



CENTRA

Your Guide to 2025 Centra Health Benefits

Open Enrollment Dates:
October 21–November 7, 2024



CARE THAT
MAKES
A DIFFERENCE

Welcome to Centra Health

Our mission is to improve the health and quality of life for the communities we serve. Our hope for the future is to pursue excellence, inspire hope, and advance health & healing.

At Centra, we know we cannot achieve our vision without you. We know our most important asset is our people! That's why we offer a robust benefits package and resources to provide for your health and wellbeing, both in and out of the workplace.

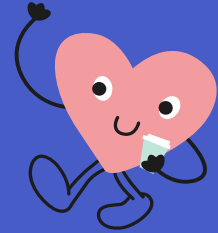


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Need more information?

Important contact information can be found on [page 35](#). Also, don't forget to look over the Important Required Notices on [page 36](#).

The information in this guide gives you a brief summary of the benefits you can currently choose through the Centra Benefits Program. Centra may change benefits in whole or in part at any time. All benefits are governed by legal documents and insurance contracts. If there is any discrepancy between this description and the official plan documents and contracts, the documents and contracts will determine the benefits. For purposes of ERISA, this brochure serves as a Summary of Material Modification for all the applicable Summary Plan Descriptions.



Overview of Benefits



Centra is proud to offer you and your family a quality, comprehensive benefits program.

Benefits are a significant part of Centra's total compensation plan available to our team members, accounting for approximately 25% of your overall salary.

Enrolling in Centra's benefits plan provides you and your family the opportunity to:

- Stay healthy with medical, dental and vision coverage.
- Take advantage of tax savings with flexible spending accounts or health savings accounts.
- Enjoy security and peace of mind with disability, life and retirement plans.
- Grow your retirement savings faster with Centra's 100% match of the first 5% of pay you contribute for full-time, part-time and limbo employees.

The Benefits Guide will help you understand the programs and options available to you as a Centra team member. Review it carefully as you consider your enrollment options. For more detailed information about any of the benefits in this guide, visit [Centra People > Employee Matters > Benefits](#).

Please reach out to Human Resources through Oracle HR Help if you have any questions.

New! Access benefits information when you are not on the Centra Network by logging into the enrollment center year round starting in 2025. This is where you can view your confirmation statement, beneficiaries, and find benefit summaries.

Do you need to take action?

Yes, if you want coverage for 2025. Newly hired employees must make benefits elections within 30 days of your hire date. To enroll, log on to Centra's Benefit Enrollment Center connect.electbenefits.com/CENTRA where you can:

- Elect medical, dental, and vision coverage.
- Add or drop dependents from coverage.
- Contribute to the Health Care and/or Dependent Day Care Spending Accounts and Health Savings Account.
- Add Voluntary Life Insurance or disability insurance elections.
- Elect voluntary benefits, such as Hospital Indemnity, Accident Insurance, LifeTime Benefit Term, a form of Universal/Permanent Life Insurance, Critical Illness and LegalEase.

New! Download our mobile wallet pass to access your benefits information, with ease.

- **Contact information** for vendors listed in one easily-accessible spot
- **Push notifications** for important reminders (Opt out available)
- **Access this new resource** just like a boarding pass for travel

Scan to add the pass to your smart phone wallet

Available on Apple Wallet and Google Wallet





Total Rewards

Every day, you provide superior care for our patients, our communities and each other to ensure an excellent Centra experience. Total Rewards is our way of saying thank you for all you do.

What's New in 2025

Health Insurance Provider

Introducing Meritain Health. Due to the closure of PCHP, all our health plans will be moving to Meritain Health, an Aetna company, starting January 1, 2025. We know this a big change, so to reduce the impact on you and your families we are offering the same plan designs and have ensured that most of your current healthcare providers will remain in network. There will also be no changes to medical premiums.

New Vendor Changes Beginning in January

- **Voluntary Benefits**
Hospital Indemnity, Critical Illness, and Accident insurance will now be provided by Lincoln Financial Group. See [pages 24 and 25](#) for more information.
- **LifeTime Benefit Term, a form of Universal/Permanent Life Insurance being offered through Chubb**
This coverage will replace the prior Universal Life plan offered through Transamerica. See [page 22](#) for more information.
- **Additional Voluntary Benefit Change**
LegalEASE will now be the provider for Legal Plans. See [page 25](#) for more information.

Dependent Supplemental Life

Dependent Life coverage is currently a bundled offering for Spouse/Child Life Insurance. In 2025, there will be separate offerings for Spouse Dependent Life coverage and Child Dependent Life coverage, giving you the flexibility to choose the type of coverage and amount of coverage you wish to have for your applicable dependents.

Dental Rate Minimal Increases this Year

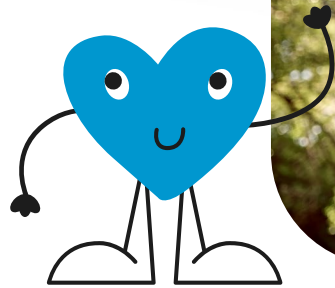
We continue to offer you lower rates for dental coverage than other healthcare employers in this area. That's because when rates must go up, we increase the amount of the premium that we pay to make your increases smaller. Make your dollars go further by using an in-network provider.

Meritain Health Disease Management and Nurse Health Coaching

By making changes in the way you live, you can take control of your health. The Meritain Health Disease Management and Nurse Health Coaching Program can help. See [page 11](#) for more information on this program.



Who's Eligible?



Employees

You are eligible to participate in Centra's benefits plans if you are a full-time or regular part-time employee*. **New hires must enroll within 30 days of their hire date to have coverage for the rest of the plan year.** Benefits go into effect on the first day of the month following your hire date. If your hire date is the first of the month, your benefits will go into effect on the first day of that month. If you are enrolling due to a status change or life event, benefits will begin the first of the month following the date the Human Resources team receives your completed enrollment forms and supporting documentation.

Scheduled Hours Per Week to Qualify for Benefits

	Full-Time	Part-Time
Centra	32+	24-31

Spouses who are employed by Centra and eligible for benefits can be covered either as an employee or as a dependent, but not both. Also, your dependent children may only be covered by one of you.

Dependents

Your dependents are eligible for many of the plans we offer. Eligible dependents include:

- Your legal spouse.
- Your dependent children up to age 26.
- Your disabled dependent children of any age.

The term "children" shall include natural children, stepchildren, adopted children, and children placed with a covered employee by an authorized placement agency or by court order.

Note: If your spouse is eligible for medical coverage through another employer, you may still elect to cover her/him under Centra's medical plan. Please note, a surcharge of \$50 per bi-weekly pay period will be assessed.

Important: When enrolling a spouse or dependent for the first time, you should provide his or her Social Security number and date of birth.

Centra participates in a dependent eligibility audit for new hires to ensure dependents covered on the medical and dental plans are verified.

*WEO employee FT and PT hours for benefit eligibility are:
WEO A 48 hours per pay period
WEO B 24 hours per pay period



How and When to Enroll



Enrollment is your once-a-year opportunity to enroll in, update or make changes to your benefits elections – unless you have a qualifying life event, like getting married or having a child. If you wish to enroll in employee benefits, you must either call the call center at **888-659-1475**, or log onto Centra's self-service enrollment site at connect.electbenefits.com/CENTRA.

Newly hired employees must make benefits elections within 30 days of your hire date. Benefits go into effect on the first day of the month following your hire date. If your hire date is the first of the month, your benefits will go into effect on the first day of that month.

Tips and Tricks for a Smooth Enrollment

Enrollment is easy! Follow the steps below for a stress-free enrollment:

1. Review this guide and benefit materials available at [Centra People](#).
2. Take action to enroll within 30 days of your hire date by logging into connect.electbenefits.com/CENTRA or by calling **888-659-1475** (Monday through Friday, 9 a.m. - 6 p.m. EST).
3. Be aware that your benefit elections begin **first day of the month following your hire date** and remain in effect for the full year. If your hire date is the first of the month, your benefits will go into effect on the first day of that month. You will not be able to make changes until next year's open enrollment period, unless you experience a qualifying life event.

Making Changes During the Year?

The benefit choices you make during enrollment will remain in effect for the entire plan year unless you experience a qualifying life event. Examples of qualifying life events include, but are not limited to:

- Change in your marital status.
- Birth or adoption of a child.
- Change in employment status.
- Qualified Medical Child Support Order (QMCSO).

It is your responsibility to notify Centra within 30 days after a qualifying life event.

You may need to provide documentation of the event, such as a marriage license or birth certificate. Any benefit changes must be directly related to the event. For more information, go to Life Changes on the [Centra People](#) intranet site, or call the [Human Resources department](#) at **434-200-5555**.



Scan the QR code to enroll in benefits



Medical Coverage



NEW!

At Centra, we understand the importance of good health as the foundation for a productive life at home and at work. To keep you and your family healthy all year long, Centra offers you two comprehensive medical plans.

The Basic Care PPO

The Basic Care PPO is a traditional insurance plan in which you must meet your deductible before the plan begins to pay benefits. You pay a copay for certain services and prescription drugs before and after meeting your deductible. Once the deductible is met, the plan pays 80% of the cost of most other in-network services for Tier 1.

The High Deductible Health Plan (HDHP)

The HDHP requires you pay the full cost of your medical care until you meet the annual deductible (except for certain maintenance medications and wellness visits). Once you meet the deductible, the plan pays 100% of the cost of most other in-network services. The HDHP includes a Health Savings Account, co-funded by Centra, which can be used to help cover the up-front costs of the plan.

With both plans, stay in the Meritain Health, an Aetna company, network for healthcare services to receive the highest level of benefits. See the comparison chart on [page 10](#) for details on costs for certain services under each plan.

Take advantage of your free in-network preventive care services by visiting hhs.gov/programs/prevention-and-wellness/index.html for a list of covered preventive services.

Meritain Health Member Website

If you have an account, just log in to meritain.com. If you're a new user, you'll need to register by using the last four of your Social Security number to help identify you or you'll need your Member ID and group ID from your ID card. If you're new to the plan, you'll receive your ID card in the mail soon. Select **Member** under **I am a**. Then, click **Next**.



Scan the QR code to visit the Meritain Health member website



Maternity Benefits Spotlight

Maternity Coverage with the Basic Care Plan

- There is no authorization required for labor and delivery if you and your child go home together (for in-network facilities)*.
- **Childbirth/delivery hospital service costs:** Covered at 80% after the deductible has been met, depending on the Tier.
- **Newborn inpatient care:** 80% after deductible has been met.
- **Routine maternity care (initial office visit, prenatal care, delivery, post-acute care):** Covered at 100% after copay.
- **Other outpatient service costs (outside of normal maternity care):** Covered at 80% after deductible, depending on the Tier.

Maternity Coverage with the HDHP

- There is no authorization required for labor and delivery if you and your child go home together (for in-network facilities)*.
- **All maternity services such as childbirth/delivery hospital service costs, newborn inpatient care, routine maternity care, and other outpatient service costs (outside of normal maternity care):** Covered at 100% in Tier 1 after the deductible has been met, and 90% in Tier 2 (Meritain) after the deductible has been met.

*Applies to newborn children who are eligible to be covered under the plan.

Disclaimer: All information should be verified with Meritain for your specific circumstances.

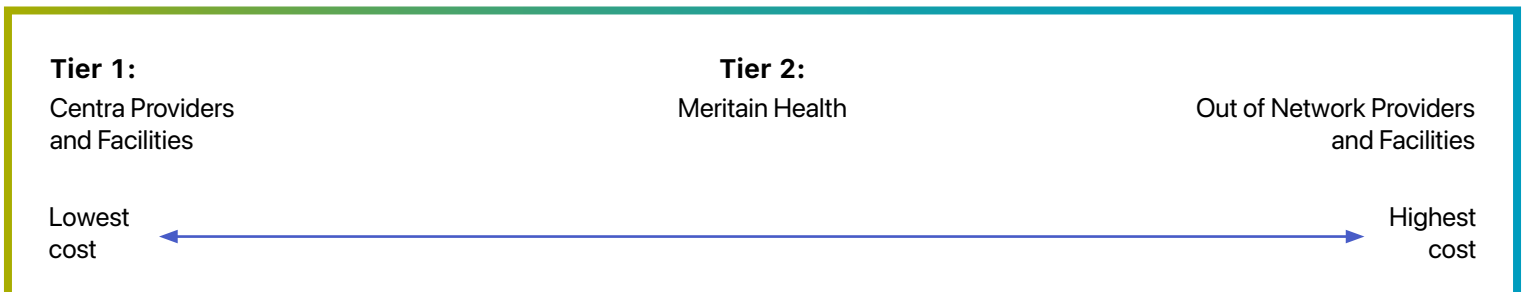




Medical Coverage

Medical Features	Basic Care PPO		High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	Tier 1: \$1,250/\$2,500* Tier 2: \$1,650/ \$3,300*	\$6,000/\$12,000	Tier 1: \$3,300/ \$6,600 Tier 2: \$3,700/ \$7,400	\$5,600/ \$11,200
Annual Out-of-Pocket Maximum (includes copays) — Individual/Family	Tier 1: \$3,500/\$7,000 Tier 2: \$4,500/ \$9,000	\$12,000/\$24,000	Tier 1: \$3,800/ \$7,600 Tier 2: \$4,800/ \$9,600	\$11,200/ \$22,400
Coinsurance (portion you pay)	Tier 1: 20% Tier 2: 30%	40%	Tier 1: 0% Tier 2: 10%	40%
Preventive Care Services e.g., annual physicals, well-child exams, age appropriate screenings such as mammograms, etc.	Covered 100%, no deductible	40% after deductible	Covered 100%, no deductible	40% after deductible
Office Visits Primary Care Physician Mental Health/Substance Use	Tier 1: \$10 Tier 2: \$35	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Teladoc Primary Care Physician Mental Health/Substance Use	Tier 1: \$10 Tier 2: \$35	N/A	10% after deductible	N/A
Office Visits Specialists	Tier 1: \$25 Tier 2: \$60	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Diagnostic Lab & X-ray	Tier 1: 20% Tier 2: 30%	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Inpatient Hospital	Tier 1: 20% Tier 2: 30%	40% after deductible, plus \$500 per admission	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible, plus \$500 per admission
Emergency Room (copay waived if admitted)	Centra: \$100 co-payment, 20% after Tier 1 deductible Non-Centra: \$100 co-payment, 30% after Tier 2 deductible	\$100 copay, 30% after Tier 2 deductible	Centra: 0% after Tier 1 deductible 10% after Tier 2 Deductible	10%

*These deductible amounts are medical only and are not combined with pharmacy.





Prescription Drug Coverage

Your Centra medical plans also include prescription drug coverage at an in-network pharmacy only.

The chart below shows your cost for certain services under each plan.

Type of Medication	Basic Care PPO*	High Deductible Health Plan (HDHP)**
	In-Network Only	
Retail (30-day supply)		
<ul style="list-style-type: none"> • Generic • Preferred Brand • Non-preferred Brand • Specialty*** • Specialty Fertility*** 	\$10 copay \$35 copay \$60 copay 30% coinsurance (or \$0 copay*) Included in the Fertility Benefit LTM through Kindbody and subject to medical plan cost share.	Brand and generic preventative medications are covered at \$0. All other medications after the deductible: \$10 copay \$35 copay \$60 copay \$75 copay Included in the Fertility Benefit LTM through Kindbody and subject to medical plan cost share.
Mail Order (90-day supply)		
<ul style="list-style-type: none"> • Generic • Preferred Brand • Non-preferred Brand 	\$25 copay \$87.50 copay \$150 copay	Brand and generic preventative medications are covered at \$0. All other medications after the deductible: \$25 copay \$87.50 copay \$150 copay

*Basic Care PPO-\$0 copay for Specialty drugs if enrolled in the PrudentRx copay program. Fertility drugs are excluded from the Prudent Rx program.

**See Centra People > Employee Matters > Benefits for a list of maintenance medications covered at \$0 under the HDHP option. The list of maintenance drugs is compliant with the IRS regulations for preventative services.

***Specialty medications must be obtained from CVS Specialty Pharmacy and are only available as a 30 day supply.

***Under the Kindbody plan, Fertility RX is part of the covered services and goes towards the \$10K LTM for all fertility services, and it does need to go through KindbodyRx. All services are subject to the cost shares/deductibles/OOP max as defined under the medical plans, but there is not a \$75 co-pay for Fertility RX.





Meritain Health Disease Management

Chronic health conditions affect a growing number of Americans each year. By making changes in the way you live, you can take control of your health. The Meritain Health Disease Management and Nurse Health Coaching Program can help.

Importance of managing chronic disease

The Meritain Health Disease Management Program drills down to the root cause of soaring health care costs by identifying behaviors and detecting health conditions. This program targets employees at all risk levels. The Disease Management Program promotes better self-management, so identified members can achieve clinical improvements based on evidence-based care guidelines.

There is a three-step process: member orientation, candidate identification and Patient Activation Measure (Pam) assessment.

Nurse health coaches

Each member is assigned a dedicated nurse health coach, who provides counseling and support. The nurse health coach uses motivational interviewing techniques to help participants develop tailored goals that are incremental and achieved based on their activation level. They:

- **Educate participants** on warning signs and symptoms, and what to do if they occur.
- **Provide educational resources** specific to the interaction and needs of participants.
- **Teach self-management** to help reduce gaps in care.

Target conditions

The Disease Management Program focuses on nine chronic conditions, which include:

- Asthma.
- Chronic kidney disease (CKD).
- Chronic pain (caused by arthritis or lower back pain).
- Chronic obstructive pulmonary disease (COPD).
- Coronary artery disease (CAD).
- Congestive heart failure (CHF).
- Diabetes.
- Hypertension.
- Hyperlipidemia.

Get more out of life

When you feel better, you'll be able to do more of the things you love. If you feel you could benefit from this program, just call **1.888.610.0089** to join.



Diabetes Program and Enhanced Pharmacy Benefit

For employees and their covered dependents who have been diagnosed with diabetes, Centra offers the Meritain Diabetes Management Program. Enrollment in the program is voluntary and completely free to use. Active participants will receive certain diabetes medications at a zero-dollar co-pay, and points towards Centra's incentive program. A qualifying drug list, which is updated over time, will be provided after enrollment.

How do I enroll?

To enroll in the program, you must complete the [Meritain Assessment Tool](#). To access the [Meritain Assessment Tool](#), call **888-610-0089**. Meritain may contact you with information about the program and how to enroll.

What's Next?

After you complete your Assessment Tool, a Meritain clinician will contact you to discuss the results and/or schedule a follow up appointment with a Meritain staff member. Working with Meritain, you will create a personalized diabetes plan focused on your diabetes care which aims to help you feel and function at your best.

Refer to [Centra People](#) for more details.

*Additional enrollment information coming January 1, 2025.

The RX Benefit

Through the health plan, you can earn a \$0 copay for certain diabetes medications during the plan year. To receive this benefit, you must be an Active Participant in the program by either demonstrating ongoing management of your diabetes, or participating in the Meritain program. You must complete the assessment tool and speak with the Meritain staff member by the 10th day of every month to receive the \$0 copay benefit in the following month. Participation in the program requires ongoing contact. This contact is based on the personal diabetes plan you established when you enrolled in the program. Any member receiving the benefit who either doesn't respond to outreach or stops participating in the Meritain Diabetes Program will lose the \$0 copay for his/her qualified diabetic medications. This means you will pay for the cost of your medications according to the plan you are enrolled in and the type of medication you are taking.

In order to re-enroll in the program and qualify for the \$0 copay for diabetes medications, you must retake the Assessment Tool and start the program over. Please use the same resources and links as above to access the Assessment Tool. Centra reserves the right to cancel or modify this program at any time.



Family Planning



Planning for a family can be an exciting time, but the journey to parenthood is not always straightforward. Centra partners with KindBody to offer end-to-end fertility services to any employee facing difficulties with their family planning journey.

What treatments are covered?

Kindbody's fertility benefit includes support from a dedicated Care Navigation Team to guide you through the options and support available to you.

Treatment options include:

- Fertility testing and assessment.
- Egg freezing and embryo banking.
- IVF (In Vitro Fertilization).
- IUI (Intra-Uterine Insemination).
- Fertility medications.
- Wellness support.
- LGBTQ+ care.

Who is covered?

Employees and spouses who are enrolled in the Centra Health Group Health plan are eligible for this benefit.

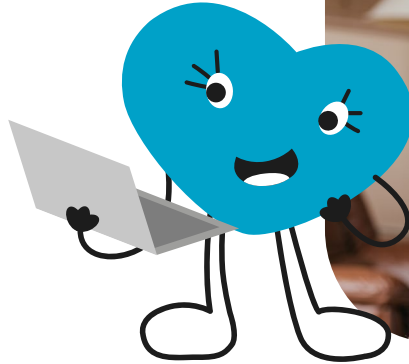
How do I access this benefit?

To access your KindBody fertility benefits, activate your account at kindbody.com/activate-kindbody-benefits. You will need an access code and unique ID. Your access code is **KINDCENTRA**. Your unique ID is your employee ID; for your spouse/partner, the unique ID is the employee ID+ 'S'.

Once you have activated your account you will have access to a variety of tools both online and via the dedicated Care Navigation Team.



Tax Savings Account



Health Savings Account (HSA)

If you enroll in the HDHP, you can contribute to a health savings account (HSA). An HSA provides a triple tax advantage:

- Contribute pre-tax funds.
- Use tax-free dollars to pay for qualified medical expenses.
- Invest unused funds to grow tax-free.

Funds contributed to the HSA roll over from year to year, so you never lose any money you contribute. There are no penalties for withdrawing invested HSA dollars to pay for qualified medical expenses.

Centra partners with MetLife to create Health Savings Accounts for all HDHP participants. You can contribute to your account per requirements listed below. Centra will make an employer contribution to your account even if you don't contribute.

HSA Eligibility Requirements

You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are covered by an HSA-eligible High Deductible Health Plan (HDHP) and have no other health coverage (unless it is a HDHP).
- You or your covered spouse do not participate in a Health Care Spending Account other than a LPFSA or DCFSA.
- You are not enrolled in Medicare or TRICARE.
- You are not claimed as a dependent on someone else's tax return.

HDHP Tier	Employee HSA Annual Contribution (Optional)	Employer HSA Annual Contribution*	Maximum Total Annual Contribution Limit for 2025*
EE Only	\$0 - \$3,500	\$750	\$4,300 for 2025 per the IRS
EE + 1 Child	\$0 - \$7,550	\$1,000	\$8,550 per the IRS
EE + Children	\$0 - \$7,550	\$1,000	\$8,550 per the IRS
EE + Spouse	\$0 - \$7,550	\$1,000	\$8,550 per the IRS
EE + Family	\$0 - \$7,550	\$1,000	\$8,550 per the IRS

*Employer contributions are pro-rated and deposited over the course of the year each pay period. For Caregivers in tier 1 and 2, Centra will no longer be contributing HSA dollars up front via a front-loaded option.

**Employees age 55 and over can contribute an additional \$1,000.

Things to Consider

The HSA helps you save for medical expenses.

- If you elect to enroll in an HSA, your contributions and investment earnings are not taxable.
- You can increase your savings through several investment options.
- Any funds you don't use will continue to accumulate and you can take the money with you if you decide to leave Centra.

Please refer to the [IRS website](#) for more information about eligible expenses. The IRS publication that refers to allowable Health Savings Account (HSA) expenses is Publication 9691. However, for a detailed list of qualified health expenses, you can refer to [IRS Publication 502](#).

To help with decisions, contribution recommendations, and savings goals visit myhsaplanner.com/met.



Tax Savings Account

Limited-Purpose FSA (LPFSA)*

Centra also offers another spending account for those who choose coverage under the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

The Limited-Purpose (LPFSA) Account: You can contribute up to \$3,300 per year on a pre-tax basis to pay for out-of-pocket dental and vision expenses.

A limited-purpose FSA (LPFSA) is restricted to paying for only dental and vision expenses. If you have a Health Savings Account (HSA), you cannot have a regular healthcare spending account (FSA) but you can have a LPFSA. LPFSA operates the same way as regular FSAs for enrollment, debit cards, reimbursements, etc.

It may be advantageous to contribute to a LPFSA if you choose to contribute the entire allowable yearly maximum to your HSA. Your HSA funds will be invested and your account will increase while you use the LPFSA to pay for dental and vision expenses.

Flexible Spending Accounts (FSAs)*

Centra offers two regular spending account choices as a smart and convenient way to stretch your benefit dollars and receive real tax savings:

- **The Health Care Account:** You can contribute up to \$3,300 per year on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision expenses. (HDHP participants are not eligible for this account.)
- **The Dependent Day Care Account:** You can contribute up to \$5,000 per household per year (\$2,500 if married, filing separately) on a pre-tax basis to cover your cost of child care for children up to age 13.

*FSA maximums are released by the IRS in the fall and are subject to change.

*If you are a Highly Compensated Employee (HCE), Dependent Day Care maximums may be lower due to IRS guidelines to comply with non-discrimination testing.

Visit [metlife.com/insurance/hsa-fsa](https://www.metlife.com/insurance/hsa-fsa) to learn more and review the qualified expense lists.

How FSAs Work

Expenses such as deductibles and copays can quickly add up, and dependent care costs can be even more expensive. FSAs let you pay these expenses with pre-tax dollars, so you save money. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

- Keep in mind that the IRS has a “use it or lose it” rule. If you do not use the full amount in your spending accounts by the end of the calendar year, you will lose any remaining funds.
- You must incur expenses by March 15th of the following calendar year.
- You must submit all claims by April 30th of the following year to be reimbursed.
- When estimating your health care and dependent care costs, it is better to be conservative and underestimate rather than overestimate your expenses.

FSA Enrollment

Important: Each year that you would like to participate in the FSA, you must elect the amount you want to contribute to the FSA. Even if you participated the previous year, your election does not carry over; **you must actively enroll to contribute to the FSA.**

- Remember, you cannot stop or change your contribution amount during the year unless you experience a qualified life change event.
- You cannot transfer funds from one account to another.



Tax Savings Account

MetLife Debit Card

When you enroll in a health care account MetLife will send you a MasterCard debit card in the mail that can be used for eligible expenses. The debit card is directly linked to your account and can be used to cover eligible expenses. It is also accepted at doctors' offices and other qualified merchants, such as pharmacies. When you use your MetLife debit card to pay for qualified expenses, the money is instantly deducted from your account.

Reimbursement

If you paid for qualified expenses out-of-pocket and want to receive reimbursement from your FSA, you may submit a paper claim form or submit an online claim for eligible out-of-pocket dependent care and health care expenses. Please save your receipts! To comply with IRS regulations, MetLife monitors the expenses paid from your FSA by verifying your receipts. When you receive a request from MetLife, send copies of your receipts immediately.

Eligible Expenses

Below are examples of eligible expenses. For a comprehensive list, visit [irs.gov](https://www.irs.gov).

FSA Type	Eligible Expenses
Health Care Account	<ul style="list-style-type: none"> Medical, dental, and vision deductibles, copays, and other out-of-pocket costs. Vision care including prescription glasses, contact lenses, and solution. Hearing care.
Dependent Care Account	<ul style="list-style-type: none"> Daycare center, daytime summer camp, nursery school, or after school care. Adult daycare or adult sitter.
Limited Purpose	<ul style="list-style-type: none"> Out-of-pocket dental or vision expenses.

Note: Although Centra utilizes several IRS approved auto-substantiation programs for debit card transactions, there may be instances where a receipt will be required.





Dental Coverage



Your teeth and gums deserve the very best care. That's why Centra offers MetLife dental coverage. The plan offers services to keep your teeth healthy and help repair problems as soon as they occur.

Dental rates have increased slightly for 2025. Make your dollars go further by using an in-network provider.

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ³
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions, TMJ)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Type B and C Service Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,250	\$1,250
Deductible		
Per Person ⁴	\$1,500	\$1,500

¹"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

²Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

³R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

⁴Available for dependent children up to age 19.



Vision Coverage



The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through Superior Vision. You may visit a doctor within the Superior Vision network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Keep in mind, when you visit an out-of-network provider, you will pay more for services.

Plan Features	In-Network	Out-of-Network Benefit
Exam	\$10 copay	Plan pays up to \$50
Prescription Glasses		
Frames	Plan pays up to \$150	Plan pays up to \$100
Lenses	\$25 copay	Single Vision: Plan pays up to \$35 Bifocal: Plan pays up to \$50 Trifocal: Plan pays up to \$65 Progressive: Plan pays up to \$65
Contacts (Medically Necessary)	\$0 copay: paid in full	Plan pays up to \$210
Extra Savings	<p>Discounts are offered on unlimited materials after the initial benefit is utilized.</p> <ul style="list-style-type: none"> Exams, frames, and prescription lenses - 30% off retail. Contacts, miscellaneous options - 20% off retail. Disposable - 10% off retail. <p>Laser vision correction (LASIK): A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.</p> <p>Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.</p>	
Benefit Frequency	<ul style="list-style-type: none"> Exam: < age 19 is twice per calendar year and all others is once per calendar year. Lenses: < age 19 is twice per calendar year and all others is once per calendar year. Frames: Once per calendar year. Contact Lenses: Once per calendar year. 	



2025 Health Insurance Bi-Weekly Rates



Enrollment by Salary

Level 1
<\$39,999

Level 2
\$40,000 -
\$54,999

Level 3
\$55,000 -
\$94,999

Level 4
\$95,000 -
\$149,999

Level 5
\$150,000 +

If you have a change in compensation, your benefit rates will change as soon as administratively feasible. This includes promotions or demotions and salary bands apply.

Medical Basic Care Plan - PPO					
Bi-Weekly Full-Time Employee Premiums					
	Employee	Employee + Child	Employee + Children	Employee + Spouse	Employee + Family
Level 1	\$42.74	\$103.71	\$135.95	\$151.78	\$225.97
Level 2	\$46.31	\$112.19	\$147.05	\$164.18	\$244.43
Level 3	\$51.25	\$126.33	\$165.60	\$184.89	\$275.26
Level 4	\$58.31	\$141.95	\$186.07	\$207.72	\$309.27
Level 5	\$83.32	\$198.24	\$259.86	\$290.11	\$431.93
Bi-Weekly Part-Time Employee Premiums					
Level 1	\$64.11	\$155.56	\$203.92	\$227.67	\$338.95
Level 2	\$69.46	\$168.29	\$220.58	\$246.27	\$366.65
Level 3	\$76.87	\$189.50	\$248.41	\$277.33	\$412.89
Level 4	\$87.46	\$212.92	\$279.11	\$311.59	\$463.90
Level 5	\$124.98	\$297.37	\$389.79	\$435.17	\$647.90



2025 Health Insurance Bi-Weekly Rates

Medical High Deductible Health Plan (HDHP)					
Bi-Weekly Full-Time Employee Premiums					
	Employee	Employee + Child	Employee + Children	Employee + Spouse	Employee + Family
Level 1	\$11.54	\$71.64	\$92.66	\$101.97	\$156.22
Level 2	\$23.33	\$77.81	\$100.66	\$110.76	\$169.68
Level 3	\$38.94	\$83.44	\$107.93	\$118.77	\$181.95
Level 4	\$45.50	\$98.15	\$126.96	\$139.71	\$214.03
Level 5	\$64.97	\$136.79	\$176.93	\$194.69	\$298.28
Bi-Weekly Part-Time Employee Premiums					
Level 1	\$14.57	\$107.46	\$139.00	\$152.95	\$234.33
Level 2	\$35.00	\$116.72	\$150.99	\$166.14	\$254.52
Level 3	\$58.41	\$125.16	\$161.90	\$178.15	\$272.93
Level 4	\$68.25	\$147.22	\$190.44	\$209.56	\$321.05
Level 5	\$97.45	\$205.18	\$265.39	\$292.03	\$447.42

Dental			
Bi-Weekly Full-Time		Bi-Weekly Part-Time	
Coverage Level	Dental Plan	Coverage Level	Dental Plan
Employee Only	\$4.25	Employee Only	\$8.48
Employee + Spouse	\$13.49	Employee + Spouse	\$23.66
Employee + Child(ren)	\$12.83	Employee + Child(ren)	\$24.03
Employee + Family	\$15.29	Employee + Family	\$29.32

Vision	
Vision Bi-Weekly Full-Time and Part-Time	
Coverage Level	Vision Plan
Employee Only	\$2.75
Employee + Spouse	\$5.92
Employee + Child	\$4.47
Employee + Children	\$4.47
Employee + Family	\$8.12

Medical Surcharges

- Spouses who are eligible for medical coverage through another employer can be covered under a Centra medical plan, for an additional \$50.00 per bi-weekly pay period.
- Tobacco users will pay \$24.92 more per bi-weekly pay period for medical coverage.
- Centra is committed to helping you achieve your best health status. If you think you might be unable to meet a standard for a discount, you might qualify for an opportunity to earn the same discount by different means.
- Contact us at [434-200-5555](tel:434-200-5555), and we will work with you to find a wellness program with the same discount that is right for you.



Life and AD&D Insurance



Basic Life and AD&D Insurance

Providing economic security for your family is a major consideration in personal financial planning. In the event of death, disability, or serious injury or illness, you will want to be prepared. Centra provides full-time and part-time employees with Basic Employee Life and Accidental Death and Dismemberment (AD&D) Insurance coverage through Lincoln Financial at no cost to you. You automatically receive Life and AD&D coverage in the amount of 1x your base annual pay (at the time of your death).

If the amount is over \$50,000, the benefit is taxable and will be reported as “imputed income” on your paycheck.

*Executives please contact HRHelp@centrahealth.com for more information about your specific Basic Life and AD&D benefit.

Voluntary Life Insurance

You also have the opportunity to purchase additional life insurance for yourself, your spouse, and your children at group rates. The chart below describes the amounts of additional Voluntary Life Insurance you may purchase.

Coverage Option	Amount Covered	Age Reductions
Employee	1 - 8x base annual pay**	35% reduction at age 65 50% reduction at age 70
Spouse*	Increments of \$5,00 up to \$20,000 or \$50,000	Spouse coverage must be equal or less than employee coverage.
Child*	Increments of \$2,500 up to \$10,000 coverage per child.	Coverage available from birth until age 26.

*The amount of life insurance for a dependent will not be more than 100% of the employee’s life insurance value.

**\$2 Million maximum.



Life and AD&D Insurance

Voluntary AD&D Insurance

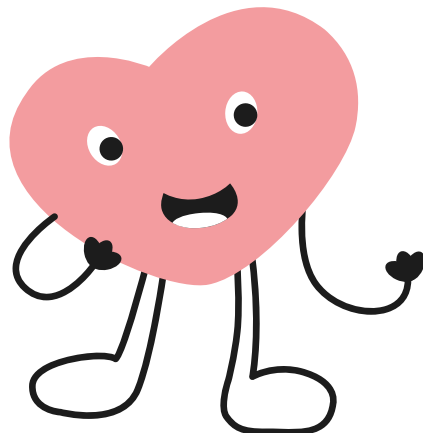
Centra also offers you a chance to choose **Voluntary AD&D Insurance in increments of \$25,000 to a maximum of \$1,500,000**. The combined maximum takes into account your Basic and Voluntary AD&D amounts. The chart below describes the additional coverage you can purchase for your family.

Coverage Option	Benefit
Spouse Only	50% of employee benefit
Spouse and Children	Spouse – 40% of employee benefit; Each Child – 5% of employee benefit
Children Only	Each Child – 10% of employee benefit

LifeTime Benefit Term, a form of Universal/Permanent Life Insurance

LifeTime Benefit Term, a form of Universal/Permanent Life Insurance can provide additional protection for you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

LifeTime Benefit Term, a form of Universal/Permanent Life Insurance offers guaranteed premiums, guaranteed benefits during your working years, guaranteed benefits after age 70, Long Term Care protection with the extension of benefits, and terminal illness coverage after two years.





Disability Income Protection



Centra recognizes the importance of your financial well-being in the event of a disability. Most of us insure our homes, automobiles, and other assets, yet we often overlook our most valuable asset—our ability to earn an income! Your regular monthly obligations such as your mortgage or rent, utility bills, food, and other necessities, continue even if you are unable to work. Centra offers short-term and long-term disability options to full- and part-time employees provided by Lincoln Financial.

Short-Term Disability (STD)

Centra provides both full- and part-time employees with Short-Term Disability (STD) coverage with a 14 day wait at 60% of your salary when you have a short-term injury or illness and can't work. There will be no pre-existing conditions that apply. The disability period for pregnancy under STD is 12 weeks starting the date of delivery. There is no waiting period for maternity leave. **This coverage is paid for by Centra—your coverage is automatic.**

Voluntary Long-Term Disability (LTD)

You can purchase Long-Term Disability (LTD) to continue income replacement when your Short-Term Disability ends and you've been disabled 90 days. To qualify for LTD, you must be unable to perform the regular duties of your job. Please note that LTD is age banded. **If you want LTD coverage, be sure and sign up during enrollment.**

Disability Insurance				
	Elimination Period	Coverage Duration	Benefit Amount	Cost
Short-Term Disability*	14 days	Max duration of 13 weeks (11 weeks paid and 2 weeks for the Elimination Period)	60% of base salary (up to \$1,500 per week) Directors and above 60% of base salary (up to \$2,300 per week)	Paid for by Centra
Voluntary LTD	90 days	Up to normal retirement age	60% of your monthly salary (up to \$10,000 per month)	Employee paid

*Physicians please contact HRHelp@centrahealth.com for more information about Short-Term disability.

Executives, please contact HRHelp@centrahealth.com for more information about Short-Term disability and Long-Term disability options.



Voluntary Benefits



Hospital Indemnity

Hospital Indemnity Insurance provided by Lincoln Financial Group can pay benefits that help you with the costs of a covered hospital visit. It helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays, and deductibles.

What's included?

- \$2,000 for the day of hospital admission, once per calendar year.
- \$150 for each day of your covered hospital stay, up to 60 days per calendar year.
- \$300 for each day you spend in intensive care, up to 30 days per calendar year.

Hospital indemnity insurance is affordable, and the cost is deducted directly from your paycheck. If you leave the company or retire, you can take your coverage with you, without having to answer new health questions, and will be billed directly for the insurance.

Note: Centra offers an employee discount if you have an inpatient or outpatient surgery at one of our locations.



Voluntary Benefits

Critical Illness

If you're diagnosed with an illness that is covered by this insurance provided by Lincoln Financial, such as heart attack, stroke, and cancer, you can receive a benefit payment in one lump sum. You can use the money however you choose to cover out-of-pocket expenses like copays and deductibles. You can use the coverage more than once if you have a different condition later, and you can cover your spouse and children.

Accident Insurance

Accidents happen when you least expect it. With Accident Insurance through Lincoln Financial, you can stay ahead of the out-of-pocket expenses that may occur due to a non-work related injury. Accident Insurance provides a lump sum payment based on the accident or injuries sustained, so you can be prepared financially. The benefit is paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments, or even utility bills, you decide.

Other advantages of Accident Insurance include the following:

- You'll receive cash benefits for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).

LegalEASE

Centra is proud to offer a new Legal plan in 2025 through LegalEASE. LegalEASE covers the cost of attorney fees for the most frequently needed personal legal matters. Employees who elect the plan have access to an attorney who can provide legal assistance with no waiting periods, no deductibles and no claim forms. Their experienced attorneys can represent employees for a wide range of legal services, including family law.

To learn more, visit legaleaseplan.com/centrahealth. You can also call **(800) 248-9000** for assistance.





Long-Term Care



Centra offers employees working at least 24 hours per week a chance to purchase Long Term Care Insurance. If you enroll outside of the initial period, you will be required to provide proof of good health to get coverage.

UNUM LTC offers 6 plan types. Rates depend on your age and plan type. To find robust information on this benefit including rates, please access the UNUM LTC enrollment site.

Enroll directly through Unum by calling **800-227-4165** or log onto: unuminfo.com/centrahealth/enrollment.aspx.

Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit Duration	3 Years	5 years	3 Years	5 Years	3 Years	3 Years
Facility Benefit Amount	\$3,000	\$3,000	\$6,000	\$6,000	\$3,000	\$6,000
Assisted Living Facility %	100%	100%	100%	100%	100%	100%
Lifetime Maximum	\$108,000	\$108,000	\$216,000	\$360,000	\$108,000	\$216,000
Professional Home and Community Care	100%	100%	100%	100%	100%	100%
Inflation Protection	N/A	N/A	N/A	N/A	Compound	Compound

If you selected an inflation option and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.



Retirement



Save for the Future with Matching Tax Deferred Savings Plans

Saving for the future is a top priority in smart financial planning. That's why Centra sponsors a Matching Tax Deferred Savings Plan: a 403(b) plan for all Centra employees.

Employee Contributions

Upon hire, eligible employees (full-time, part-time and limbo) are automatically enrolled in the plan at a pretax contribution rate of 5% of your pay unless you opt out of the plan within 35 days of your hire date. Temporary employees are eligible to make deferrals and are automatically enrolled but are not eligible to receive company match.

Temporary employees are not automatically enrolled and would need to self-enroll by contacting Fidelity. You can opt out or change your contribution percentage by contacting Fidelity at NetBenefits.com/atwork or calling **800-343-0860**.

If you do not opt out or change your contribution percentage within 35 days from your hire date, 5% will be deducted from your pay as soon as administratively feasible.

You may make traditional pre-tax contributions or Roth after-tax contributions, or both. Unlike traditional, pretax retirement contributions, Roth contributions are invested using after-tax dollars, meaning you pay taxes on your savings up front, rather than in the future. Roth contributions may provide the following benefits as part of your saving strategy:

- The earnings grow tax-deferred and withdrawals are tax-free as long as it's been five years since the initial contribution and you don't begin withdrawals until age 59½, at the earliest.
- Tax diversification when making both Roth after-tax, and traditional pre-tax contributions.

Participants may contribute up to the annual IRS limit in pre-tax earnings under both plans, and those age 50 or older are eligible to make an additional catch-up contribution up to the IRS limits. You can increase, decrease, or stop your contributions at any time to either plan by contacting Fidelity. Remember to select your retirement plan beneficiaries by logging on to NetBenefits.com/atwork or calling **800-343-0860**.



Retirement

Centra Contributions

For eligible full-time and part-time employees, Centra will make a matching contribution of 100% of the first 5% of the pay you contribute, up to the annual compensation limits listed in the chart below. You are immediately vested in your contributions.

Retirement Plan Limits	2025*	2024
Elective contribution limit for 401(k), 403(b), and most 457 plans	\$24,000	\$23,000
Catch-up contribution limit for 401(k) and 403(b)	\$8,000	\$7,500
Annual compensation limit under Sections 401(a)(17), 404(1), 408(k)(3)(C), and 408(k)(6)(D)(ii)	\$355,000	\$345,000

*These are 2025 projections, new limits will be released in the fall and will be updated accordingly.

Plan Eligibility

Employee Status	Automatically Enrolled at 5%	Eligible to Make Employee Deferrals*	Eligible for Company Match
Full-time	✓	✓	✓
Part-time	✓	✓	✓
Limbo	✓	✓	
Temporary		✓	

*Deferrals are payments that are invested into a retirement account before taxes are applied.

Company Match True Up Feature

All company matching contributions will go through a year-end true-up calculation to ensure that the match is based on your total contributions made to the Centra Health Retirement Plans during the year while you are eligible for a match, rather than only the pay periods in which you contributed.

If you did not contribute during one or more pay periods (perhaps you met the contribution limits before the end of the year), if you are eligible for the True Up, you will receive a true-up match by the second quarter of the following year.

Other Tax Deferred Savings Plans

457b Deferred Compensation Plan: A select group of management and highly compensated employees are eligible for this nonqualified savings plan. Centra does not make employer contributions to the plan. Refer to the plan highlights document posted on [Centra People > Employee Matters > Benefits](#) for complete details, and visit [NetBenefits.com/atwork](#) for any questions.

Manage your investments at [NetBenefits.com/atwork](#). If automatically enrolled, your contributions are invested in The Vanguard Target Retirement Date Funds, but you can change investments at any time. You may transfer your investment in the Qualified Default Investment Alternative (QDIA) to any other available investment alternative under the Plan by logging into your account at [NetBenefits.com/atwork](#). Unless you choose otherwise, your account will be invested in the QDIA, Vanguard Target Retirement Fund series, which is a group of single target date funds based on your assumed retirement age of 65.

Personalized Financial Coaching Through CAPTRUST

If you need support navigating your personal financial situation, [CAPTRUST](#) provides unbiased financial guidance. [Schedule a call](#) with CAPTRUST to create a financial plan, prepare for retirement or get advice on creating the right investment mix based on your financial goals. CAPTRUST also helps you with other financial priorities like budgeting, debt, credit and college savings. Take advantage of this service at no cost.

CAPTRUST is a Registered Investment Advisor and acts in a fiduciary capacity when providing investment advice, this means that the advice they give you must be in your best interest.





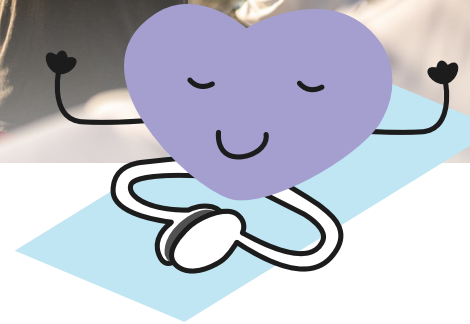
Wellness Programs

Centra's wellness programs are designed to keep you healthy and happy while supporting your efforts at living an active lifestyle.

Free Programs

Centra offers many programs at no cost to you:

- **Incentive Program:** Employees on the medical plan have the opportunity to earn \$300 by simply making better choices and completing healthy habits through the incentive program. Find out more on the new HealthWorks wellness program by downloading the app! (See QR code on [page 34](#)).
- **Flu and other Vaccines:** Receive your annual flu shots, along with other required vaccines through Employee Care at no cost to you.
- **Employee Assistance Program (EAP):** Having support through the ups and downs of life is crucial. Centra automatically provides you and your family with an EAP at no cost to you. Call the EAP at **434-200-6000** anytime of the day or night for confidential assistance with issues, such as substance abuse, legal problems, grief, stress related to medical problems, financial strain, or the work place
- **Preventive Check-ups and Screenings*:** Each year, Centra medical plan participants are allowed one wellness visit and health screening at no cost.
- **Care Coordination and High Risk Cost Navigation*:** Centra offers a knowledgeable, caring health professional to assist you through an illness, help you better manage your health, and helps you to take an active role in your medical care decisions. The team will build a trusting relationship and help empower



you to improve your health. The team can also assist with finding primary care and specialists, identify community resources, educate about preventive health screenings, provide you information to help you understand your illness or condition & proactively participate in your own care. Centra is still working on setting up the phone number and email that will be available after January 1, 2025.

- **WorkLife Services:** Real-time support for real life is offered to clients, which includes unique and comprehensive services to help balance work/life obligations. The goal is to live a happier, healthier, more productive life. Access support through healthworks.personaladvantage.com and use company code **CENTRA**.
- **On-site Fitness Center:** Get your sweat on at Lynchburg General Hospital and Bedford Memorial Hospital free of charge for employees! Review and sign the agreement and waiver form, and submit to Human Resources for badge access.
- **Care.com Membership:** Employees have free access to a Care.com membership which opens the doors to vetted child care, senior care, pet care, and house cleaning assistance. Go to care.com/yourbenefits to get started.

*Services for Centra Medical Plan Participants only.



Telemedicine

Reach a doctor 24/7 with Teladoc

Your health care benefits include Teladoc healthcare. Receive reliable, on-demand care for illness, injuries, and behavioral health needs from the comfort of your home.

Teladoc gives you access to talk to a doctor anytime, anywhere about non-emergent medical conditions. Teladoc physicians have an average of over 10-15 years of experience in practice, and include a network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists.

Talk to a doctor in as little as 15 minutes when you need care fast, including prescriptions and short-term renewals of existing medications.*

Teladoc offers:

- No surprise costs. No hassle.
- Available on-demand 24/7, or schedule a time that works for you – nights, weekends, and holidays included.
- Board-certified Teladoc doctors care for more than 80 common conditions.
- A reliable and affordable alternative to urgent care clinics when you're too sick to see someone in person, when you're traveling, or any other time you can't see your primary care physician.
- A summary of your visit can be shared with your doctor upon request.

*Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

How to access Teladoc:

- Activate your account by visiting teladoc.com.
- Download the Teladoc mobile app.
- Request a visit by phone 24/7 or call **1.800.TELADOC (835.2362)** to speak with a Teladoc customer service representative.

Use Teladoc for:

- Cold.
- Rash.
- Diarrhea.
- Cough.
- Pink eye.
- Fever.
- Flu.
- Allergies.
- Urinary tract infection.
- Sinus infection.
- Vomiting.
- Sore throat.
- Prescription renewal.
- Anxiety & Depression.





Wellness Programs

Employee Discount Benefits

Centra offers **Eplee** to our employees and their families. Enjoy employee discounts on hundreds of items and services. Visit centrahealthperks.com to learn more. Other discounts include:

- **Weight Watchers:** Enjoy a 50% subsidy on Weight Watchers meetings or Online Plus to help you improve your overall health and reach your weight loss goals.
- **YMCA:** Sign up at a participating YMCA and get 25% off the monthly membership. Visit Centra People for a complete list of locations.
- **Other Local Gym Discounts:** Visit Eplee by scanning the QR code below to learn more.
- **Women & Children's Services Education Discount:** Attend classes at Centra, such as Baby Basics, Breast Feeding, Infant Safety, and Family Nutrition. Call **434-200-4537** for one low bundled fee.
- **BounceBack:** Relieve lower back pain through this program. Call **434-200-2102** for details.
- **Central Virginia YMCA Diabetes Prevention Program:** Complete the year-long program at a discounted rate that will help reduce your risk for type 2 diabetes. Call **434-582-1900**.
- **Tobacco Cessation Education:** Centra's Pulmonary Rehabilitation Program offers free Be Tobacco Free classes and one-on-one counseling from a Certified Tobacco Treatment Specialist. For information, call **434-200-3812**.
- **Tobacco Cessation Program:** Join our 8-week tobacco cessation program free of charge! You may complete this course to remove tobacco surcharges if you are currently paying them. For more information email info@hw4me.com.
- **Tobacco Replacement Therapy*:** Prescription and OTC smoking cessation products (e.g., nicotine products, bupropion [generic only], Chantix) are covered for adults at \$0 copay. Quantity limit of 2 cycles per year applies to each active ingredient.
- **Gift Shop:** Employees of Centra LGH and VBH enjoy a 10% discount in the gift shops. Employees can receive 20% off on Payday Thursdays. Some exclusions apply.
- **Education Assistance:** Receive up to \$5,250/year in education assistance. View complete policy in the Policy Manager.
- **Discounted Movie Tickets:** Pick up \$10.00 Regal Movie Tickets available in the LGH and VBH gift shops while supplies last!
- **Cafeterias:** 25% discount for dining in on-site cafeterias.
- **Image Recovery Salon:** 10% off services received in the salon.
- **Healthy Skin Center:** 20% off skin services.
- **20% discount on patient pay balance for the following services:**
 - Acute Care Inpatient.
 - Acute Care Outpatient.
 - Outpatient Rehabilitation.
 - Centra Lab Technical Services.
 - Pathways Hospital Services.
 - Childbirth.
 - Family Education classes.
 - Radiation Oncology Hospital Services (Centra Policy ADM.03.04.01).
- **Centra Weight Loss Services:** Centra offers 20% discount for caregivers on surgical and non-surgical programs to help you achieve your health goals. Please reference policy number ADM.03.04.01.

*Services for Centra Medical Plan Participants only.



Learn more by scanning the QR code



Wellness Programs



Get Fit!

In addition to the YMCA membership discount, free on-site gym facilities at two locations, and other local gym perks, Centra encourages you to take advantage of the following:

Fitness Challenges & Race Subsidies: Be a part of fitness challenges during the year. Centra also subsidizes participation in races such as the VA 10-Miler, I Am Woman 5k, and other local events.

Healthy Steps: Work with nurses and exercise physiologists from Centra’s own Stroobants Cardiovascular Center to create a specialized exercise therapy care plan to meet your needs and goals. For more information, ask to speak with a Stroobants Heart Center representative at the closest participating location near you.

LOCATIONS/HOURS	
Centra Living Healthy Centers:	
Jamerson Family YMCA	434.237.8163 Monday, Wednesday, Friday 7 am - 6:45 pm
Bedford Area Family YMCA	540.586.3483 Monday, Wednesday, Friday 8 am - 6 pm
Altavista Area YMCA	4343.369.9622 Monday, Wednesday, Friday 8 am - noon



Paid Time Off



Centra offers a variety of paid programs to encourage you to rest and relax away from your job. You can use the time accrued immediately for vacation, holidays, illness, or personal time. The maximum amount of PTO that may be accrued throughout the year is 300 hours. Accrual rates for the majority of Centra employees are based on months of service per the following schedule:

See the Paid Time Benefits Policy in the Online Centra Policy Manual for More Information

You can donate hours to co-workers who are going through a crisis, to the United Way, or to the Centra Foundation. Refer to the Earned Time/Paid Time Off Donation Policy in the Centra policy manual for the procedure.

Discretionary Time Off Benefits for Managers, Directors, and Executives

- No minimum or maximum number of DTO days available per year, up to the discretion of the leader.
- Does not accrue; no cash value, not eligible for payout or buyback.
- Excludes any Medical Directors whose paid time off is managed through Centra Medical Group.
- See policy for more information.

Centra Recognized Holidays:

- New Year's Day.
- Easter.
- Memorial Day.
- Independence Day (July 4th).
- Labor Day.
- Thanksgiving Day.
- Christmas Day.

PTO Bands:

Months	Accrual Rate*	Hours Accrued per 80 Hours Paid	Annual Days
0-47	0.1	8	26
48-59	0.1077	8.61	28
60-108	0.1154	9.23	30
109-179	0.1308	10.46	34
180-299	0.1346	10.76	35
300+	0.1385	11.07	36

*Chart reflects days accrued per biweekly paycheck and annually based on a standard 80 hours worked. Accrual will look different for part-time employees.



Centra Employee Resources

Employee Assistance Program (EAP)

The Employee Assistance Program offered by HealthWorks provides services to employees and their family members with work and personal concerns. EAP is available to any Centra employee, their spouse, and their dependents.

How can EAP help you?

EAP allows you to have a confidential conversation with a licensed professional. Things that are often discussed with your EAP team include:

- Depression.
- Anxiety and stress.
- Grief and loss.
- Stress related to financial, medical, or legal problems.
- Family issues – marital, relationships, parenting.
- Career or job concerns.
- Alcohol or drug abuse.
- Other concerns about emotions or behaviors.

How do I make an appointment?

Simply call the EAP at HealthWorks. It does not matter where you live, EAP staff will help you schedule an appointment.

If you have any questions you can call or visit:

434-200-6000

Toll free: **833-200-6282**

The EAP office is open for appointments from **8am-5pm**. When the office is closed or on holidays, an EAP Warm Line is open for service anytime.



WorkLife Services

Some problems that don't seem serious can affect work-life balance. Issues like transportation, childcare, or sleeplessness create imbalances that take a toll over time. Think of WorkLife as a personal assistant that allows you to have the ability to find available resources to support you. For Worklife Services questions, call **800-537-2153**.

Through this resource you will find access to support including:

- Legal and financial support.
- Resiliency support resources.
- Emotional well-being resources.
- Caregiver support locators including elder care services, new parent services, educational services, etc.

Learn more at healthworks.personaladvantage.com and login with company code **CENTRA**.

Wellness Program

Access the HealthWorks wellness program by scanning the QR code below to download the app! Or search "**Power of Vitality**" in the App Store to get started.

powerofvitality.com/vitality/login/healthworks

For questions or for more information, email info@hw4me.com.



Scan the QR code to download the "Power of Vitality Today" app



Questions? Ask the Experts



Benefit	Provider	Telephone	Web Site
Medical	Meritain Health Plan Group #23913	888.324.5789	meritain.com
Prescription Drugs	CVS/Caremark Rx BIN: 004336; RxPCN: ADV; RxGRP: RX0497	844-460-8768	caremark.com/wps/portal
Spending Accounts	MetLife	833-571-0500	healthsavingsandspending. metlife.com
Accident Insurance	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Critical Illness	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Hospital Indemnity	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Dental	MetLife Group # 227686 - 237004	800-GET-MET8	mybenefits.metlife.com
Vision	Superior Vision Group # 227686 - 237004	833-EYE-LIFE	mybenefits.metlife.com
Life/AD&D Insurance	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
LifeTime Benefit Term, a form of Universal/ Permanent Life Insurance	Chubb Insurance	888-763-7474	chubb.com
Family Planning	KindBody	855-950-2149	kindbody.com
Short-Term Disability	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Long-Term Disability	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Long-Term Care	Unum	800-227-4165	unuminfo.com/centrahealth/ enrollment.aspx
403(b) Savings Plan & 401(k) Savings Plan	Fidelity	800-343-0860	NetBenefits.com/atwork
Financial Coaching	CAPTRUST	800-978-9948	captrustadvice.com
Legal	LegalEASE	800-248-9000	legaleaseplan.com/centrahealth



Centra Medical Benefits Plan Non-Discrimination Notice

Discrimination is Against the Law

The Centra Medical Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Centra Medical Benefits Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

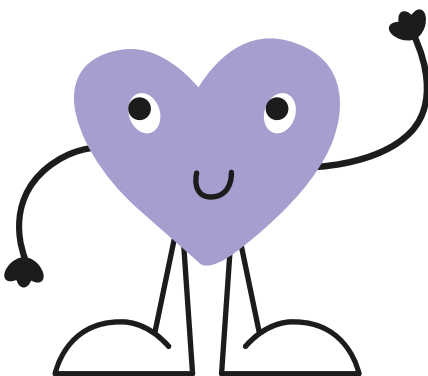
The Centra Medical Benefits Plan

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If You Need These Services, Contact Aubrey Varraux

If you believe that the Centra Medical Benefits Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aubrey Varraux, Corporate Benefits Director, 1920 Atherholt Road, Lynchburg, VA 24501; phone **434-200-7993**, fax **434-200-7410**, email aubrey.varraux@centrahealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aubrey Varraux is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **800-868-1019**, **800-537-7697** (TDD).

Complaint forms are available at: hhs.gov/ocr/complaints/index.html.





ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (434) 200-7668

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (434) 200-7668 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (434) 200-7668

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電(434) 200-7668

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم: 1: (434) 200-7668

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (434) 200-7668

{ این اعلامیه حامی اطلاعات مهم میباشد. این اعلامیه حامی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما مربوط به Centra Medical Benefits Plan { به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است تا به تاریخ های مشخصی. شما حق این را دارید که این اطلاعات و برای حفظ پوشش مزایای یا برای کمک به مخارج مزایای ملزوم به انجام کارهایی باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. (434) 200-7668

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (434) 200-7668 (መስማት ለተሳናቸው: (434) 200-7668.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (434) 200-7668.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (434) 200-7668.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (434) 200-7668 (телетайп: (434) 200-7668).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (434) 200-7668 पर कॉल करें।



ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (434) 200-7668.

লক্ষ্য করুন: যিঁদ আপিন বাংলা, কথা বলেত পারেন, তাহেল িন:খরচায় ভাষা সহায়তা পিরেশবা উপলব্ধি আছ।
েফান করন (434) 200-7668

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu mam ma kolbaha ndjombi yong tole ma teeda mong ngueda [insert SBM program name]. Yeng ma kel ma ngui muni li bihne lini. Bebeg le u nlama bon nguim man nwaale guim di loo i nkwo nyu l teda mateda ma mboo yong tole l bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel (434) 200-7668

Edemede a were otutu ihe di nkpa nime ya. Edemede a were otutu ihe di nkpa nime ya gbasara akwukwo gi ma obu inshooransi site [insert SBM program name]. Chota, ubochi -di-nkpa nime edemede a, maka na enwere oge ga eru nu, l ga eji ego were nweta inshooransi ahu-ike ma obu nye maka. l nwere ohere iwenta nye maka na omuma a na asusu gi na akwu gi ugwo. Kpo (434) 200-7668.

Àkiyesí yíí ní Ifitoniletí Pàtàkì Nínu. Àkiyesí yíí ní ifitoniletí pàtàkì nípa lẹta-isèbèèrè tàbí ìdójútòfò rẹ nípa [insert SBM program name] nínu. Se àwàrí àwọn ọjọ pàtàkì tí n bẹ nínu àkiyesí yíí. O le ní láti gbe awon igbese ní íbámu pelu awon ọjọ tó gbeyin kan ní pátó láti le pa ìdójútòfò ìlera rẹ tàbí iseranwo fun ọ mọ pelu sísanwo. O ní ẹtọ lati rí iranwo àti ifitónilétí yíí gbà ní èdè rẹ láisanwó. Pè sóri (434) 200-7668



MM Text Notices

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each month the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis.

You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained on **Centra People**; you may also request a copy free of charge by calling **434-200-5555**.

Enclosed are important notices about your rights under your health and welfare plan Centra Health Employee Health and Welfare Plan, the "Plan".

The information in the accompanying guide provides updates to your existing SPDs as of 01/01/2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Centra Health reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.



MM Text Notices

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Centra Health Employee Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Centra Health Employee Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Centra Health, Human Resources, 1920 Atherholt Road, Lynchburg, VA 24501. If you have any questions, please contact the Centra Health Human Resources Office at **434-200-5555**.

Patient Protection Notice

Centra Health Employee Health and Welfare Plan generally allows 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, contact Meritain at **888-674-3368**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Centra Health Employee Health and Welfare Plan 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-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 Meritain at **888-674-3368**.

Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;

- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **434-200-5555**.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact WEX for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.



MM Text Notices

Important Notice from Centra Health About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Centra Health 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. Centra Health has determined that the prescription drug coverage offered by CVS Caremark, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.
3. 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 through December 7th.

However, if you lose (or are losing) 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 Centra Health coverage will not be affected.

Your Centra Health coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 Centra Health 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 19 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 Centra Health changes. You also may request a copy of this notice at any time.



MM Text Notices

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 for personalized help. See the inside back cover of your copy of the “Medicare & You” handbook for their telephone number.
- Call **800-MEDICARE (800-633-4227)**. TTY users should call **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.ssa.gov, or
- Call **800-772-1213**. TTY users should call **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).

Date: 01/01/2025

Name of Entity/Sender: Centra Health

Contact: Aubrey Varraux

Address: 1920 Atherholt Road, Lynchburg, VA 24501

Phone Number: **434-200-5555**

Your ERISA Rights

As a participant in the Centra Health benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator’s office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan’s administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued 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 or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.



MM Text Notices

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

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, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor 200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [must pay] for COBRA continuation coverage.



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If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within [period permitted under the terms of the Plan] after the qualifying event occurs. You must provide this notice to Centra's COBRA administrator.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.



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This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Centra Health Employee Health and Welfare Plan
1920 Atherholt Road
Lynchburg, VA 24501
434-200-5555

Summaries of Benefits and Coverage (SBCs)

Availability Notice

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

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web on Centra People. A paper copy is also available, free of charge, by calling **434-200-5555** (a toll-free number).

THE FOLLOWING APPLIES TO HEALTH CONTINGENT WELLNESS PROGRAMS (FOR EXAMPLE, NON-TOBACCO USER INCENTIVE OR TOBACCO USER PENALTY); REASONABLE ALTERNATIVE MUST BE OFFERED AND THE FULL INCENTIVE AVAILABLE IF COMPLETED.



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Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **434-200-5555** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

THE FOLLOWING NOTICE MUST BE INCLUDED IF WELLNESS PROGRAM INCLUDES A DISABILITY RELATED INQUIRY (E.G., A HEALTH RISK QUESTIONNAIRE) OR MEDICAL EXAM (E.G., BIOMETRIC SCREENING).

EEOC Notice Regarding Wellness Program

HealthWorks Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for glucose, cholesterol, triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a monetary incentive into an HSA or HIA for completing the requirements of the program. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HealthWorks at **434-200-2345**.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

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

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

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

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



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Aubrey Varraux** at **434-200-5555**.

HIPAA 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 the Centra Health group health 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 OR ANY PERIOD THAT APPLIES UNDER THE PLAN 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 OR ANY LONGER PERIOD THAT APPLIES UNDER THE PLAN] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact **Aubrey Varraux, Corporate Benefits Director**, at **434-200-5555**.

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 **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 **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

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



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7. **GEORGIA** – Medicaid GA HIPP Website:
<https://medicaid.georgia.gov/healthinsurance-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
8. **INDIANA** – Medicaid Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/> <http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. **IOWA** – Medicaid and CHIP (Hawki) Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. **KANSAS** – Medicaid Website:
<https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. **KENTUCKY** – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>
12. **LOUISIANA** – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. **MAINE** – Medicaid Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP Website:
<https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
15. **MINNESOTA** – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website:
<http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid Website:
<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831



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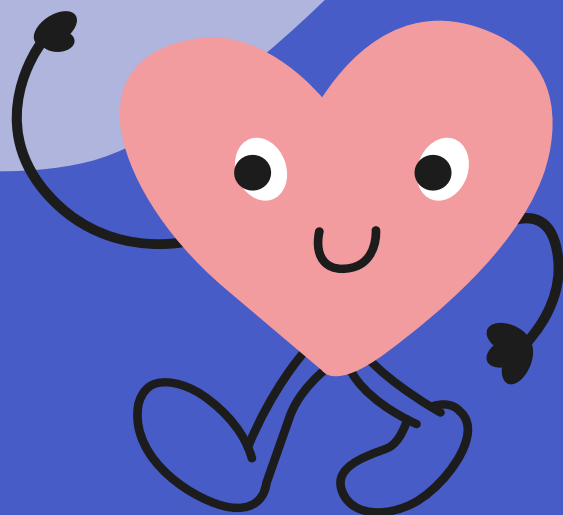
23. **NORTH CAROLINA** – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website:
<http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP Website:
<https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website:
<http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:
<https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website:
<http://dss.sd.gov>
Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah’s Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
Email: upp@utah.gov Phone: 1-888-222-2542
Adult Expansion Website:
[https://medicaid.utah.gov/expansion/Utah Medicaid](https://medicaid.utah.gov/expansion/Utah%20Medicaid)
Buyout Program Website:
<https://medicaid.utah.gov/buyout-program/CHIP>
Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website:
<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid Website:
<https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP Website:
<https://dhhr.wv.gov/bms/> <http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. **WYOMING** – Medicaid Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

CARE THAT
MAKES
A DIFFERENCE



CENTRA