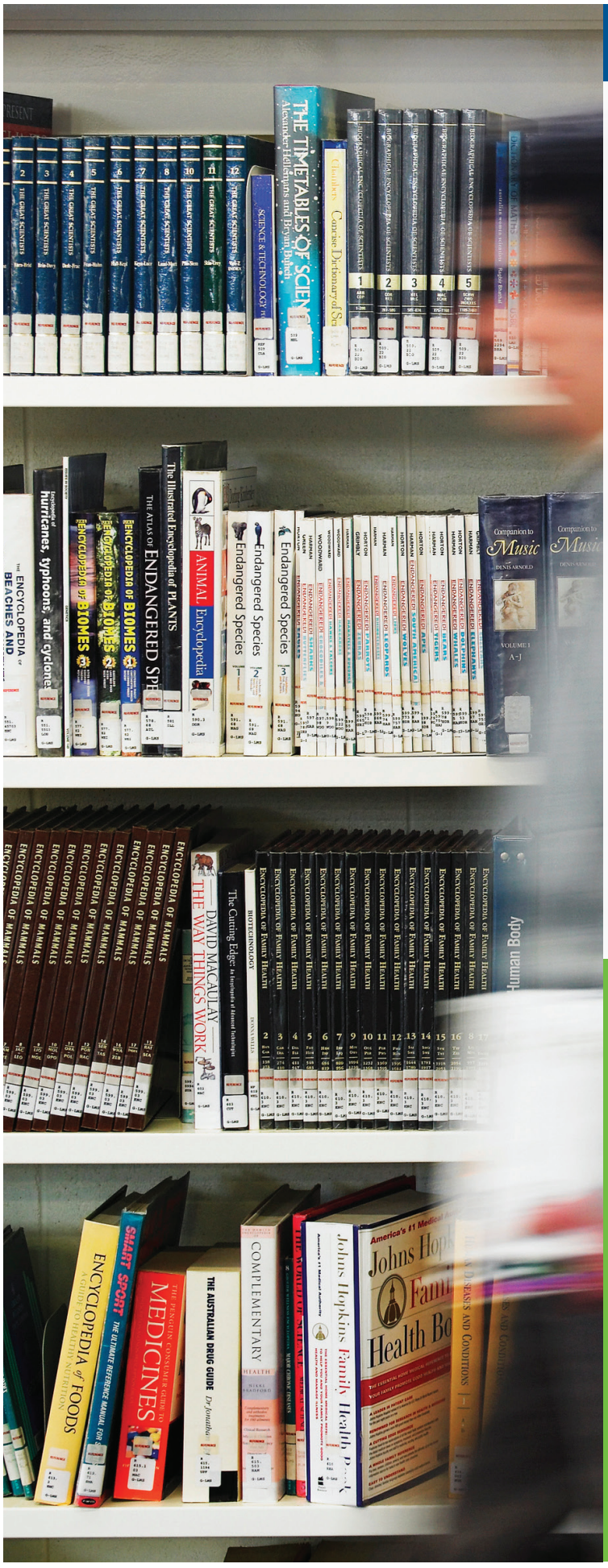
2023-2024
BENEFIT RESOURCE GUIDE

Benefits Effective: July 1, 2023 - June 30, 2024



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CSB/SJU/OSB BENEFIT PROGRAM

Our faculty and staff are our greatest asset and without each of you, we could not achieve the success that we are all proud of. As a valued employee of the College of Saint Benedict, Saint John's University or the Order of Saint Benedict, you have access to a comprehensive and competitive benefits program. The program offers a wide range of benefits designed to meet the needs of you and your family, including:

- Medical, Dental and Vision coverage
- Health Savings Account
- Flexible Spending Accounts
- Life Insurance
- Aflac Voluntary Benefits – Accident, Critical Care, Hospital Indemnity, and Cancer
- Farmers Auto & Home Discounts
- Employee Assistance Program

Your benefit options are discussed in greater detail within this guide, which can be used as a resource throughout the year. Please refer to the Faculty or Administrative/ Support Staff Handbook for further information regarding benefits.

WHAT'S NEW FOR 2023-2024

Medical Insurance

In addition to the plans already offered, a 4th plan option, a $5000-90% HDHP with an HSA is available effective July 1, 2023.

Also effective July 1, 2023, is a new network option—the High Value network—which is offered at a lower cost than the Aware network (which is still available). See more details on page 5.

In summary, effective July 1, 2023, you will have a menu of 8 medical options to choose from—4 plans and 2 networks.

Health Savings Account (HSA)

The maximum contribution for Employee coverage has increased to $3,850 (from $3,650) and the maximum Family contribution level has increased to $7,750 (from $7,300) per IRS regulations.

Flexible Spending Account

The maximum contribution for the Healthcare FSA is increasing to $3,050 (from $2,850). In addition, the maximum FSA rollover amount of $570 is increasing to $610 per IRS guidelines. The carryover will occur after the runout period ends.

Kavira

We are happy to introduce a new benefit to enhance our medical plan offering while providing our employees the convenience of receiving everyday healthcare through low to no cost telehealth and home visits. The goal of this offering is to save you time and money when addressing preventive needs and common acute illnesses within the comfort of your own home (virtually or in-person). Kavira will be available July 1, 2023. See page 6 for more details.

BENEFIT ELIGIBILITY

If you are an active, full-time or part-time benefit eligible employee, you are eligible to participate in the CSB/SJU/OSB benefit program. You are eligible for benefits as of the 1st of the month coincident with or following the first day of employment.

Eligible Dependents

You may also enroll your eligible dependents in medical, dental and vision coverage, as well as in certain voluntary coverages. Eligible dependents include your spouse and your child(ren).

Note: Dependent children ages 19 to 24 must be full-time students attending classes to be covered by life insurance plans. Dependent children, adopted children and stepchildren to age 26 may be covered by the medical, dental and vision plans. Coverage will end at the end of the dependent's birth month following their 26th birthday.

Making Changes During the Year

The benefit elections that you make as a new hire or during open enrollment will remain in effect for the entire plan year. You are only allowed to make changes if you experience a qualifying life event, such as:

- Marriage or divorce
- Birth or adoption of a child
- Death of spouse or dependent child
- A change in spouse's employment status
- A change in dependent's eligibility for benefits

If you experience a qualified status change, contact Human Resources within 30 days to make changes to your coverage. Otherwise, you will have to wait until the next annual Open Enrollment period to make changes to your benefit coverage.

MEDICAL BENEFITS

You have the choice of four medical plans administered by Blue Cross and Blue Shield of Minnesota:

- **Core Plan A**
- **Core Plan B**
- **HDHP Plan A**
- **HDHP Plan B**

All four plans cover the same services and provide 100% coverage for in-network preventive care.

Core Plans A and B

Under both of the Core Plan options, you must first meet a deductible before the plan begins to pay. Once you meet your deductible, you pay 25% coinsurance for in-network care and 50% coinsurance for out-of-network care. The two plans differ in deductible and out-of-pocket maximum amounts.

HDHP Plans A and B

Under the HDHP (high deductible health plan) options, you pay the full cost of services received until you reach your deductible. After that, the plan pays 90% for in-network care until you meet your out-of-pocket maximum. Then it pays 100% for the remainder of the year. If you go out-of-network, the plan pays 80% coinsurance after you meet the out-of-network deductible.

NOTE: Participants in an HDHP receive 100% coverage for specific preventive medications.

Both HDHPs may be paired with a Health Savings Account (HSA) that you can use to help pay out-of-pocket health care expenses (see page 9).

Prescription Drug Coverage

Covered drugs are shown on the Blue Cross Blue Shield KeyRx drug list.

- **Retail Pharmacy –** There is no annual deductible for prescription drugs under the Core Plans, so participants begin paying a copay based on the tier of the drug purchased.

  HDHP participants are responsible for the full cost until the deductible has been met. Once the deductible is met, the plan pays 90% until you meet your out-of-pocket maximums. Then, it pays 100% for the remainder of the year.

- **Mail Order Pharmacy –** Participants in all four plans can utilize BCBS's in-network mail service for maintenance medications. Through this convenient service, a three-month supply can be mailed directly to participants' homes. Core Plan participants get a three-month supply for the cost of two copays. For questions about this service or how to get started, call:
  MedsYourWay -- 855-206-2430

- **Specialty Pharmacy –** These medicines treat health care conditions like cancer, hepatitis, multiple sclerosis, and rheumatoid arthritis. Medications considered "specialty" must be filled through an approved specialty pharmacy or there will be no coverage. You can view the list of these pharmacies here.

FINDING A PROVIDER OR PHARMACY

To search for a network provider or pharmacy: Visit **bluecrossmnonline.com** and click on "Find a Doctor or Rx."

The medical networks are Aware, High Value and BlueCard PPO. The pharmacy network is Essential Rx.

To find a physician/clinic/hospital: Select "Find a Doctor, Hospital, or other Medical Provider," enter your group number or select your network (Aware, High Value or BlueCard PPO), search by doctor, clinic, or condition, and enter your location for the most accurate search results, or call the number on the back of your ID card.

To find a drug: Select "Find a Drug" and click "Search covered drug list." Once on the Prime Therapeutics site, choose the BCBSMN KeyRx Drug List and search for a drug or view the entire list.

NOTE: For the most accurate search results, and prices, sign in or register to get information specific to you.

For more information about international network coverage, visit **bcbsglobalcore.com** or call **1.800.810.BLUE(2583)**.

MEDICAL BENEFITS

Your Networks

Aware

The Aware network is Blue Cross Blue Shield's largest open access network where you are free to see any provider in the network—without a referral—and you are not required to select a primary care clinic. The Aware network includes 100% of hospitals and 98% of physicians in the state of Minnesota.

High Value - *NEW*

This network is offered as a lower cost alternative to Aware. Members have a broad selection of providers at a more affordable price. Although not as vast as Aware, this network includes over 12,500 primary care providers, 33,000 specialty care providers and 121 hospitals. There are no referrals required but care must be received from a High Value network provider for it to be considered in-network. If you elect the High Value network and receive care from an out-of-network provider, your benefits may be reduced, and you will be responsible for any charges above the reasonable and customary rate.

The following is an overview of the healthcare systems included in the High Value network:

REGION	HEALTHCARE SYSTEMS
Metro	Allina Children's Hospitals and Clinics Entira M Health Fairview North Memorial Health Ridgeview St. Croix Regional Medical Center University of Minnesota Physicians
Central	CentraCare Health Cuyuna Regional Medical Center Integrity Health Network
Northeast	Fairview Mesaba Clinic – Hibbing Grand Itasca Clinic & Hospital St. Luke's Welia Health
Southeast	Gundersen Health System Mankato Clinic Northfield Hospital & Clinics Olmsted Medical Center Winona Health
Northwest/ Southwest	Alomere Health Altru Health System Carris Health Lake Region Healthcare Lakewood Health System Sanford Health Swift County - Benson Health Services

BlueCard PPO

This is BlueCross and BlueShield's national network. If you need care when traveling outside the state of Minnesota, you can receive in-network benefits if you visit a BlueCard PPO provider.

BCBS Global Core

This applies if you are traveling outside of the United States and need care. Visit **bcbsglobalcore.com** or call the Service Center at 800.810.2583 for more information.

It is in your best interest to seek providers who are in-network. If you see a provider that is not in your Blue Cross network, your costs may be significantly higher because you will receive a lower coverage amount under your benefit plan. In addition, your share of the costs will most likely be based on the provider's full charges rather than the discounted rate that Blue Cross has already negotiated with network providers.

MEDICAL BENEFITS

Kavira

If you want the convenience of receiving everyday healthcare through low to no cost telehealth and home visits, Kavira is right for you. The goal of this offering is to save you time and money when addressing preventive needs and common acute illnesses within the comfort of your own home (virtually or in-person).

Effective July 1, 2023, Kavira will be available for all CSB/SJU/OSB medical plan members.

You start with a virtual visit via text message, video on the Kavira mobile app, or on-line on your computer. Your care may be able to be completed virtually; however, you can request an in-home visit as well, if desired!

Kavira is offered at no charge to you and visits are free to those on Core Plans A & B and only cost a $5 copay for those on HDHP Plans A & B (needed in order to remain compliant with IRS-related HSA regulations).

Please visit **kavirahealth.com** to create your member profile or call **763.373.3856**.

DOCTOR ON DEMAND

You can seek non-emergency medical care while on the go or from the comfort of your own home by using Doctor on Demand. Board-certified doctors are available 24/7, 365 to diagnose medical conditions, recommend treatment, and send a prescription directly to your pharmacy, if needed. Next day appointments to see licensed psychologists and psychiatrists can be scheduled between the hours of 7am and 10pm.

Doctor on Demand is ideal for minor illnesses such as an upper respiratory infection, cold or flu symptoms, sinus infection, cough, urinary tract infection, allergies, rashes, athlete's foot and more.

Cost per Visit for BCBS Members:
Medical: Up to $60.00

Psychology: Up to $75.00 for 30 minutes; $144.00 for 45 minutes

Psychiatry: Up to $288.00 for 45 minutes, $131.00 for ongoing (15 minutes)

To sign up or log-in to Doctor on Demand, visit: doctorondemand.com/bluecrossmn
or click the link on the Blue Cross Blue Shield member portal.

You can download the Doctor on Demand mobile app for free on the App Store or Google Play.

MEDICAL PLAN COMPARISON CHART

MEDICAL PLAN OPTIONS — IN-NETWORK				
	Core Plan A	**Core Plan B**	**HDHP Plan A**	**HDHP Plan B**
Calendar Year Deductible	$1,000 single $2,000 single +1 $3,000 family	$1,450 single $2,900 single +1 $4,350 family	$3,000 single $6,000 family	$5,000 single $10,000 family
Coinsurance	After deductible, plan pays 75%; you pay 25%	After deductible, plan pays 75%; you pay 25%	After deductible, plan pays 90%; you pay 10%	After deductible, plan pays 90%; you pay 10%
Out-of-Pocket (OOP) Maximum	$2,050 single $4,100 single +1 $6,150 family	$2,800 single $5,600 single +1 $8,400 family	$3,500 single $7,000 family	$6,500 single $13,000 family
Preventive Care	100% coverage; no deductible	100% coverage; no deductible	100% coverage; no deductible	100% coverage; no deductible
Office Visit/Urgent Care	75% coverage; after deductible	75% coverage; after deductible	90% coverage; after deductible	90% coverage; after deductible
Emergency Room Visit	75% coverage; after deductible	75% coverage; after deductible	90% coverage; after deductible	90% coverage; after deductible
Inpatient/Outpatient Hospital Services	75% coverage; after deductible	75% coverage; after deductible	90% coverage; after deductible	90% coverage; after deductible

MEDICAL PLAN OPTIONS — OUT-OF-NETWORK				
	Core Plan A	**Core Plan B**	**HDHP Plan A**	**HDHP Plan B**
Calendar Year Deductible	$1,200 single $2,400 single +1 $3,600 family	$2,425 single $4,850 single +1 $7,275 family	$3,000 single $6,000 family	$5,000 single $10,000 family
Coinsurance	After deductible, plan pays 50%; you pay 50%	After deductible, plan pays 50%; you pay 50%	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 80%; you pay 20%
Out-of-Pocket (OOP) Maximum	$2,900 single $5,800 single +1 $8,700 family	$5,400 single $10,800 single +1 $16,200 family	$3,600 single $7,200 family	$6,500 single $13,000 family
Preventive Care	50% coverage; no deductible	50% coverage; no deductible	80% coverage; no deductible	80% coverage; no deductible
Office Visit/Urgent Care	50% coverage; after deductible	50% coverage; after deductible	80% coverage; after deductible	80% coverage; after deductible
Emergency Room Visit	75% coverage; after deductible	75% coverage; after deductible	90% coverage; after deductible	90% coverage; after deductible
Inpatient/Outpatient Hospital Services	50% coverage; after deductible	50% coverage; after deductible	80% coverage; after deductible	80% coverage; after deductible

MEDICAL PLAN COMPARISON CHART

PRESCRIPTION DRUGS — IN-NETWORK Certain preventive medication is covered at 100% (deductibles, coinsurance, and/or copays do not apply). Preventive drug lists and coverage varies by plan.*				
	Core Plan A	**Core Plan B**	**HDHP Plan A**	**HDHP Plan B**
Key Rx Retail (Up to 30-day Supply)				
Preferred Generic	$25 copay	$25 copay	90% coverage; after deductible	90% coverage; after deductible
Non-Preferred Generic	$50 copay	$50 copay	90% coverage; after deductible	90% coverage; after deductible
Preferred Brand	$75 copay	$75 copay	90% coverage; after deductible	90% coverage; after deductible
Non-Preferred Brand	$100 copay	$100 copay	90% coverage; after deductible	90% coverage; after deductible
Specialty	80% coverage, Up to $200 max copay	80% coverage, Up to $200 max copay	90% coverage; after deductible	90% coverage; after deductible
90 Day Rx Retail/ Mail Order				
Generic	$50 copay	$50 copay	90% coverage; after deductible	90% coverage; after deductible
Preferred Brand	$150 copay	$150 copay	90% coverage; after deductible	90% coverage; after deductible
Non-Preferred Brand	$200 copay	$200 copay	90% coverage; after deductible	90% coverage; after deductible

*Participants in all BCBS plans have access to preventive drugs on the KeyRx ACA MN Preventive Drug List at no cost. Participants on HDHP Plans A & B have access to maintenance medications listed on the MN KeyRx VBD Drug List at no cost.

The charts on pages 7 and 8 do not include all covered services. Please refer to the plan summaries for complete coverage information or contact Blue Cross Blue Shield at **866.873.5943**.

HEALTH SAVINGS ACCOUNT (HSA)

If you elect medical coverage under one of the High Deductible Health Plans, you may be eligible to open a Health Savings Account (HSA) through Further. An HSA is a savings account that can be used to help pay for qualified out-of-pocket health care expenses. You can choose when to use the pre-tax money you set aside in your HSA since unused funds carry over from year to year. You can even use the money for health care expenses during retirement.

HSA Eligibility

You must be enrolled in a high deductible health plan to be eligible for an HSA, and you cannot be:

- Covered by other non-HDHP health insurance
- Contributing to or participating in a Healthcare Flexible Spending Account
- Claimed as a dependent on someone else's tax return
- **Enrolled in a government health plan, such as Medicare (Part A or B), Medicaid, or TriCare**

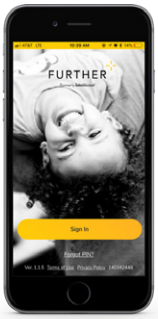
Note: Children over age 19 covered by the HDHP are not eligible for HSA reimbursement unless you claim them as a dependent on your tax return.

HSA Contributions

The IRS sets a limit on how much you can contribute to your HSA each year. You can start, stop or change your contribution amount (up to the limit) at any time. The 2023-2024 HSA contribution limit is:

- $3,850 if you elect employee-only coverage, or
- $7,750 if you elect any other coverage level

NOTE: If you are age 55 or over, you can contribute up to an additional $1,000 per year beyond the current contribution limits.



Have you tried the Further App?

Access all of you HSA or FSA account information on the go! View activity, pay bills, get reimbursed, scan barcodes to check eligibility, all from your mobile device!

Over age 65?

If you are over age 65 and enrolled in Medicare A or B, and/or collecting Social Security benefits, you may withdraw money from an HSA without penalty but may ***not*** continue to contribute. If delaying enrollment in Medicare beyond age 65, you should stop contributing to your HSA six (6) months prior to enrolling in Medicare. If you want more information on what your options are through Medicare, please call TLC Insurance Group at **1.800.719.3751** and tell them you work for CSB/SJU/OSB.

HSAs Offer Triple-Tax Savings

- Contributions are tax free, which reduces your taxable income
- Your HSA balance grows tax free
- Distributions from your HSA are tax free when used toward qualifying expenses

Using Your HSA

The money in your HSA is yours to keep even if you leave employment with CSB/SJU/OSB. After enrolled in the HSA, you will be provided a debit card which can be used when paying for qualified health care expenses. If you prefer, you may also reimburse yourself from your HSA at a later date.

For more information, contact Further at **651.662.5065** or **800.859.2144** or visit **hellofurther.com**. Please have your social security number readily available.

A Note about HSAs and FSAs

If you participate in a High Deductible Health Plan and utilize an HSA, you are not eligible to participate in the Healthcare Flexible Spending Account nor are you eligible to carry over any FSA money to the following plan year.

DENTAL BENEFITS

The Dental Plan, administered by Delta Dental of Minnesota, offers access to two of Delta Dental's large, nationwide networks – the **PPO network** and the **Premier network**.

You are free to choose any dentist you want, but you will maximize your benefits when you use a network dentist for care. Both of Delta Dental's networks offer discounted fees, but the greatest savings is available when you see a Delta Dental PPO network dentist. If you choose to receive care from a non-participating dentist, your out-of-pocket costs may be higher.

Once you meet the plan's annual deductible, you pay coinsurance for dental services. Different deductible amounts apply for in-network and out-of-network care.

REMINDER
Dependents can be covered up to age 26 without student status requirements.

To find a participating network dentist near you, visit **deltadentalmn.org** and select the Delta Dental PPO or Delta Dental Premier network. You can also call Delta Dental at **651.406.5901** or **800.448.3815** for more information.

Dental Benefits	DENTAL PLAN	
	In-Network *(PPO or Premier Network Dentist)*	**Out-of-Network** *(Non-participating Dentist)*
Calendar Year Deductible	$50 per person $200 family maximum	$75 per person $300 family maximum
Calendar Year Plan Maximum	$1,500	$1,500
Diagnostic and Preventive Services • Exams; cleanings; x-rays; fluoride treatments; space maintainers; sealants	100% coverage; no deductible	100% coverage; no deductible
Basic Services • Emergency treatment; fillings; periodontal maintenance	80% coverage after deductible	80% coverage after deductible
Endodontics • Root canal therapy	80% coverage after deductible	80% coverage after deductible
Periodontics • Surgical /non-surgical treatment of gum tissue	80% coverage after deductible	80% coverage after deductible
Oral Surgery • Surgical and non-surgical extractions; all other oral surgery	80% coverage after deductible	80% coverage after deductible
Major Restorative • Crowns, inlays and onlays, prosthetics	60% coverage after deductible	60% coverage after deductible
Orthodontics* • For covered dependents age 8 through age 18	50% coverage up to $1,000 lifetime maximum; no deductible	

* A 12-month waiting period applies before you are eligible for payment.

This chart does not describe all covered services. Please review the plan summary for complete coverage information or call Delta Dental at **651.406.5901** or **800.448.3815**.

VISION BENEFITS

CSB/SJU/OSB offers voluntary vision coverage through EyeMed. In-network providers have agreed to discounts on covered exams, glasses and contact lenses. Although you can visit any provider you want, you will get more out of your benefits if you use a vision provider who participates in the **Insight** network. **In addition, the Freedom Pass allows members to receive any frame at Target Optical stores at no cost – regardless of the retail price.***

*Refer to Freedom Pass and OFFER CODE: 755288

There are thousands of EyeMed providers nationwide, including a mix of independent and retail outlets.

When you visit a network provider, copays will apply. When you visit an out-of-network provider, you will have to pay in full and then submit a claim to EyeMed. Reimbursement will be based on the out-of-network reimbursement allowance.

To find an EyeMed provider near you, visit **eyemed.com** or call **866.439.3633**.

VISION CARE SERVICES	In-Network *Insight*	Out-of-Network Reimbursement
Comprehensive Eye Exam (every 12 months)	$10 copay	Up to $40
Contact Lens Fit and Follow-Up Exam	Up to $55 for standard; 10% off retail price for premium	N/A
Retinal Imaging	Up to $39	N/A
Eyeglass Frames (every 24 months)	$0 copay, up to $130 allowance, 20% off balance over $130	Up to $91
Standard Plastic Lenses (in lieu of contact lenses; every 12 months)		
• Single Vision	$25 copay	Up to $30
• Bifocal	$25 copay	Up to $50
• Trifocal	$25 copay	Up to $70
• Lenticular	$25 copay	Up to $70
• Standard Progressive	$90 copay	Up to $50
• Premium Progressive (Tier 1-3)	$110 - $135 copay	Up to $50
• Premium Progressive (Tier 4)	$90 copay, 80% of charges less $120 allowance	Up to $50
Lens Options (paid by member and added to base price of lens)	$15 - $45 copay, depending on option; some options 20% off retail price	N/A
Contact Lenses (in lieu of glasses; every 12 months)		
• Conventional	$0 copay; up to $130 allowance, 15% off balance over $130	Up to $130
• Disposable	$0 copay; up to $130 allowance	Up to $130
• Medically Necessary	Paid in full	Up to $210
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Discounts (see summary for additional discounts)	40% off complete pair of eyeglasses; 20% off non-prescription sunglasses; 20% off remaining balance beyond plan coverage	N/A
Hearing Care Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A

This chart does not describe all covered services. Please review the plan summary for complete coverage information or call EyeMed at **866.439.3633**.

PREMIUMS

2023-2024 Medical Plan Premiums

	AWARE NETWORK		HIGH VALUE NETWORK	
Coverage Level	**Your Cost Per Pay Period**	**Employer Cost Per Pay Period**	**Your Cost Per Pay Period**	**Employer Cost Per Pay Period**
Core Plan A				
Employee Only	$99.10	$310.93	$90.55	$285.31
Employee + Child(ren)	$248.41	$608.14	$227.00	$558.17
Employee + Spouse	$268.85	$658.20	$245.67	$604.13
Employee + Family	$398.35	$975.22	$364.01	$895.10
Core Plan B				
Employee Only	$59.13	$309.56	$54.03	$283.93
Employee + Child(ren)	$164.97	$605.26	$150.75	$555.29
Employee + Spouse	$178.53	$655.09	$163.14	$601.01
Employee + Family	$264.52	$970.62	$241.72	$890.49
HDHP Plan A				
Employee Only	$37.75	$308.83	$34.50	$283.20
Employee + Child(ren)	$120.28	$603.72	$109.91	$553.75
Employee + Spouse	$130.17	$653.42	$118.95	$599.34
Employee + Family	$192.88	$968.14	$176.25	$888.02
HDHP Plan B				
Employee Only	$32.47	$265.59	$29.67	$243.55
Employee + Child(ren)	$103.44	$519.20	$94.53	$476.22
Employee + Spouse	$111.95	$561.94	$102.30	$515.43
Employee + Family	$165.88	$832.60	$151.58	$763.69

2023-2024 Dental Plan Premiums

Coverage Level	Your Cost Per Pay Period	Employer Cost Per Pay Period
Employee Only	$13.53	$7.29
Employee + One	$26.78	$14.43
Employee + Family	$42.82	$23.06

2023-2024 Vision Plan Premiums

Coverage Level	Your Cost Per Pay Period
Employee Only	$3.08
Employee + One	$5.86
Employee + Family	$8.59

FLEXIBLE SPENDING ACCOUNTS (FSAs)

CSB/SJU/OSB offers two types of FSAs administered by Further. These accounts allow you to set aside money to pay certain out-of-pocket expenses. You make contributions to your FSAs from your paycheck with pre-tax dollars, which reduces your taxable income.

ACCOUNT	What it can be used for:	Most you can contribute in 2023:
Healthcare FSA	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. **NOTE:** If you contribute to an HSA, you cannot participate in the Healthcare FSA.	$3,050
Dependent Care FSA	To pay dependent care expenses that allow you and your spouse to work or attend school, including daycare, preschool, summer day camp, before or after school programs or eligible senior centers. Services cannot be provided by a dependent you claim on your tax return. **NOTE:** Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care.	$5,000 ($2,500 if married and filing separately)

How the FSAs Work

- You choose the annual amount you want to contribute to your FSA(s), up to the IRS limit for each account.
- This amount is taken out of your paycheck in equal installments throughout the year before federal and Social Security taxes are withheld.
- You cannot change your contribution amount during the year unless you experience a qualifying status change (see page 3).
- The money in one account cannot be used to pay expenses in another account.
- The Dependent Care FSA has a "use it or lose it" rule, so plan your contribution amount carefully. Any funds remaining in your account at the end of the plan year will be forfeited.
- The Healthcare FSA allows you to carry over up to $610 at the end of the plan year. Important Reminder: This carry over option is **not** available if you change plans and wish to open an HSA.
- Expenses must be incurred between July 1, 2023, and June 30, 2024. You have a three (3) month run-out period following the end of the plan year in which you can still submit claims for reimbursement.

FSA Eligible Expenses

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You can find a list of eligible health care expenses on the IRS website at **irs.gov/publications/p502/index.html**. For information about eligible dependent care expenses, refer to **irs.gov/publications/p503/index.html**.

If you are a new enrollee in the Healthcare FSA you will be issued a debit card. Activate your debit card using the last four digits of your Social Security Number.

Note: When contacting Further regarding your FSA, please use your Social Security Number.

Did You Know

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Over-the-counter medications as well as PPE (such as: masks, hand sanitizer and wipes) are considered a qualified expense that you can use your HSA or FSA funds for.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Basic Term Life and AD&D Insurance

CSB/SJU/OSB provides Basic Term Life and AD&D insurance at no cost to you through Standard Insurance Company. Coverage is based on your salary according to the following:

SALARY	COVERAGE
$0-$20,000	$50,000
$20,001-$37,500	$75,000
$37,501-$50,000	$90,000
$50,001-$66,666	$100,000
$66,667+	1.5x salary up to a maximum of $400,000

Imputed Income: The IRS considers employer-provided life insurance in excess of $50,000 a taxable benefit. The life insurance premium tax will be included annually in a December payroll.

Optional Life and AD&D Insurance

You can purchase Life and AD&D insurance for yourself through Standard Insurance Company if you wish to supplement your basic coverage. You may also purchase dependent life coverage for your spouse and/or your children. Eligible dependents include your spouse and unmarried dependent children under 19 years of age or under 24 years of age if a full-time student. Your cost for this voluntary coverage depends on your age and the amount of coverage you choose and is paid on an after-tax basis.

Optional Life and AD&D Coverage Options	
Employee	Choose optional life coverage amount of 1x, 2x, 3x or 4x your salary, up to a maximum of $400,000 (including the first $100,000 of your Basic coverage). Guarantee Issue is $150,000 when first eligible. Optional AD&D coverage must match the optional life coverage you choose.
Dependent Life (Spouse/ Children)	Choose dependent life coverage amount of $37,500 for Spouse and $5,000 for Child(ren). This coverage is Guarantee Issue only when first benefit-eligible.

NOTE: Your Life and AD&D benefits reduce starting at age 70. At age 70, the benefit reduces to 65%. At age 75, the benefit reduces to 50%.

Monthly Cost of Optional Life and AD&D Coverage

EMPLOYEE OPTIONAL LIFE	
AGE	**Rate per $1,000 of coverage**
Under 30	$.039
30 - 34	$.052
35 - 39	$.067
40 – 44	$.095
45 – 49	$.143
50 – 54	$.219
55 – 59	$.409
60 – 64	$.627
65 – 69	$1.043
70 +	$1.736
EMPLOYEE OPTIONAL AD&D	
$0.03 per $1,000 of coverage	
DEPENDENT LIFE	
$3.25 for $37,500 of coverage for spouse and $5,000 of coverage for all eligible dependent children	

Each year at annual enrollment, employees may purchase ***one*** additional increment of salary without having to satisfy medical evidence.

PLEASE NOTE: If you purchase Optional Life coverage when first eligible (at time of hire), you do not need to satisfy medical evidence of insurability to obtain coverage. However, if you waive Optional Life coverage at time of hire and wish to enroll at a later date, enrollment will only be permitted at the Plan's Annual Enrollment period, subject to the plan's evidence of insurability requirement. If Evidence of Insurability was submitted in a previous year and increased coverage was denied, you must complete the EOI process again and be approved before increased coverage will take effect.

NOTE: A Member (employee) may not be insured as both a Member and a Dependent under the same employer plan; in addition, a child may not be insured by more than one Member under the same employer plan.

VOLUNTARY BENEFITS

Aflac Benefits

As a supplement to your CSB/SJU/OSB medical coverage, or just to give yourself an added layer of financial protection, you can enroll yourself and your eligible dependents in Accident, Critical Care Hospital Indemnity and/or Cancer coverage through Aflac. These plans provide benefit payments that can be used to help cover out-of-pocket expenses associated with an accident or illness that are not covered by your medical plan.

Accident Indemnity Advantage insurance can help your family cover unexpected out-of-pocket expenses and supplement lost income due to an accident. Accident insurance covers a wide range of injuries and accident-related expenses such as hospitalization, X-rays, ER visits, physicals, occupational and speech therapy, and follow-up care.

Critical Care Protection pays a lump sum benefit upon diagnosis of a serious illness or condition covered under the plan such as heart attack, stroke, paralysis, etc. Rates are based on age and may be impacted by certain things such as tobacco use. Pre-existing limitations may apply.

Hospital Indemnity Insurance pays a lump sum benefit upon admission to the hospital. An additional benefit is payable for days confined to the hospital. This benefit includes an annual payment if you receive a qualifying health screening.

Cancer Indemnity Insurance can help protect your financial health when the unthinkable happens. This benefit pays you a cash benefit upon initial diagnosis of a covered cancer, with other benefits also payable throughout the cancer treatment.

The cash benefit from all of these plans is paid directly to you and you decide how to spend it. You pay the full cost of these voluntary coverages through payroll deductions. For more information about either of the plans, contact Elise at Aflac at **612.227.5846**.

Scan the QR code – or visit Aflac's benefits page via the link below – to see more about the products offered.

https://www.aflacenrollment.com

Farmers Auto & Home Insurance

Farmers auto & home insurance policies include:

- Replacement Cost for Total Losses - with no depreciation
- Enhanced Rental Car Damage Coverage
- Replacement Cost for Special Parts
- Identity Protection Services
- Deductible Savings Benefit

With Farmers Auto & Home Insurance, you can file a claim 24 hours a day, 7 days a week, 365 days a year. Farmers has technology options that can have your damaged auto assessed with uploaded photos and the estimate paid via their online app.

Act today to protect your tomorrow. For more information, and for free, no-obligation quotes, call **800.438.6381**, M-F: 8:30am-10:30pm EST; Sat: 9:00am-5:30pm EST. You can review the quoting tool by clicking the below link. Please have your current policies on hand when calling.

Insurance Quotes for Home, Auto and Extra Liability: Farmers GroupSelect

ADDITIONAL BENEFITS

Travel Assistance (through The Standard)

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including: passport, visa, weather and currency exchange information, assistance replacing lost medication or corrective lenses, emergency evacuation, interpreter services, emergency ticket, credit card, and/or passport replacement, and more! To learn more, please contact Travel Assistance at **800.872.1414** (U.S., Canada, Puerto Rico, Virgin Islands and Bermuda) or **+1.609.986.1234** everywhere else. You may also text +1.609.334.0807 or email **medservices@asssistamerica.com**.

Life Services Toolkit (through The Standard)

The Life Services Toolkit offers online and telephonic tools and services helpful for important life decisions and end-of-life planning such as: will preparation, powers of attorney, estate planning assistance, financial planning, stress management, identity theft prevention, grief and loss support, and funeral arrangements. For more information please call **800.378.5742** or visit **www.standard.com/mytoolkit** (username = "support").

Get The App

Get the most out of Travel Assistance with the Assist America Mobile App.

Go to your iPhone or Android app store or scan the QR code below to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator

Reference Number:

01-AA-STD-5201

Download on the App Store

GET IT ON Google Play

Employee Assistance Program (through VITAL WorkLife)

The Employee Assistance Program (EAP), offered through VITAL WorkLife, provides you and your family members with free, confidential assistance to address a variety of personal and/or professional concerns.
The EAP service is available 24 hours a day by calling **320.253.1909** or **800.383.1908**.

You can also visit **www.vitalworklife.com** and use your member login for unlimited access to a wealth of web-based work/life resources.

- **CSB** Username: csbsju Password: member
- **SJU** Username: csbsju2 Password: member
- **OSB** Username: osbi Password: member

CONTACT INFORMATION

Please visit our benefits landing page for more helpful tools and resources related to benefits:
https://digital.nfp.com/vlp/CSB.SJU.OSB

PLAN BENEFIT	PHONE NUMBER / WEBSITE	INFORMATION AVAILABLE
Medical Blue Cross and Blue Shield of MN	866.873.5943 www.bluecrossmnonline.com	▪ Look up benefit information ▪ View your claims and explanation of benefits (EOBs) ▪ Search doctors or pharmacies in your network ▪ View and print ID cards
Virtual & Home Visits Kavira Health	763.373.3856 www.kavirahealth.com	▪ Chat with a nurse practitioner via text or video chat ▪ Schedule a home visit
Dental Delta Dental of Minnesota Group #: 094107	651.406.5901 or 800.448.3815 www.deltadentalmn.org	▪ Find a network dentist ▪ View your coverage and claims ▪ Estimate dental costs by procedure ▪ Print ID cards
Vision EyeMed Group #: CSB/SJU-1006011, OSB-1038689	866.4.EYEMED (866.439.3633) www.eyemed.com	▪ Find a network provider ▪ View your benefits ▪ Review claims information ▪ Print an ID card
Health Savings Account **Flexible Spending Account(s)** Further	651.662.5065 or 800.859.2144 www.hellofurther.com	▪ View account balance/activity ▪ Access and submit reimbursements ▪ Search eligible expenses
Life and AD&D Standard Insurance Company	888.937.4783 www.standard.com	▪ Submit a claim online ▪ Learn about your coverage ▪ Review EOI requirements
Accident and Critical Illness Insurance Aflac	612.227.5846 www.aflac.com	▪ Submit and manage your claims ▪ View “how-to” videos about your coverage ▪ Utilize MyAflac Resource Center
Auto and Home Insurance Farmers	800.438.6381	▪ Request a quote ▪ Submit a claim ▪ View your policy
Employee Assistance Program (EAP) VITAL WorkLife	320.253.1909 or 800.383.1908 www.vitalworklife.com	▪ Speak with a counselor ▪ Schedule a face-to-face session ▪ Review online EAP resources
403(b) Retirement Plan TIAA	800.842.2252 www.TIAA.org	▪ Create and monitor retirement goals ▪ Change your investments ▪ Update beneficiaries
Medicare Support TLC Insurance Group	800.719.3751	▪ Review your Medicare options with certified professionals ▪ Receive ongoing enrollment support
Human Resources	Emily Nordmann (CSB/SJU), ext. 5880 | Tanya Boettcher (OSB), ext. 2874	

GLOSSARY

Coinsurance

Coinsurance is the rate at which you and the plan share expenses. The coinsurance percentages noted in this guide are the covered percentage paid by Blue Cross Blue Shield. For example, 80% coverage indicates 80% of the cost is paid by the plan and it is your responsibility as a participant to pay the remaining 20% of the cost of the service.

Copay

The fixed-dollar amount you pay for specific prescription drugs under Core Plan A or B. After you pay this amount, the plan pays the rest of the cost of your prescription.

Deductible

The annual amount you must pay for non-preventive services before the plan starts to pay benefits.

Embedded Deductible

Plans with an embedded deductible have a single deductible "embedded" within the family deductible to help limit an individual's expenses. This means that if one person in a family meets the single deductible, the plan coinsurance would start. Without an embedded deductible, one person in a family would need to meet the entire family deductible before the plan coinsurance would go into effect.

Flexible Spending Account (FSA)

An account that an employee may contribute to in order to pay for certain medical and/or dependent care expenses on a pre-tax basis. Participants in the Healthcare FSA can roll over up to $610 to be used in the following plan year. This carry over option is **not** available if you change plans and wish to open an HSA.

Health Savings Account (HSA)

A savings account used in conjunction with a high deductible health plan that allows users to save money tax-free against medical expenses. Funds roll over from year to year and earn interest.

Out-of-Pocket (OOP) Maximum

For your protection, all three plans have annual out-of-pocket maximums that "cap" the amount you must pay toward covered expenses. Once you meet your OOP maximum, the plan pays 100% of your covered expenses for the rest of the calendar year. Deductibles, copays and coinsurance count toward your OOP maximum. OOP maximums differ for in- and out-of-network services.

Premium

The amount you pay out of your paycheck toward the cost of coverage.

Preventive Care

Type of care that may help you catch a health problem before it becomes serious. All of the medical plans cover certain preventive services – including annual wellness exams and certain types of screenings based on age and gender – at 100% when care is received in-network.

Prior Authorization

Approval given by Blue Cross Blue Shield for coverage of certain medications. As a provider in the Blue Cross network, your doctor should know how to request Prior Authorization.

ANNUAL NOTICES

HIPAA 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 towards 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).

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.

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

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

To request special enrollment or obtain more information, contact Emily (CSB/SJU) or Tanya (OSB) in Human Resources.

Mothers' and Newborns' Health Protection Act

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

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Human Resources for more information.

Prescription Drug Coverage and Medicare

It is important to know about your current prescription drug coverage with Blue Cross and Blue Shield of Minnesota and about your options under Medicare's prescription drug coverage. All three (3) medical plans offered to you are deemed creditable therefore indicating that, on average, the drug coverage is as good or better than the basic Medicare Part D prescription drug benefit. For more information about Medicare prescription drug coverage visit www.medicare.gov. If you would like a copy of your full Medicare Part D Notice, please contact your human resource representative.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the Affordable Care Act took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace (also called a Health "Exchange"). This notice provides some basic information about the Marketplace and how it relates to you and the health coverage offered by your employer.

What is the Health Insurance Marketplace?

Created by the Affordable Care Act, the Marketplace is an online center designed to help individuals to find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Open enrollment for health insurance coverage through the Marketplace takes place each year in October for coverage starting as early as January 1. Individuals who qualify may be eligible for a tax credit that lowers their monthly premium.

Can You Save Money on Your Health Insurance Premiums in the Marketplace?

The Health Insurance Marketplace is primarily intended for people who are currently uninsured, do not have minimum essential coverage as defined by the ACA, or who have coverage that is deemed unaffordable by the law.

While anyone can purchase health insurance through the Health Insurance Marketplace, only those people whose coverage falls into the above categories (and who meet income requirements), can qualify for premium subsidies. The actual savings on premiums depends on household income.

How does this relate to you: The health coverage provided by your employer exceeds the minimum essential coverage standard of the ACA. The cost of your coverage meets the ACA guidelines for affordability. Because the health coverage meets the standards set by the ACA, employees of CSB/SJU/OSB will not be eligible for a tax credit through the Marketplace.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

If you determine that the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, you may be eligible for a tax credit.[1]

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

If you are currently not enrolled in your employer's health plan, you may wish to enroll during the next open enrollment opportunity if eligible.

How Can You Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

This material is intended to provide accurate information of a general nature on the legislation covered. Guidance on how to obtain more in-depth information on a specific notice is provided at the end of each section.

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 **www.askebsa.dol.gov or call 1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since January 31, 2023, 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

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

ALABAMA – Medicaid
http://myalhipp.com | 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program:
http://myakhipp.com | 1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
http://myarhipp.com | 1-855-MyARHIPP (1-855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp | 1-916-445-8322
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://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

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

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64:
http://www.in.gov/fssa/hip | 1-877-438-4479
All other Medicaid:
https://www.in.gov/medicaid | 1-800-457-4584

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

KANSAS – Medicaid
https://www.kancare.ks.gov | 1-800-792-4884
HIPP: 1-800-766-9012

ANNUAL NOTICES

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: https://kidshealth.ky.gov/Pages/index.aspx
1-877-524-4718
Medicaid: https://chfs.ky.gov

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

MAINE – Medicaid
https://www.maine.gov/dhhs/ofi/applications-forms
1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium:
https://www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
1-800-862-4840 TTY: (617) 886-8102

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

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084 | HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
1-855-632-7633 | Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

NEVADA – Medicaid
http://dhcfp.nv.gov | 1-800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program | 1-603-271-5218
HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
1-609-631-2392
CHIP: http://www.njfamilycare.org/Default.aspx
1-800-701-0710

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov | 1-919-855-4100

NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org | 1-888-365-3742

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

PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx | 1-800-692-7462
CHIP: Children's Health Insurance Program (CHIP) (pa.gov)
1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov
1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov | 1-888-549-0820

SOUTH DAKOTA - Medicaid
http://dss.sd.gov | 1-888-828-0059

TEXAS – Medicaid
http://gethipptexas.com | 1-800-440-0493

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

VERMONT – Medicaid
http://www.greenmountaincare.org | 1-800-250-8427

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

WASHINGTON – Medicaid
https://www.hca.wa.gov | 1-800-562-3022

WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms
http://mywvhipp.com
Medicaid: 1-304-558-1700
CHIP Toll-free: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

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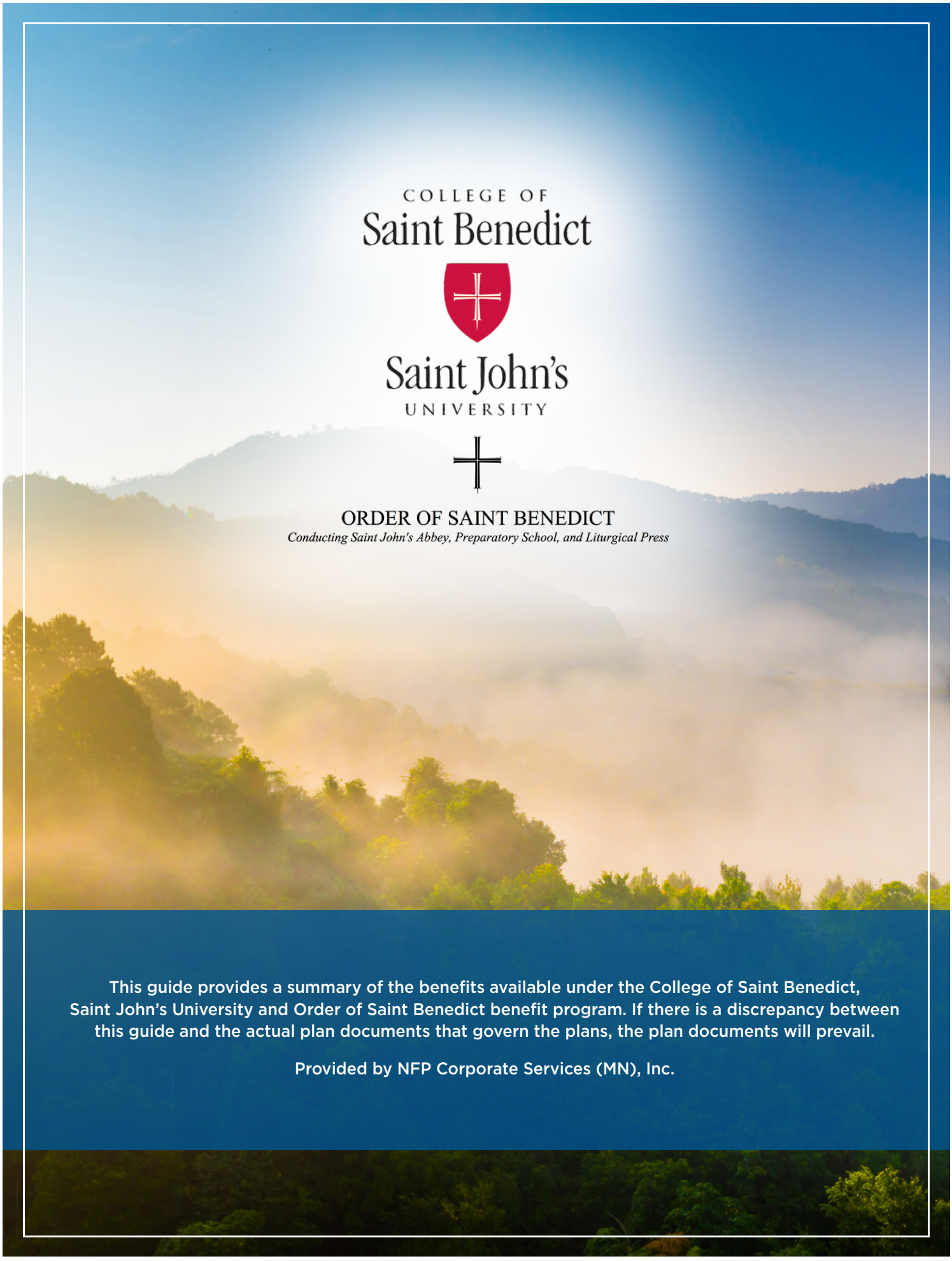

This guide provides a summary of the benefits available under the College of Saint Benedict, Saint John's University and Order of Saint Benedict benefit program. If there is a discrepancy between this guide and the actual plan documents that govern the plans, the plan documents will prevail.

Provided by NFP Corporate Services (MN), Inc.