



# 2025-2026 Employee Benefits Guide

Enroll by Phone or  
Online



866-824-3572



[americanexchangebenefits.com](https://americanexchangebenefits.com)



## INTRODUCTION

This guide provides an overview of American Exchange's 2025-2026 benefits offerings and the enrollment process. You'll find important benefits resources and contact information in this guide.



American Exchange  
Benefits Service Center  
**866 - 824 -3572**

[HELP@AMERICANEXCHANGEBENEFITS.COM](mailto:HELP@AMERICANEXCHANGEBENEFITS.COM)

Monday - Thursday: 8am - 6pm EST  
Friday: 8am - 5pm EST

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## How to Enroll

### Benefits Enrollment – Online or By Phone

#### ENROLL ONLINE

##### Step 1:

Visit **americanexchangebenefits.com** to access your enrollment.

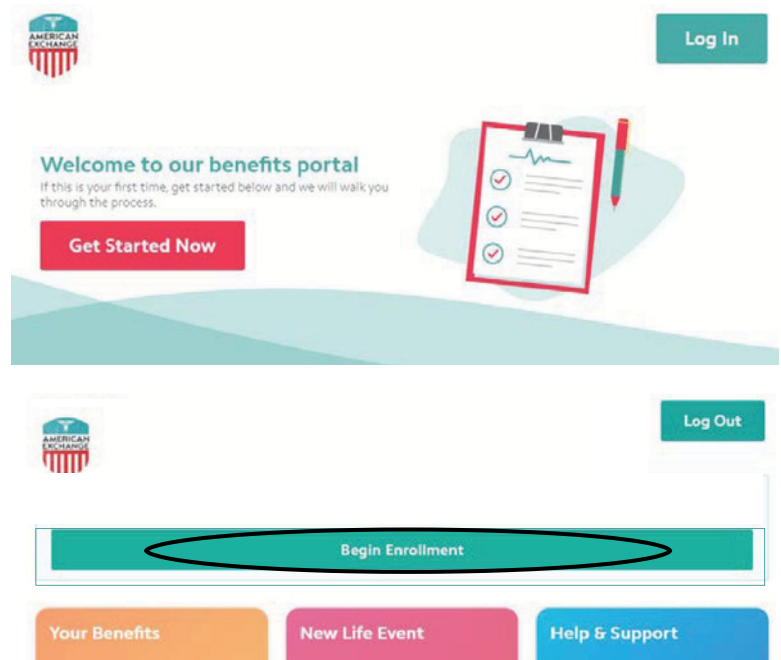
##### Step 2:

**First-time users:** Click on “Get Started Now” and enter your personal information to create your account.

**Returning users:** Click on “Log In” and enter your email address and password. Click the “Forgot your password?” link if you can’t remember.

##### Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.



#### ENROLL BY PHONE

Call the **American Exchange Benefits Service Center** at **866-824-3572** to complete your enrollment by phone. You’ll speak with a Benefits Specialist who will confirm your personal information, review your plan options, and submit your elections for 2025-2026.

  
**benefits  
 service center**



## 2025-2026 RATES

### Medical Plan Premiums

Bi-Weekly Payroll Deduction	
Tier	PPO
Employee Only	\$30.55
Employee + Spouse	\$430.27
Employee + Child(ren)	\$363.14
Family	\$732.36

### Dental Plan Premiums

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$15.87
Employee + Spouse	\$30.90
Employee + Child(ren)	\$33.02
Family	\$50.11

### Vision Plan Premiums

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$2.85
Employee + Spouse	\$5.35
Employee + Child(ren)	\$5.04
Family	\$7.99

### Voluntary Life Insurance Rates

Voluntary Life + AD&D Rates	
Age	Monthly Rate per \$1,000
0-29	\$0.113
30-34	\$0.127
35-39	\$0.187
40-44	\$0.272
45-49	\$0.406
50-54	\$0.651
55-59	\$1.030
60-64	\$1.562
65-69	\$2.629
70+	\$4.679

Rates are per \$1,000 of coverage. The Zevo enrollment system will calculate your bi-weekly premium based on age and coverage amount.

### Short-Term Disability Rates

Short-Term Disability Rates	
Age	Monthly Rate per \$10
Under 25	\$1.17
25-29	\$1.38
30-34	\$0.73
35-39	\$0.56
40-44	\$0.51
45-49	\$0.34
50-54	\$0.37
55-59	\$0.44
60-64	\$0.44
65-69	\$0.48
70+	\$0.52

Rates are per \$10 of payable benefit. The Zevo enrollment system will calculate your bi-weekly premium amount based on your age, salary and benefit amount.

#### Child Voluntary Life Deductions

To Age 26	\$10,000
Monthly	\$2.00

**Disclaimer:** Note that rates are rounded for purposes of illustration. Final premiums are calculated during enrollment.

Group benefits

# Help handling life's ups and downs

**Life can be unpredictable.** And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges. Use of the program isn't reported to your employer.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services
- Health and wellness articles, guides, webinars, and podcasts
- Online assistance with elder care, child care, and other family life resources
- Help with teen and adolescent issues
- Tips on parenting and grandparenting
- 24/7 consultation with licensed mental health professionals and referrals to supportive resources\*
- Digital solutions to support emotional well-being for depression, anxiety, sleep, substance misuse, chronic pain, stress, mindfulness and meditation, and more

## Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



**800-450-1327**

International: 800-662-4504

TTY: 711



**MagellanAscend.com**

When you create an account,  
use **Principal Core** for the company name.

\*You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

## Help is just a click or call away—24/7

**Online:** MagellanAscend.com

Enter **Principal Core** for the company name

**Call:** 800-450-1327 | **TTY:** 711

**International:** 800-662-4504

**Magellan**  
HEALTHCARE™

Your employee assistance  
program is provided by  
Magellan Healthcare.



## Medical



American Exchange is proud to again offer Bywater as the medical plan administrator for the 2025-2026 Plan Year. Bywater offers excellent customer care and utilizes the Cigna PPO Network of providers. American Exchanges offers a single PPO plan option. All full-time employees have access to the **PPO 6000 Plan** at a low monthly cost. Employees electing dependent coverage will pay the full cost of the additional coverage.

The **PPO 6000** plan offers first dollar coverage for services like office visits, Urgent Care visits, and prescription drugs. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum. Please be aware that copays do not count towards your deductible, only your out-of-pocket maximum. Preventive care is always covered at 100% before the deductible.

Please note that Specialty Drugs are excluded from the Pharmacy Benefits Plan. The American Exchange medical plan also only provides in-network coverage.



### Provider Quality Concierge: Garner

#### Find the **BEST** doctors in your area

Garner is a free benefit that helps you find the highest quality doctors while saving you up to **\$6,000 Individual Tier/\$12,000 Family Tier** in costs from that care.

#### How does Garner deliver on both lower costs and better healthcare?

Contrary to popular opinion, the best doctors are often the least expensive. Missed diagnoses, unnecessary surgeries, and bad health outcomes are expensive. By setting you up with the best doctors, you not only get better care, but the cost is also lower for both you and your employer. As a result, American Exchange covers entire medical bill up to \$12,000 when you visit a Garner-approved doctor or medical provider.

Visit the Garner website for additional details:  
[www.getgarner.com/yourbenefits/american-exchange](http://www.getgarner.com/yourbenefits/american-exchange)

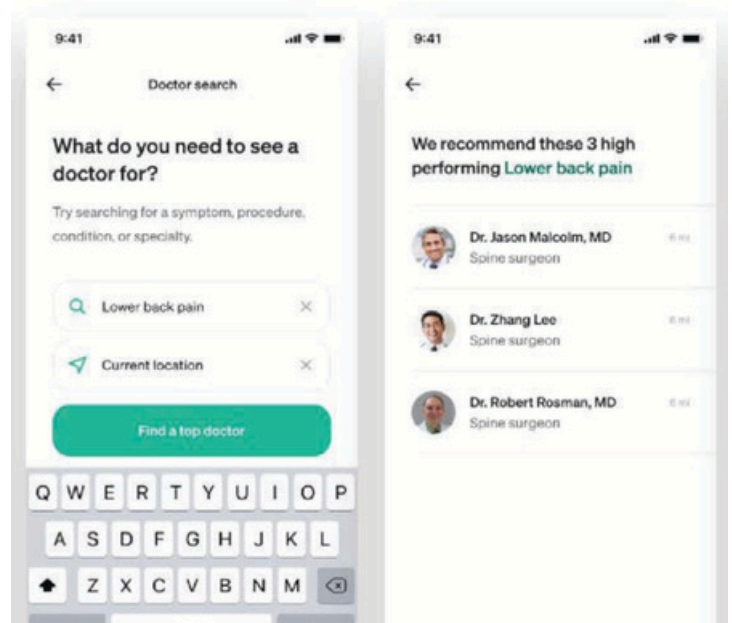
- Email [concierge@getgarner.com](mailto:concierge@getgarner.com) or
- Call 866-761-9586 to locate the top doctors in your area

#### How does it work?

- A member must use Garner to get a recommendation **before** visiting the provider.
- Visit the provider recommended by Garner, and the member's out-of-pocket medical bills will be paid automatically.
- Garner will attempt to pay your provider directly, but if you end up paying the bill, upload a photo of the bill on the Garner App, and they'll reimburse you directly.

### Spousal Exclusion

To be eligible, your spouse must not be eligible for coverage through their employer. If medical coverage is available for your spouse through their employer, your spouse must obtain coverage on that plan. If you enroll for family coverage, medical costs for your spouse may be denied if it is determined that your spouse has coverage available to them through their employer.





PPO 6000 Plan		
Cigna PPO Network	In-Network	Out-of-Network
Deductible	Single: \$6,000 Family: \$12,000	N/A
Out-of-Pocket Maximum	Single: \$7,500 Family: \$15,000	N/A
Garner Reimbursement	Free Top-Quality Care Up to \$6,000 (Individual) / \$12,000 (Family) for going to a Garner provider	
Coinsurance	Member pays 30% after deductible	N/A
OFFICE VISITS		
Preventive Care	Covered at 100%	N/A
Primary Care Visit	\$65 copay	N/A
Specialist Visit	\$125 copay	N/A
Virtual Services	Primary Care Physician: \$65 copay Specialist: \$125 copay	N/A
EMERGENCY CARE		
Emergency Room Care	\$1,000 copay (waived if admitted)	
Urgent Care	\$125 copay	N/A
MEDICAL CARE		
Inpatient Hospital	Member pays 30% after deductible	N/A
Outpatient Hospital	Member pays 30% after deductible	N/A
Labs & X-rays	Member pays 30% after deductible	N/A
PHARMACY		
Retail (30 day supply)	Preventative Drug: \$0 copay	N/A
	Generic Drug: \$5 copay Brand Name: \$25 copay Non-Preferred Drug: \$150 Specialty Drug: Excluded	N/A
Mail Order (90 day supply)	Generic Drug: \$12.50 copay Brand Name: \$62.50 copay Non-Preferred Drug: \$375	N/A
Please note that Specialty Drugs are excluded from the Pharmacy Benefits Plan. For questions, please contact the Benefits Service Center.		

## Covering Dependents

### Dependent Eligibility Verification

If you choose to cover dependent(s) on your medical, dental, or vision plan(s), you will receive an email from the Benefits Service Center following enrollment requesting dependent verification documents. American Exchange takes pride in offering a benefit plan that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in order for your dependent(s) to have coverage for 2025-2026.

- Only **legal spouses** are eligible for coverage.
- **To be eligible, your spouse must not be eligible for coverage through their employer.** If medical coverage is available for your spouse through their employer, your spouse must obtain coverage on that plan. If you enroll for family coverage, medical costs for your spouse may be denied if it is determined that your spouse has coverage available to them through their employer.
- Child(ren) are eligible until their 26th birthday.

#### REQUIRED DEPENDENT VERIFICATION DOCUMENTS

Spouse	Copy of Marriage Certificate
	OR
	Joint marital document dated within the last six months:  One (1) document with both employee and spouse listed, or two (2) separate documents - one for employee and one for spouse - reflecting matching address (ex. mortgage, bill, bank account, tax return indicating both at same address)
Child	Copy of child's birth certificate naming the employee as the child's parent
Stepchild	Copy of child's birth certificate naming your spouse as the child's parent
Adopted Child	Amended birth certificate showing employee as the child's parent
	OR
	Copy of adoption decree or court order naming the employee as the child's adoptive parent or legal guardian AND copy of legal document showing the child's age
Disabled Child	Child documentation above
	AND
	Statement of disability





With Principal, you can see any dentist of your choosing. If you choose a dentist in **Principal's PPO network**, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting [www.principal.com/find-dentist](http://www.principal.com/find-dentist) and selecting "Search for a Dentist."

Your dental plan offers a maximum accumulation feature that allows a portion of unused dollars at the end of the plan year to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1,000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit.

Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

PPO Network	
<b>Calendar Year Deductible</b>	\$50 Individual / \$150 Family
<b>Calendar Year Maximum</b>	<b>\$2,000</b>
Coverage	
<b>Preventive Services (Type A)</b>	100% (no deductible)
Exams (2 per calendar year) Cleanings (2 per calendar year), X-rays Fluoride (1 application per year for children under age 14)	
<b>Basic Services (Type B)</b>	
Fillings, Stainless steel crowns, Endodontics (root canals), Oral surgery, General anesthesia / IV sedation Periodontal scaling & root planning (1 per quad per 24 months) Periodontal surgical procedures (1 per quad per 36 months)	
<b>Major Services (Type C)</b>	50% (after deductible)
Crowns (1 per tooth per 120 months), Implants (1 per tooth per 120 months), Bridges (initial placement; replacement after 120 months), Dentures (initial placement; replacement after 60 months), Repairs - partial dentures, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridges/denture (within policy limitations) Inlays, onlays, cast post & core, core buildup (1 per tooth per 120 months)	

\*Please refer to the Benefit Summary for complete plan details



## VISION

Vision



American Exchange's Vision Plan insured by Principal, using the VSP Choice network, allows you to visit any vision provider you choose. Using participating VSP providers will help you to maximize your benefits. You can find participating **VSP Choice network** providers by going to: [www.VSP.com](http://www.VSP.com) and selecting "Find a Doctor."

**Frequency Limitations:** The plan limits each participant to 1 covered contact lens **or** eyeglass lens benefit in a 12-month period, **and** 1 set of frames every 24 months.

Vision Summary of Benefits	VSP Choice Network	Out-of-Network
<b>Eye Exam</b>	\$10 copay	Up to \$45
<b>Lenses</b>		
Single	\$25 copay	up to \$30 reimbursement
Bifocal		up to \$50 reimbursement
Trifocal		up to \$65 reimbursement
Lenticular		up to \$100 reimbursement
Standard Progressive	\$0 copay	N/A
<b>Frames</b>		
Up to \$70 allowance for frames from Costco, Walmart, or Sam's Club	\$130 allowance then 20% off remaining balance	up to \$70 reimbursement
<b>Contacts</b> (in lieu of eyeglass lenses)		
Elective	\$130 allowance	up to \$105 reimbursement
Medically Necessary	\$25 copay	up to \$210 reimbursement

\*Please refer to the Benefit Summary for complete plan details



## Life Insurance



### Basic Life Insurance (Employer-Paid)

American Exchange provides basic life insurance in the amount of **2 times your annual salary**, at no employee cost. This employer paid benefit also includes Accidental Death and Dismemberment (AD&D) coverage. Age reduction applies for employees 65 and older.

### Voluntary Life Insurance

**Special Enrollment Opportunity: Employees and their spouses can increase their current coverage by up to two increments without answering health questions. Employees may increase coverage in \$10,000 increments, while spouses may increase coverage in \$5,000 increments.**

You may elect voluntary life insurance for yourself and your dependents to supplement the basic life benefit. Employee coverage is available in increments of \$10,000, up to a maximum of \$300,000. Spouse life coverage is available in increments of \$5,000, up to a maximum of \$100,000. You must insure yourself to elect coverage for your spouse and/or child(ren).

Spouse voluntary life rates are based on spouse age. Children can be enrolled in Vol life, up to age 26, regardless of student status. Employee and Spouse coverage also includes Accidental Death and Dismemberment (AD&D) which pays in the event of death or loss of limbs, speech, hearing and more caused by an accident. Refer to the Certificate of Coverage for complete details.

	Voluntary Life Options	New Hire Guaranteed Issue
<b>Employee</b>	\$10,000 increments to a maximum of \$300,000	<b>\$100,000</b> (70 & older: \$10,000)
<b>Spouse</b>	\$5,000 increments up to \$100,000 not to exceed the employee election	<b>\$25,000</b> (Spouses 70 & older: \$10,000)
<b>Child(ren) up to age 26</b>	\$10,000	<b>\$10,000</b>

## Disability Insurance



Disability coverage provides an income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident. Short Term Disability is available for employee purchase. If an employee declined Short-Term Disability (STD) coverage during their initial eligibility period, they will be required to provide Evidence of Insurability (EOI) to enroll at Open Enrollment or a later time. Rates will be dependent on age and weekly benefit amount. American Exchange provides Long Term Disability coverage for employees, free of charge.\*

	Short Term Disability	Long Term Disability**
<b>Benefit Amount</b>	60% of weekly earnings	60% of monthly earnings
<b>Maximum Benefit</b>	\$2,000 / week	\$15,000 / month
<b>Waiting Period</b>	Benefits begin on day 8 for accidents and illnesses	90 days
<b>Benefit Duration</b>	Up to 12 weeks	Varies based on your age and disability date. See Certificate or Benefit Summary for details.
<b>Pre-Existing Condition Limitation</b>	A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.	

\*Exclusions apply

\*\*Benefits may vary between classes. See Certificate or Benefit Summary for your applicable class, for complete details.

## 401(K)



American Exchange offers a 401K plan through **Capital Group | American Funds**.

To learn more about how the American Exchange retirement plans work, and how to make sure you get the most out of your retirement, please reach out to the appropriate resource, below.

**Enrollment Website** (for newly eligible employees): [capitalgroup.com/myplan/x8mdk](https://capitalgroup.com/myplan/x8mdk)

**Member Website** (for enrolled participants): [americanfunds.com/retire](https://americanfunds.com/retire)

Member Services: **800.421.4120**

Advisor Contact - Laura Owsley & Aon Miller: **423.486.1888**

Participant 401k Mobile App: **American Funds RKDirect**



This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD).

Every effort has been made to ensure that this document accurately represents the benefits being offered.

However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

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



GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfir/">http://www.in.gov/fssa/dfir/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>



MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP).pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

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





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



## Patient Protection Provider Choice Disclosure

*For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries:*

AE Insurance LLC dba American Exchange EPO 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 Bywater, Ltd. at (800) 337-0792.

*For plans and issuers that require or allow for the designation of a primary care provider for a child, add:*

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

*For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add:*

You do not need prior authorization from AE Insurance LLC dba American Exchange EPO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Bywater, Ltd. at (800) 337-0792.

## **Women's Health Care and Cancer Rights Act Disclosure**

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- 1.All stages of reconstruction of the breast on which the mastectomy has been performed;
- 2.Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3.Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact your plan administrator AE Insurance at (866) 824-3572 for more information.