 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.

BRC Availability:
Monday-Friday 8:00am to 5:00pm EST
(855) 874-6699 or via e-mail at BRCEast@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.

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.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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.

PATIENT PROTECTION MODEL DISCLOSURE

Sentara Health generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to <https://www.Sentarahealth.com>

You do not need prior authorization from Sentara Health or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Sentara Health at <https://www.Sentarahealth.com>

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If

it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 2021

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Sheila Balli

Phone: 757-857-3351

Email: sballi@norfolkairport.com

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Effective 7/1/2024

Questions regarding any of this information can be directed to:

Sheila Balli

Phone: 757-857-3351

Email: sballi@norfolkairport.com

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Norfolk Airport Authority About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Norfolk Airport Authority and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Norfolk Airport Authority has determined that the prescription drug coverage offered by the Sentara Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Norfolk Airport Authority coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Norfolk Airport Authority coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Norfolk Airport Authority and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Norfolk Airport Authority changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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|---------------------------|---------------------------------------|
| Date: | July 1, 2024 |
| Name of Entity/Sender: | Norfolk Airport Authority |
| Contact--Position/Office: | Sheila Balli |
| Address: | 2200 Norview Avenue, Norfolk VA 23518 |
| Phone Number: | 757-857-3351 |

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. Contact your State for more information on eligibility –

| ALABAMA-Medicaid | CALIFORNIA-Medicaid |
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| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA-Medicaid | COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS-Medicaid | FLORIDA-Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

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| <p align="center">GEORGIA-Medicaid</p> <p>A 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</p> | <p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> |
| <p align="center">INDIANA-Medicaid</p> <p>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</p> | <p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p> |
| <p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>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</p> | <p align="center">MINNESOTA-Medicaid</p> <p>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</p> |
| <p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p align="center">KENTUCKY-Medicaid</p> <p>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: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p> |
| <p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |

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| NEVADA-Medicaid | SOUTH CAROLINA-Medicaid |
| Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| NEW HAMPSHIRE-Medicaid | SOUTH DAKOTA-Medicaid |
| Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| NEW JERSEY-Medicaid and CHIP | TEXAS-Medicaid |
| 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 | Website: http://gethipptexas.com/ Phone: 1-800-440-0493 |
| NEW YORK-Medicaid | UTAH-Medicaid and CHIP |
| Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| NORTH CAROLINA-Medicaid | VERMONT-Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| NORTH DAKOTA-Medicaid | VIRGINIA-Medicaid and CHIP |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 | Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 |
| OKLAHOMA-Medicaid and CHIP | WASHINGTON-Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| OREGON-Medicaid | WEST VIRGINIA-Medicaid and CHIP |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | 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) |
| PENNSYLVANIA-Medicaid | WISCONSIN-Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| RHODE ISLAND-Medicaid and CHIP | WYOMING-Medicaid |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | 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, 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. 615

