



NANA

909 W. Ninth Ave.
Anchorage, AK 99501



NANA



2021 Benefits Guide

Iñuuniaᓴiq
Nakuuraukun
To Be Well

Have questions?

General Benefits Inquiries

NANA Benefits Department

(907) 265-3710 | Fax: (907) 343-5672 | www.benefits.nana.com

Medical Insurance

Federal Employees Health Benefits Program (FEHB)

See your specific plan | www.opm.gov/healthcare-insurance

Dental Insurance

Premera Blue Cross Blue Shield of Alaska

1-800-508-4722 | www.premera.com

Vision Insurance

VSP | 1-800-877-7195 | www.vsp.com

Life and AD&D Insurance

Prudential | 1-800-524-0542 | www.prudential.com

Disability Insurance

Prudential | 1-800-842-1718 | www.prudential.com

Flexible Spending Account (FSA)

TRI-AD | 1-888-844-1372 | www.tri-ad.com/fsa

Employee Assistance Program and Enrollment Assistance

1-866-799-2728 | www.healthadvocate.com/nana

Travel Assistance

1-855-847-2194 | www.imglobal.com

Retirement Savings

1-800-234-3500 | www.lfg.com



About this guide.

This guide is meant to provide basic benefit plan information. Every attempt has been made to ensure that the information included in this guide is accurate. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. For additional details and specific plan information, please contact your insurance carrier or review the Summary Plan Description (SPD). SPDs for medical plans are available online on the carrier's website, and all other SPDs are available on your company's intranet or by contacting the benefits department.

Some benefits are provided and paid for by NANA on the employee's behalf, but others require election and financial participation by the employee. By enrolling in NANA's elective benefits, you are agreeing to pay your portion of monthly premiums through payroll deduction. Premiums are due whether or not an employee receives a paycheck, and arrears deductions will be withheld as soon as funds are available.

Disclaimer: the benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — on the part of NANA.

Table of Contents

Terms to know	2	Vision coverage.....	15
Your benefits.....	3	Flexible spending accounts.....	16
Your eligibility.....	4	Life insurance.....	17
Important dates.....	5	Accidental death and dismemberment (AD&D).....	18
How to enroll.....	6	Disability insurance.....	19
Your checklist.....	7	Additional benefits.....	19
Making changes.....	8	Retirement savings.....	20
Your medical coverage.....	9	Employee assistance program & health advocacy.....	21
Choosing a medical plan.....	10	Required notices.....	22-24
Medical plans.....	11-13		
Dental coverage.....	14		

Terms to know.

In-Network vs. Out-of-Network Providers

"In-network" healthcare providers have contracted with your insurance company to accept certain negotiated (discounted) rates for allowed charges. You will typically pay less out of pocket with an in-network provider. "Out-of-network" providers have not agreed to the discounted rates, may charge more than what the insurance carrier deems "allowable" and may require you to file your own claims.

Out-of-Pocket Maximum (OOPM)

All plans have an out-of-pocket maximum, which caps the amount you will pay for services in any given year. Deductibles, coinsurance, and medical and Rx copays all apply to the out-of-pocket maximum. Once you reach the annual out-of-pocket maximum in qualified out-of-pocket expenses, the plan will pay 100% of those expenses for the remainder of the plan year. This limit does not include all out-of-pocket expenses such as charges that exceed the plan's usual and customary limits or payments for services not covered by the plan.

Individual vs. Family Accumulators

If you are electing dependent coverage, please note that deductibles and OOPMs do not accumulate the same way for all plans. If the accumulators are "per person," no one covered person will be responsible for more than the individual deductible or OOPM, even if covered under a family plan, and the family limits will provide an additional layer of protection. If the plan has "true family" accumulators, then these limits can be met by one or any combination of covered family members; the single deductible or OOPM will not apply. If you are covering family members, please be sure you understand how the accumulators work for your selected plan.

In-Network Preventive Care

All plans cover in-network preventive care at 100%, not subject to the deductible. See the specific plan brochures for details.



Your benefits.

Welcome to your NANA employee benefits program. We're excited to offer you and your family a broad suite of benefit options designed to help you grow personally, financially and professionally. This guide provides you information regarding your 2021 benefits program. We encourage you to carefully read the information to learn more about your benefits and choose coverage that's right for you. NANA is committed to partnering with employees to manage their health and financial needs.

Elected & Provided

Employee-**Elected** Benefits are willfully chosen by you (the employee) during the open enrollment period, or as a new hire, and will incur premium deductions from your paychecks.

- FEHB Medical Insurance
- Dental
- Vision
- Voluntary Life
- Voluntary AD&D
- Flexible Spending Account (FSA)
 - Dependent
 - Health
- Retirement Savings
 - 401(k)
 - Roth 401(k)

Company-**Provided** Benefits are offered to NANA employees at no cost to you.

- Basic Life Insurance
- Accidental Death and Dismemberment (AD&D)
- Short-Term Disability (STD)
- Long-Term Disability (LTD) *
- Employee Assistance Program and Health Advocacy
- Travel Assistance
- Retirement Savings
 - Discretionary 401(k) Employer Match Contribution**

* Not all companies participate.

** Reviewed annually.

Your eligibility.

The benefits you are eligible for are dependent on whether you are a **full-time** or **part-time** employee.



If you are regularly scheduled to work an average of 30 hours or more per week, you are eligible for full-time employee benefits.



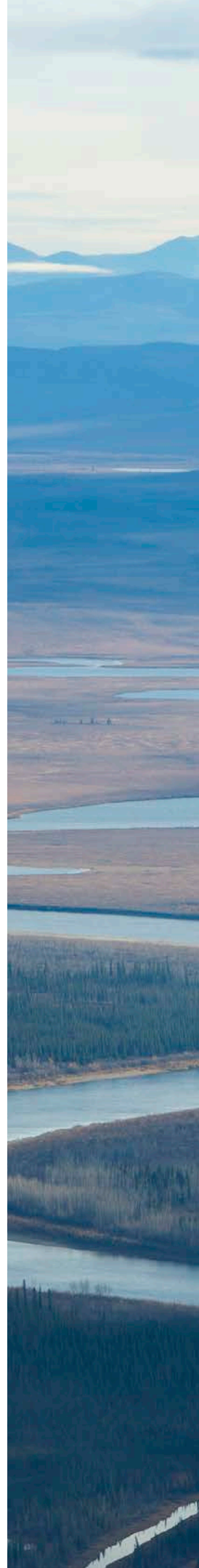
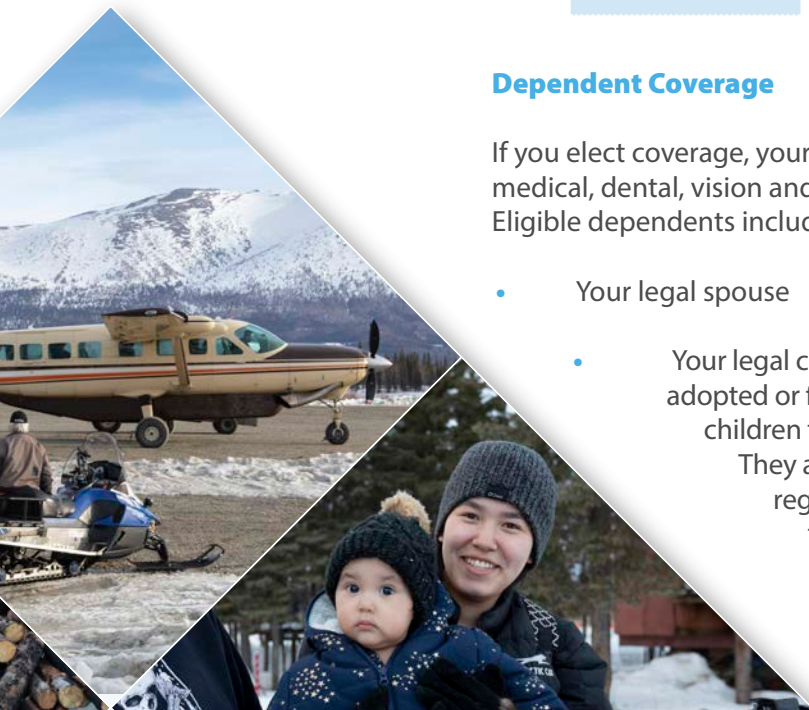
If you are regularly scheduled to work less than an average of 30 hours per week for more than six months, you are eligible for part-time employee benefits.

Benefit Type	Full-time Employee	Part-time Employee	Dependent Coverage
FEHB Medical Insurance	✓	✓	✓
Dental Insurance	✓	✓	✓
Vision Insurance	✓	✓	✓
Flexible Spending Account (FSA)	✓	✓	
Retirement Savings	✓	✓	
Employee Assistance Program and Advocacy	✓	✓	
Life Insurance	✓		✓
Accidental Death and Dismemberment (AD&D)	✓		
Disability Insurance	✓		

Dependent Coverage

If you elect coverage, your dependents are also eligible for medical, dental, vision and voluntary life insurance coverage. Eligible dependents include:

- Your legal spouse
- Your legal child(ren) includes your natural, adopted or foster child(ren), stepchild(ren) or any children for whom you have legal custody. They are eligible up to age 26 or if disabled, regardless of age (see plan documents for further information).



Important dates.

Below is a table of important **start and end dates** as they relate to adding/changing, starting and ending coverage.

	Add or Change	Start	End
FEHB	60 days from date of hire, becoming eligible or qualifying life event	1st day of pay period following date of hire, becoming eligible or qualifying life event and receipt of your election	Last day of pay period in which you terminate or become ineligible for this benefit, followed by a 31-day extension of coverage at no additional cost*
Dental	60 days from date of hire, becoming eligible or qualifying life event	New hires 1st of month following date of hire and receipt of your election Midyear changes 1st of month following qualifying event date and receipt of your election change	Last day of month in which you terminate or become ineligible for this benefit**
Vision	60 days from date of hire, becoming eligible or qualifying life event	New hires 1st of month following date of hire and receipt of your election Midyear changes 1st of month following qualifying event date and receipt of your election change	Last day of month in which you terminate or become ineligible for this benefit**
Basic Life, AD&D	Automatic enrollment	1st of month following date of hire or becoming eligible	Midnight on the day you are no longer a full-time employee
Vol Life, AD&D	Can be requested at any time	1st of month following evidence of insurability (EOI) approval***	Last day of month in which you are no longer a full-time employee

* If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event, and there will be no extension of coverage.

** If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event.

*** New hires electing guaranteed coverage levels will be covered the first of the month following date of hire. The guaranteed coverage level for voluntary life insurance at time of hire is three-times the employee's annual salary or \$200,000, whichever is greater; voluntary life insurance for employee spouses is \$30,000.

How to enroll.

The open enrollment period is **Nov. 9 – Dec. 14, 2020**, during which you can enroll in your chosen benefits.

To begin, using your internet browser, navigate to:

www.time.nana.com

1 Log in

Use your employee ID# and password; contact (907) 265-HELP for password resets.

2 Select from the toolbar:

Self-Service ► Payroll & Benefits ► Benefits Enrollment

OR

Click on MyTasks:

Complete Benefits Enrollment ► Benefits Enrollment ► Launch

3 Follow the prompts to enroll in your 2021 benefits.

As you go through the workflow, take time to **review your beneficiaries** and make any necessary changes. Don't forget to **confirm your elections** and save the confirmation email you receive. If you do not have email, save a screenshot of your confirmation page for your records.

Are you a new hire?

After you are cleared to work, you will receive an email with your benefits information and paperwork. Complete all forms and send them to: **benefits@nana.com**.

If you have questions, call our **benefits hotline** at:

(907) 265-3710



Your checklist.

Educate Yourself

Take time to learn about all of the benefit options that are available to you. Read the 2021 benefits guide carefully as you consider your plan choices. NANA provides a variety of resources to help you make your benefits decisions. Visit the NANA benefits website at **www.benefits.nana.com** for information and links to other helpful tools.

Ask for Help

If you are still unsure of your medical plan choice, reach out to HealthAdvocate at 1-866-799-2728. Experts are on-hand to help you make the best plan choice for you and your family.

Flexible Spending Account (FSA)

Decide if you want to enroll in an FSA (health and/or dependent). **Remember:** you must actively enroll in this benefit each year and funds not spent during the plan year will be forfeited.

Enroll

Open enrollment only: actively enroll online through Deltek T&E with Employee Self-Service (ESS) during the open enrollment period: Monday, Nov. 9, 2020 through Monday, Dec. 14, 2020. Changes are effective on Wednesday, Jan. 1, 2021. If you are currently enrolled in medical, dental and/or vision and don't make a new plan election, your current coverage will roll forward into 2021. If you have previously waived coverage and don't make any elections, your coverage will be automatically waived for 2021.

Time of hire: complete enrollment forms and submit to **benefits@nana.com** within 60 days of your hire date. If your forms are not received within 60 days

of your hire date, you will not be able to elect benefits until the following year's benefit open enrollment period or you experience a qualifying life event.

Update Your Beneficiaries

Confirm & Save

Open enrollment only: confirm your Deltek T&E with ESS enrollment on the Summary page. **Note:** if you made any dependent changes on your medical plan, click the link to update additional coverage information. Once you have completed your enrollment online, save or print a copy of your confirmation statement, review it for accuracy and retain it for your records.

New hires: save copies of all benefit paperwork submitted to the benefits department, along with your email confirmation.

Check New Premium Deductions

Verify your 2021 benefit elections after the first payday in 2021. If you notice any errors in your deductions on your pay stub, notify the benefits department immediately at (907) 265-3710 or **benefits@nana.com**.

Note: if you elect health benefits, you are responsible for all premium payments. If you do not receive a paycheck, or if you have insufficient funds to cover your premiums, arrears will be withheld as soon as funds are available.

Making changes.

The IRS provides strict regulations about changes to pre-tax elections during the plan year. If you experience a qualified IRS family status change midyear, you are permitted to make a change to your benefits within 60 days of the event.

To make changes to your benefits due to a qualifying event, follow these steps.

- 1 Qualifying event occurs (see list below).
- 2 Notify and send required documentation, within 60 days of event, to NANA's benefits department. If received after 60 days from event, the change request will be denied. All required documentation must be received in order to process the change.
- 3 Ensure you receive confirmation of receipt from NANA's benefits department.

Qualifying Life Events

Below is a list of some commonly known qualified event changes and required documentation. The change you request must be consistent with the qualifying event. Some midyear changes require documentation, which must also be provided within 60 days of the event.

Life Event	Documentation Required
Marriage, divorce or annulment	Marriage license or divorce decree
Birth of a child	Birth certificate or hospital declaration
Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child	Court order
Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment, or change in workplace	Letter from prior carrier or HR department
You or your spouse return from unpaid leave of absence	Follow return-to-work process
You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid	Medicare or Medicaid statement
Death of your spouse or dependent	Death certificate
Court-ordered coverage of your child by you or your spouse, allowing you to add or drop the child's coverage	Court order
Change in your employment that affects benefits eligibility (working at least 20 hours per week)	Personnel action notice from HR department
Loss of eligibility for a dependent	Statement if other than age
Change in dependent care provider or cost for dependent care flexible spending account	Explanation of circumstances

Your medical coverage.

NANA participates in the Federal Employees Health Benefits (FEHB) program for medical insurance.

This allows NANA to offer employees the same medical plans available to federal government employees. The federal plans give you and your family excellent plan choices at very competitive prices. You'll see you have a tremendous number of choices. In this guide, we have only provided the rates. For information on the medical plans that are available to you, please visit www.benefits.nana.com.

What medical plan is best for you?

1 Think about your medical needs.

Choose a plan that matches the way you use medical services. For example, if you have a lot of doctor visits, you may want a plan with lower out-of-pocket expenses. If you have prescription drugs you take every day, choose a plan that covers these drugs at the lowest cost to you.

2 Choose a plan type.

There are several different types of plans:

- Traditional PPOs and HMOs
- High deductible health plans with HSAs
- Consumer-driven high deductible plans

3 Consider your budget.

Premiums will be deducted from your paycheck. Ensure that you choose a plan that is affordable to you and your family. Additionally, the premiums for HSA-eligible plans include HSA contributions that are yours to keep. Plans with HRAs will pay for your first several hundred dollars of claims in a given year before you pay anything out of pocket. If you do not spend more than your HRA, you will have no out-of-pocket expenses.

4 Are your doctors in network?

In general, plans with a larger network of healthcare providers will give you more choices and lower out-of-pocket costs. If you use out-of-network providers, you may pay much more for your healthcare.

HMO

HMO plans are restricted to coverage in a certain geographic or service area. Before selecting an HMO, make sure it provides coverage where you live and work.

COPAYMENT vs. COINSURANCE

A copayment (or copay) is a fixed-dollar amount that you pay each time for certain services (e.g., doctor's visits and prescription medications). Coinsurance is a percent of the cost of your care that you are responsible for paying (e.g., if the eligible cost of a doctor's visit is \$100, 20% coinsurance would equal \$20 and your health plan would pay \$80).

Choosing a medical plan.

Through FEHB, NANA has a variety of medical insurance plan types. To help you narrow your search for a plan that is right for you, please read the table below.

Plan Type	Plan Features	Things to Consider
Traditional		
Fee-for-Service (FFS) with a Preferred Provider Organization (PPO)	<ul style="list-style-type: none"> • See any doctor without a referral • Network providers with negotiated lower rates • Nationwide and sometimes worldwide coverage 	<ul style="list-style-type: none"> • You may pay more out of pocket than with other types of plans. • Premiums may be higher than with other types of plans. • You could pay a lot more if you use a non-network provider.
Account-Based Plans		
Account-based plans with accounts funded by a portion of your monthly premium. Funds can be used to pay for your out-of-pocket medical expenses.		
High Deductible Health Plan (HDHP) with Health Savings Account (HSA)	<ul style="list-style-type: none"> • Covers high-cost medical events • Premiums are usually lower than with other types of plans • HSA fund can be used to pay for healthcare • The HSA is yours to keep even if you are no longer enrolled in the plan • Funds can be used to satisfy the deductible 	<ul style="list-style-type: none"> • You cannot have an HSA if you are covered by a non-HDHP, Medicare, IHS or if you or your spouse has an FSA. If you are ineligible, the account funds will be placed in a HRA (see features below). • There are investment options available once your account reaches a certain balance. • You may make additional contributions to an HSA, based on IRS limits. • There are no co-pays, and plan deductible must be met before co-insurance applies (including prescription drugs).
Consumer-Driven High Deductible Plan (CDHD) with Health Reimbursement Account (HRA)	<ul style="list-style-type: none"> • Your health plan puts money in a medical fund for you • These plans usually have the lowest premiums • Funds pay first dollar expenses before the deductible takes effect 	<ul style="list-style-type: none"> • Your medical fund does not earn interest and you cannot make additional contributions to the fund. • You lose the fund balance when your enrollment in the plan ends. • You can use the annualized amount of the fund immediately. • If you re-enroll in the plan, any unused funds will roll over to the next year. The plan will have a maximum amount that can be rolled over. • Funds can only be used to pay expenses incurred under this plan.
Health Maintenance Organization (HMO)		
Health Maintenance Organization (HMO)*	<ul style="list-style-type: none"> • Your care is managed by a primary care physician • Some HMO plans have no or very low deductibles • Premiums are generally lower than traditional plans 	<ul style="list-style-type: none"> • You may need a referral to see a specialist. • You may pay the full amount of care provided outside of the HMO. • HMO plans are not available in every state (none in Alaska).

FEHB medical plans.

The tables below show the FEHB plans available nationwide. Additional options may be available to you based on where you live or work. Visit www.benefits.nana.com for links to summaries of benefits and coverage (SBCs), plan documents and additional options.

Note: if your plan is a union plan, you will receive a bill at your home address for associate member dues. These dues must be paid in order to continue your enrollment in the plan.

Traditional

Plan Name (Plan Code)	GEHA Benefit Plan - Standard (31)	MHBP - Value (41)	MHBP - Standard (45)
Union Plan	Association - no dues	Yes - union dues are billed separately once a year and are not included in your premium payment	Yes - union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(314) \$135.77	(414) \$115.60	(454) \$155.56
Monthly premium - Self + 1	(316) \$291.92	(416) \$273.89	(456) \$358.07
Monthly premium - Family	(315) \$357.17	(415) \$279.36	(455) \$361.51
Contacts	800-296-0776 www.geha.com	800-410-7778 www.mhbp.com	800-410-7778 www.mhbp.com
Plan Name (Plan Code)	Blue Cross and Blue Shield Service Benefit Plan - Basic (11)	SAMBA - Standard (44)	NALC- High (32)
Union Plan	No	Yes, no membership dues	Yes - union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(111) \$170.31	(444) \$177.50	(321) \$205.47
Monthly premium - Self + 1	(113) \$409.87	(446) \$387.45	(323) \$491.06
Monthly premium - Family	(112) \$436.08	(445) \$399.78	(322) \$430.49
Contacts	800-562-1011 www.fepblue.org	800-638-6589 www.sambaplans.com	Cigna: 855-511-1893 NALC Health Plan: 888-636-6252 www.nalchbp.org Union Membership: 202-662-2856
Plan Name (Plan Code)	APWU Health Plan - High (47)	Aetna Value (JS)	GEHA Benefit Plan - High (31)
Union Plan	Yes - union dues are billed separately once a year and are not included in your premium payment	No	Association - no dues
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(471) \$224.60	(JS4) \$571.16	(311) \$234.31
Monthly premium - Self + 1	(473) \$449.61	(JS6) \$1352.91	(313) \$545.85
Monthly premium - Family	(472) \$576.98	(JS5) \$1280.59	(312) \$680.61
Contacts	800-222-APWU (2798) www.apwuhp.com	888-238-6240 www.aetnafeds.com	800-296-0776 www.geha.com
Plan Name (Plan Code)	Blue Cross and Blue Shield Service Benefit Plan - Standard (10)	SAMBA - High (44) Network: Cigna Open Access Plus (OAP)	Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13)
Union Plan	No	Yes, no membership dues	No
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(104) \$267.48	(441) \$351.26	(131) \$115.15
Monthly premium - Self + 1	(106) \$608.43	(443) \$803.14	(133) \$247.55
Monthly premium - Family	(105) \$650.26	(442) \$881.01	(132) \$272.29
Contacts	800-562-1011 www.fepblue.org	800-638-6589 www.sambaplans.com	800-562-1011 www.fepblue.org
Plan Name (Plan Code)	Aetna - Advantage (Z2)	GEHA - Elevate Plus (25)	GEHA - Elevate (25)
Union Plan	No	Association - no dues	Association - no dues
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(Z24) \$125.00	(251) \$163.28	(254) \$102.53
Monthly premium - Self + 1	(Z26) 275.00	(253) 380.93	(256) \$235.83
Monthly premium - Family	(Z25) 331.25	(252) 404.93	(255) \$287.10
Contacts	877-459-6604 www.aetnafeds.com	800-821-6136 www.geha.com	800-821-6136 www.geha.com

Health savings accounts.

Health savings accounts (HSAs) are available as part of certain FEHB medical plans or can be opened privately. Refer to your plan brochure for 2021 HSA contribution amounts.

Plan Name (Plan Code)w	GEHA High Deductible Health Plan - HDHP (34)	Aetna HealthFund - HDHP (22)	MHBP - Consumer Option - HDHP (48) Network: Aetna Choice POS II (In Utah: Coventry)
Union Plan	Association - no dues	No	Yes - union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly) ^{1,2}	HSA ^{1,2} Refer to your 2021 plan brochure for contribution amounts	HSA ^{1,2} Refer to your 2021 plan brochure for contribution amounts	HSA ^{1,2} Refer to your 2021 plan brochure for contribution amounts
Monthly premium - Single	(341) \$132.96	(224) \$262.60	(481) \$157.65
Monthly premium - Self + 1	(343) \$285.87	(226) \$578.72	(483) \$348.88
Monthly premium - Family	(342) \$344.60	(225) \$515.62	(482) \$366.32
Contacts	800-296-0776 www.geha.com	888-238-6240 www.aetnafeds.com	800-410-7778 www.mhbp.com

As you consider your medical plan options, keep in mind that an HSA can help you:

- Save money on your income taxes
- Save money tax-free for future health expenses
- Save money tax-deferred for retirement
- Catch up on contributions

Also consider:

- Deposits you make into your HSA are 100% tax deductible
- Withdrawals from your HSA for qualified medical expenses can be made at any time without penalties. Withdrawals used to pay for qualified medical expenses are always tax-free. You may use HSA funds for the health expenses of any tax dependent, even if they are not covered under your medical plan.
- Withdrawals from your HSA for qualified medical expenses can be made at any time without penalties. Withdrawals used to pay for qualified medical expenses are always tax-free. You may use HSA funds for the health expenses of any tax dependent, even if they are not covered under your medical plan.
- If you will be age 55 or older in 2021, you can set aside an additional \$1,000 per calendar year into your HSA

If you have determined that the HSA option is the right choice, you will need to determine if you are eligible to contribute to an HSA account. You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are enrolled in a qualified high deductible health plan (HDHP) that meets IRS requirements
- You are not enrolled in a spouse's plan (non-HDHP)
- You are not enrolled in a retiree health plan (non-HDHP)
- You are not enrolled in government subsidized benefits
- You are not enrolled in veteran's benefits (unless you have not used them in the prior 3 months)
- You have not received care at an Indian Health Services (IHS) facility in the past three months. Permitted services obtained at IHS can be dental and vision care, or the receipt of preventive care, such as well baby visits, immunizations, weight-loss and tobacco cessation programs. These do not affect an individual's eligibility.

IMPORTANT

The enrollment code identifies the plan and coverage tier. As you make your election, ensure this code corresponds to your choice.

Health reimbursement arrangements (HRAs).

Plan Name (Plan Code)	NALC Value Option (KM)	NALC - CDHP (32)
Union Plan	Yes - union dues are billed separately once a year and are not included in your premium payment	Yes - union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly) ^{1,2}	HRA ^{1,2} Refer to your 2021 plan brochure for contribution amounts	HRA ^{1,2} Refer to your 2021 plan brochure for contribution amounts
Monthly premium - Single	(KM1) \$97.16	(324) \$118.38
Monthly premium - Self + 1	(KM3) \$214.34	(326) \$261.17
Monthly premium - Family	(KM2) \$225.78	(325) \$274.98
Contacts	Cigna 855-511-1893 www.nalchbp.org Union Membership 202-662-2856	Cigna 855-511-1893 www.nalchbp.org Union Membership 202-662-2856
Plan Name (Plan Code)	APWU Health Plan - CDHP (47)	Aetna HealthFund- CDHP (JS)
Union Plan	No	No
Medical Account Contribution (monthly) ^{1,2}	HRA ^{1,2} Refer to your 2021 plan brochure for contribution amounts	HRA ^{1,2} Refer to your 2021 plan brochure for contribution amounts
Monthly premium - Single	(474) \$150.91	(JS1) \$486.51
Monthly premium - Self + 1	(476) \$327.99	(JS3) \$1158.17
Monthly premium - Family	(475) \$357.81	(JS2) \$1083.94
Contacts	888-238-6240 www.aetnafeds.com	888-238-6240 www.aetnafeds.com
Plan Name (Plan Code)	Aetna Direct - CDHP (N6)	
Union Plan	No	
Medical Account Contribution (monthly) ^{1,2}	HRA ^{1,2} Refer to your 2021 plan brochure for contribution amounts	
Monthly premium - Single	(N61) \$153.96	
Monthly premium - Self + 1	(N63) \$337.64	
Monthly premium - Family	(N62) \$388.27	
Contacts	888-238-6240 www.aetnafeds.com	

¹ Medical Savings Accounts: There are several types of tax-advantaged accounts that help individuals save to pay for medical expenses not covered by health insurance. They include health reimbursement arrangements (HRAs) and health savings accounts (HSAs). These accounts differ in eligibility requirements, contribution guidelines, and advantages. Not all FEHB plans offer these options but check if they are available and then learn the basics about each to help decide if one is right for you.

² If you join the plan with an effective date other than Jan. 1, your HSA/HRA contribution will be prorated to reflect the reduced number of covered months. For example, if you join April 1, you will receive 9/12 of the annualized account contribution.



Dental coverage.

NANA offers dental insurance through Premera Blue Cross Blue Shield of Alaska that helps pay for the cost of routine checkups — and just about any other type of dental work you might need: crowns, root canals, night guards and even dependent orthodontia.

Note: this is a stand-alone benefit, not affiliated with Federal Blue Cross Blue Shield medical plans.

Other advantages include:

- Visit any dentist for care
- Coverage available for you, your spouse and/or dependent children
- Lower out-of-pocket costs when you visit a network provider

Premera Blue Cross Blue Shield	
Annual deductible: waived for preventive/orthodontia	
Employee	\$25
Employee + Family	\$50
Preventive & Diagnostic Care	100%
Basic Care (fillings, endodontics, periodontics, extractions, oral surgery)	80%
Major Care (crowns, bridges, dentures)	50%
Annual Maximum Benefit	\$2,000
Lifetime Orthodontia (children up to age 26 only)	80% up to a maximum of \$2,000

A list of dental providers can be found on the Premera website at www.premera.com. You'll be responsible for any charges that exceed the plan's usual and customary limits when your services are from a non-network provider.

Before beginning extensive dental work, it is strongly recommended that you have your dentist obtain a pre-treatment estimate from the insurance company. A pre-treatment estimate ensures that you are aware of any out-of-pocket costs.

Please note, some of the FEHB medical plans also include dental benefits. Please check with your plan for details on how benefits will coordinate. Coverage under FEHB medical plans is intended to be supplemental, and coverage amounts tend to be very low.

Create a member account to order new ID cards or print a temporary ID card

Go to www.premera.com. You will need your ID number and your group number to create your account. If you do not have this information, please contact customer service at **1-800-508-4722**.

Important note: each member 13 years or older will need to set up their own account (for possible sensitive claims purposes per Washington state law); a different email address will also be needed for each member setting up a member account.

Create a new member account by selecting the SIGN IN box in the upper-right corner and following the prompts to register a new account:

- Select **MEMBER**
- Enter **USER ID** created and **PASSWORD**; then click **SECURE LOG IN**
- On the left side of the homepage there is a Member Services menu. Click on **MANAGE MY ACCOUNT** and then click on **PRINT AND ORDER ID CARD**.

Vision coverage.

NANA offers quality vision coverage through VSP. Your voluntary vision program covers eye exams, eyeglasses and contact lenses for you and your eligible dependents. VSP is one of the nation's most complete eyecare plans.

- Get quality care that focuses on your eyes and overall wellness
- Choose any eyecare provider — your local VSP doctor, a retail chain affiliate or any other provider

Using your VSP benefit is easy:

- 1 To find a VSP doctor or retail chain affiliate, visit www.vsp.com or call **1-800-877-7195**
- 2 Visit www.vsp.com to review your plan coverage before your appointment
- 3 At your appointment, tell the provider you have VSP—no ID card is necessary

Providers under VSP's affiliate network include all Costco optical stores in the United States. However, some of the Costco optometrists do not participate. Please check to see if they are a VSP-participating provider before scheduling your eye exam. As an added benefit, the TruHearing discount hearing aid program is available to all VSP members. Visit www.truhearing.com/vsp or call **1-877-396-7194** for more information.

VSP

Vision Benefits Coverage	In-Network	Out-of-Network
Annual Eye Exam (every 12 months)	\$10 copay	Up to \$50 plan allowance
Frames (every 12 months)	\$25 copay, \$150 frames allowance	\$70 allowance
Prescription Lenses (every 12 months)	In-Network	Out-of-Network
Standard Anti-Reflective	Covered in full	No Coverage
Standard Progressives	Covered in full	\$75 allowance
Custom/Premium Progressives	\$80-\$160	\$75 allowance
Single Vision	Included with prescription glasses	\$50 allowance
Bifocal	Included with prescription glasses	\$75 allowance
Trifocal	Included with prescription glasses	\$100 allowance
Contact Lenses (in lieu of lenses/every 12 months)	In-Network	Out-of-Network
Conventional	\$150 allowance for lenses; exam and fitting not to exceed \$60	\$105 allowance including exam
Disposables	Copay; 15% off exam and fitting	Including exam and fitting
Medically Necessary	\$25 copay	\$210 allowance
Laser Vision Correction	Discounts available. Contact VSP for details.	
Additional pair of: Prescription glasses, prescription sunglasses	30% off additional glasses and sunglasses from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.	

OUT-OF-NETWORK PROVIDERS
You may be required to pay your provider upfront and submit a claim form for reimbursement from VSP

TruHearing Choice Program

All VSP members and their families have access to the TruHearing Choice Program. TruHearing offers you significant savings per hearing aid on a wide variety of the latest digital hearing aids as well as access to a professional network of more than 5,000 provider locations nationwide.

Visit www.truhearing.com/vsp or call 1-877-396-7194 for more information.

In addition, each TruHearing purchase includes:

- Three follow-up visits with a provider for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacements
- 48 free batteries per aid

Flexible spending accounts.

Out-of-pocket expenses for medical care and dependent day care can be difficult to manage. NANA offers two types of flexible spending accounts (FSAs) to help you set aside pre-tax funds out of your paychecks to pay for these expenses not reimbursed under your insurance plans.

In 2021 you can contribute up to:

- \$2,750 in a health FSA
- \$5,000 per year (or \$2,500 if married filing separate tax returns) in a dependent care FSA

Above limits are based on current IRS guidelines at the time of publication.

With an FSA, you can keep more money and pay less in taxes. You may enroll in the FSA offered by NANA even if you do not enroll in any of our medical insurance coverages.

How an FSA Works

When you enroll, you elect the annual amount to be diverted to your FSA, which will be deducted from your paycheck in equal increments throughout the plan year. Keep in mind, money can't be transferred between accounts for reimbursement, and you may not contribute to both an HSA and an FSA.

Be sure to estimate your expenses carefully; you will forfeit any unused funds at the end of the plan year.

With your health FSA, you will receive an FSA debit card in the mail from TRI-AD. You can manage your TRI-AD FSA using your FSA debit card, the TRI-AD website (www.tri-ad.com/fsa) and the free mobile app available in the iTunes App Store™ or on Google Play™.

An FSA is strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at www.irs.gov or call **1-800-TAX-FORM**.

For more information about FSAs, contact TRI-AD at www.tri-ad.com/fsa or **1-888-844-1372**.

GET REIMBURSED

Getting reimbursed from your FSA is easy. Just follow these steps:

- Register and access your account at www.tri-ad.com
- Enroll in direct deposit
- Follow the steps and upload required documents
- Receive reimbursement in a few days

Life insurance.

NANA provides basic life and accidental death and dismemberment (AD&D) insurance at no cost to you.

If you are a full-time employee, you are automatically enrolled through Prudential. If you want added protection for you and your family, you can purchase voluntary life insurance (also known as supplemental life insurance) as follows. You may be required to complete an evidence of insurability (EOI) form online before you and/or your spouse are approved for coverage.

Employee Voluntary Life

- Available in \$10,000 increments
- Coverage elected up to \$200,000 at the time of your initial eligibility does not require EOI
- Employee maximum benefit is the lesser of \$750,000 — or eight-times annual earnings

Spouse Voluntary Life

- Spouse coverage available in increments of \$10,000 up to \$250,000, not to exceed 100% of employee's benefit
- Coverage elected up to \$30,000 at the time of your initial eligibility does not require EOI
- Employee voluntary life must be in effect for approval of dependent voluntary life

Child(ren) Voluntary Life

- Available in increments of \$2,000 up to a maximum of \$10,000
- One price covers all children in a family, up to age 26
- Employee voluntary life must be in effect to elect child(ren) voluntary life

Rates for voluntary life insurance coverage are based on the insured employee or spouse's age on last Jan. 1.

DESIGNATE A BENEFICIARY

Your beneficiary is the person who will receive your life insurance benefits when you die. Your beneficiary can be one person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates if necessary. If you do not name a beneficiary, your life insurance benefits will be distributed through legal procedures.

Accidental death and dismemberment.

Accidental death and dismemberment (AD&D) insurance provides coverage for non-job-related accidental dismemberment or accidental death.

Voluntary AD&D: you may elect to cover yourself and your family.

Employee: available in \$10,000 increments. Employee maximum benefits is the lesser of \$750,000 — or eight-times annual earnings.

Family: if you elect family coverage, the coverage for your family members will be as follows:

- **Spouse only:** 60% of your voluntary AD&D coverage amount
- **Children only:** 15% of your voluntary AD&D coverage amount
- **Spouse and children:** spouse benefit is 50% and child benefit is 10% of your voluntary AD&D coverage amount

You do not have to enroll for voluntary term life insurance in order to enroll for voluntary AD&D insurance.

Visit the website for easy enrollment and to use the life insurance needs estimator

Go to www.prudential.com/webenroll and click on Start Now to enroll. If this is the first time you are accessing the site, click on Create an Account and follow these steps:

- 1 Enter your **Social Security number**
- 2 Enter your date of birth: **MMDDYYYY**
- 3 Enter Access Code: **49466**
- 4 Click **Continue**
- 5 To protect your personal information, you must create your own personal user ID and password. Enter a user ID and password that you will remember — please note your user ID and password are case sensitive. Your user ID must contain letters and numbers and be at least six characters long.
- 6 Answer the remaining questions and click **Submit**
- 7 Once logged in, make your coverage selections and designate your beneficiaries

If you experience difficulties logging in, call 1-877-232-3619, Monday-Friday, from 8 a.m. to 8 p.m. Eastern Standard Time.



Disability insurance.

Disability insurance plays an important part in your overall financial health by protecting your income.

NANA pays the full cost of short-term disability and for certain companies, long-term disability, which replaces a portion of your wages while you're unable to work. Claims are approved and administered by Prudential.

Short-Term Disability (STD)

- Coverage provides a benefit equal to 66 2/3%, of your weekly earnings, up to a maximum weekly benefit of \$1,500 (before reduction by deductible income) for a period up to 180 days, if your claim for benefits is approved.
- 14-calendar-day waiting period
 - A waiting period is the length of time between your last day actively at work and the point at which you would be eligible to begin receiving STD benefit.

Long-Term Disability (LTD)

- Contact your benefits department for LTD coverage details and information on whether your company offers LTD benefits.

Additional benefits.

Travel Assistance

Our travel assistance program, provided through IMG, is free to you and members of your family when traveling more than 100 miles from home on personal travel. Through the program, you'll be connected to a global network of:

- Emergency medical transport
- Medical and travel assistance
- Security assistance

Services are available 24/7 worldwide and include medical, dental and legal referrals; lost document and lost luggage help; transportation of a family member to your location if you are hospitalized and/or transportation of minor children home; political evacuation; and emergency cash or bail.

Consult www.imglobal.com for more details or call **1-855-847-2194**.

Retirement savings.

Retirement may be just around the corner or may be far on the horizon. It is never too late or too early to start planning and saving.

In partnership with Lincoln Financial, NANA offers a compensation deferral plan 401(k), which enables all employees to save for retirement immediately, regardless of employee classification or age.

To assist employees in savings for retirement, NANA has an automatic 6% enrollment for all new hires and rehires. Unless otherwise specified, your investments will be defaulted into the American Funds Target Date fund that most closely matches your age at retirement.

Below are the plan highlights:

*Refer to the current plan year summary plan description (SPD)

Provision	Plan Summary
Eligibility – Service	All employees are immediately eligible
Eligibility – Class	All employee classifications are eligible
Eligibility – Age	No age restrictions; employees can contribute to 401(k) regardless of age
Employees Deferrals	New hires and rehires will be automatically enrolled at 6%; employees can contribute 1 to 100 percent of compensation on a pre-tax basis up the maximum allowed by IRS: <ul style="list-style-type: none"> \$19,500 \$26,000 if age 50 or older
Discretionary Match	Employer match is discretionary and reviewed annually

Should you pay taxes now or later?

Your retirement plan offers both 401(k) and Roth 401(k) contribution options, so you have two ways to save for retirement. 401(k) (pre-tax) contributions give you a tax break right away, while Roth 401(k) (after-tax) contributions provide tax advantages later.

Understanding the difference can help you make confident, informed decisions for your future.

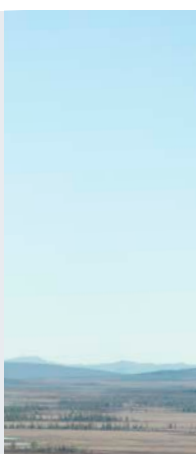
401(k): pay taxes later	Roth 401(k): pay taxes now
Take home more pay today in exchange for paying taxes on your account when you retire	Take home less pay today in exchange for not having to pay taxes on your account when you retire
Pre-tax: pay no taxes now on the money you invest, which lowers your taxable income right away	After-tax: pay taxes now on the money you invest, so you can enjoy a tax break later
In retirement, you'll pay taxes on the money you invested — and on the earnings	In retirement, you won't pay taxes on the money you invested — or on the earnings
You'll pay a penalty if you begin withdrawing money before age 59½	You'll pay a penalty if you begin withdrawing money before age 59½. Also, you can't withdraw funds until they've been in your account for five years

NANA offers a **Roth 401(k)** investment savings account!

You make contributions to your Roth 401(k) with post-tax money and you can grow your earnings tax-free. When it comes time for you to withdraw funds at retirement, you can do so without being taxed. On the other hand, with a traditional 401(k), you contribute with pre-tax income, and your withdrawals are taxed.

Contact your Lincoln Financial retirement consultant to discuss if this option is right for you!

Both traditional 401(k) and Roth 401(k) contributions count toward your annual contribution limit.



Employee assistance program and health advocacy.

The following additional benefits are available to help you balance the demands of work, family and home.

Employee Assistance Program

Many people face health, personal, family or work-related challenges — so we offer a resource to help you cope. Through HealthAdvocate's employee assistance program (EAP), you and your family can receive confidential counseling and referrals at no cost to you. You are covered for up to five face-to-face visits per incident and any help you receive is completely confidential and not shared with NANA.

To get started, call the EAP's toll-free number (1-866-799-2728) to speak with a trained professional on issues such as marriage and family concerns, work and stress management, questions about legal or financial concerns, emotional difficulties such as depression and anxiety, drug and alcohol dependence, eating disorders, child and eldercare referrals, and parenting issues. If you want or need additional counseling, you can schedule an appointment with an EAP counselor. Additional information is also available online at www.healthadvocate.com/nana.

The EAP can also provide referrals to other providers or community resources if you need additional assistance. If you are referred to a provider outside the EAP, the cost of that treatment is not covered by the EAP. However, the treatment may be covered by your health insurance. For more information about mental health benefits covered by your health insurance, please see your NANA medical insurance materials.

HealthAdvocate Services

From locating a physician to dealing with claims issues, HealthAdvocate is there for you. The HealthAdvocate staff consists of registered nurses and is backed by healthcare directors and administrative experts. You will be assigned a personal HealthAdvocate to assist you and your immediate family, as well as parents and parents-in-law, with insurance claims and issues, answering diagnosis questions, finding the best doctors, arranging appointments, assisting with eldercare, negotiating provider fees and more.

During open enrollment, you may have questions about your benefits. Or maybe you have a clinical or administrative issue that needs expert attention. Your HealthAdvocate benefit provides you access to a healthcare and benefits expert who will help answer your questions. Eligible employees, their spouses, dependent children, parents and parents-in-law can all use the benefit, just call 1-866-799-2728 or go online to www.healthadvocate.com/nana. In a crisis, emergency help is available 24/7. Please note that while all employees may use HealthAdvocate to assist in choosing a medical plan, only employees covered by one of NANA's medical plans are otherwise eligible for HealthAdvocate services.

HealthAdvocate

Turn to us — we can help.

Phone: (866) 799-2728

Email: answers@healthadvocate.com

Web: www.healthadvocate.com/nana

Required notices.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: customerservice@myakhipp.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: 916-440-5676

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

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: (678) 564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

TTY: Maine relay 711

Private Health Insurance Phone: 1-800-977-6740

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: (573) 751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.accessnebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov/Medicaid>

Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: (603) 271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext 5218 (in NH only)

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP**Website:** <http://www.eohhs.ri.gov/>**Phone:** 855-697-4347, or 401-462-0311 (Direct RLte Share Line)**SOUTH CAROLINA – Medicaid****Website:** <https://www.scdhhs.gov>**Phone:** 1-888-549-0820**SOUTH DAKOTA – Medicaid****Website:** <http://dss.sd.gov>**Phone:** 1-888-828-0059**TEXAS – Medicaid****Website:** <http://gethipptexas.com/>**Phone:** 1-800-440-0493**UTAH – Medicaid and CHIP****Medicaid Website:** <https://medicaid.utah.gov/>**CHIP Website:** <http://health.utah.gov/chip>**Phone:** 1-877-543-7669**VERMONT – Medicaid****Website:** <http://www.greenmountaincare.org/>**Phone:** 1-800-250-8427**VIRGINIA – Medicaid and CHIP****Medicaid Website:** <http://www.coverva.org>**Medicaid Phone:** 1-800-432-5924**CHIP Phone:** 1-855-242-8282**WASHINGTON – Medicaid****Website:** <https://www.hca.wa.gov/>**Phone:** 1-800-562-3022**WEST VIRGINIA – Medicaid****Website:** <http://mywvhipp.com/>**Toll-free phone:** 1-855-MyWVHIPP (1-855-699-8447)**WISCONSIN – Medicaid and CHIP****Website:**<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>**Phone:** 1-800-362-3002**WYOMING – Medicaid****Website:** <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>**Phone:** 1-800-251-1269

To check if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact:

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

Women's Health and Cancer Rights Act Notice

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
- 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 NANA benefits department at **(907) 265-3710**.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your NANA benefits department at **(907) 265-3710**.