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# *2026-2027*

## **NEW HIRE GUIDE**

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# Welcome!

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*This guide gives you easy-to-follow highlights of your benefits for the 2026-2027 plan year. We are committed to providing a great workplace for our employees and strive to offer you and your eligible dependents a competitive and comprehensive benefits package. This year is no exception.*

*We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.*

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# Benefit Highlights & Eligibility

## *What You Need to Know*

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### Benefit Highlights

- **Medical:** Your medical benefits are administered by Cigna. Your medical benefits will be effective on the 1st of the month following 60 days from your date of hire. You have three plan options to choose from. Please see page 4 for more details.
- **Prescription Drug:** Your prescription drug benefits are administered by Cigna. If you elect medical coverage, you will automatically be enrolled in the corresponding prescription drug plan. Please see page 5 for more details.
- **Health Savings Account (HSA):** If you enroll in one of the two High Deductible Health Plans (HDHPs) you may be eligible to participate in a Health Savings Account (HSA). Please see page 6 for more details.
- **Dental:** Your dental plans are administered by Cigna. Your dental benefits will be effective the 1st of the month following 60 days from your date of hire. You have two plan options to choose from. Please see page 7 for more details.

### How to Enroll

Please return to your enrollment forms to your Human Resources department.

### Making Plan Changes

Once you have made your benefit elections they will remain in effect until the next Open Enrollment period, unless you experience a Qualified Change in Status e.g., marriage, divorce, birth, adoption, or a child reaching the plan age limit (26).

You have 30 days from the date of your qualifying change in status to notify your HR department if you wish to change your benefits. If you do not make the notification within that timeframe, your changes will not be effective until the next Open Enrollment period.

### Questions?

*If you have questions about your benefits, please contact the Benefits Member Advocacy Center (MAC) at **800.563.9929** (Monday - Friday, 8:30 am to 5:00 pm, EST) or go to **connerstrong.com/memberadvocacy** and complete the fields.*



# Medical Benefits

Cigna

Your medical and prescription benefits are administered by Cigna. Please see the following grid for an overview of your three plan options.

	Cigna OAP	Cigna HSA Buy-Up 2000	Cigna HSA Base 2500
<b>IN-NETWORK BENEFITS</b>			
<b>Deductible</b>	\$2,500 individual / \$5,000 family	\$2,000 individual / \$4,000 family	\$2,500 individual / \$5,000 family
<b>Out-of-Pocket Maximum</b>	\$7,350 individual / \$14,700 family	\$4,500 individual / \$9,000 family	\$4,000 individual / \$8,000 family
<b>Coinsurance (% Plan Pays)</b>	Plan pays 70%	Plan pays 80%	Plan pays 70%
<b>Preventive Care Services</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>PCP Office Visits</b>	\$50 copay	\$20 copay after deductible	Plan pays 70% after deductible
<b>Specialist Office Visit</b>	\$70 copay	\$40 copay after deductible	Plan pays 70% after deductible
<b>Inpatient Hospital</b>	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Outpatient Surgery</b>	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Diagnostic Lab</b>	Plan pays 100%	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Radiology Services</b>	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Emergency Room</b>	\$100 copay	\$100 copay after deductible	Plan pays 70% after deductible
<b>OUT-OF-NETWORK BENEFITS</b>			
<b>Deductible</b>	\$5,000 individual / \$10,000 family	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
<b>Out-of-Pocket Maximum</b>	\$14,500 individual / \$29,000 family	\$6,650 individual / \$13,300 family	\$6,500 individual / \$13,000 family
<b>Coinsurance (% Plan Pays)</b>	Plan pays 50%	Plan pays 70%	Plan pays 50%

## Find a Provider

- Go to [www.cigna.com](http://www.cigna.com) and click on "Find a Doctor", then under "How are you covered" select "Employer or School".
- Enter your zip code or city and then you can search for doctors by type, name, or facility.
- You can also call **888.806.5094** and provide your **Cigna Account Name (Foulke Management)** and **Cigna Account Number (00638923)** for assistance finding providers.



# Prescription Drug Plan



All of the medical plan options include prescription drug benefits administered through Cigna. Once the individual deductible amounts are met, copays will apply for the remainder of the plan year.

	Cigna OAP	Cigna HSA Buy-Up 2000	Cigna HSA Base 2500
<b>RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)</b>			
<b>Generic</b>	\$25 copay	Plan pays 70% after deductible	\$15 copay after deductible
<b>Formulary Brand</b>	\$50 copay	Plan pays 70% after deductible	\$50 copay after deductible
<b>Non-Preferred Brand</b>	\$75 copay	Plan pays 70% after deductible	\$70 copay after deductible
<b>MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)</b>			
<b>Generic</b>	\$50 copay	Plan pays 70% after deductible	\$30 copay after deductible
<b>Formulary Brand</b>	\$100 copay	Plan pays 70% after deductible	\$100 copay after deductible
<b>Non-Preferred Brand</b>	\$150 copay	Plan pays 70% after deductible	\$140 copay after deductible

## Save With Mail Order!

If you or a covered dependent takes a long-term medication, you may be able to save time and money by having that prescription filled and sent to your home by Cigna Home Delivery Pharmacy.

There are two (2) ways you can get a home delivery prescription:

- **Electronically:** For the fastest service, ask your doctor's office to send your prescription electronically to Cigna Home Delivery Pharmacy
- **By Phone:** Call **800.835.9784**. Cigna Home Delivery Pharmacy will then call your doctor's office to get a 90-day prescription. You will need the following information when you call:
  - Your name and Cigna ID number
  - The name and dosage of your medications
  - Your doctor's phone number

## Pharmacy Prior Authorization

Your provider can initiate a prior authorization the following ways:

- Calling Cigna at **800.882.4462**
- Faxing the prior authorization request by printing a form from <https://cignaforhcp.com>

**Please be aware the prior authorization process can take up to several days to be approved.**



# HDHP Plans & Health Savings Account (HSA)

Cigna

*If you enroll in the one of the two High Deductible Health Plans (HDHPs) offered by Foulke Management, you may be eligible to participate in a Health Savings Account (HSA) through Cigna. An HSA is an account that lets you set aside money before taxes to pay for eligible healthcare expenses. For more information on eligible expenses, please refer to IRS Publication 502 titled, "Medical and Dental Expenses".*

## What is a High Deductible Health Plan (HDHP)?

A high deductible health plan (HDHP) is a type of health plan with lower monthly premiums and a higher deductible than a traditional health plan. This type of plan is designed to incentivize consumers to make more educated choices when it comes to their health care. The participant pays out-of-pocket for health care services until they meet their deductible and then the plan kicks in. The plan does not cover any services before the deductible is met, besides preventive care.

## HSA Overview

A Health Savings Account (HSA) is a tax-advantaged account that works in conjunction with an HSA-eligible health plan that meets IRS guidelines and allows the participant to save tax-free money for eligible medical expenses. Participants do not pay taxes on the money they put in or take out. Unused funds in an HSA roll over year after year and continue to grow tax-free. The account is owned by the participant even if they change jobs or health plans. There is no use-it-or-lose-it rule.

## HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan.

**For 2026, the contribution limits are:**

- **\$4,400** for individual coverage
- **\$8,750** for family coverage
- The annual catch-up contribution for ages 55 and older is \$1,000

## HSA Eligible Expenses

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Medical out-of-pocket expenses until you reach your deductible
- Copayments, coinsurance, and prescription drugs
- Dental and vision care expenses not covered by your plans
- Long term care plans



# Dental Benefits

Cigna

Your dental plans are administered by Cigna. You have the option of choosing between two (2) different plans - a DMO and a PPO. During Open Enrollment, you choose the plan that best fits your needs. Please note that plan changes cannot be made again until the next Open Enrollment.

**Reminder! If you select the DMO plan, you are required to select a primary care dentist.**

BENEFITS	Cigna DMO*	Cigna PPO
	IN-NETWORK ONLY <i>Selection of Cigna DMO Primary Care Dentist Required</i>	IN-NETWORK
<b>Annual Deductible</b>	N/A	\$50 individual / \$150 family
<b>Annual Maximum</b> (per patient)	N/A	\$1,500 per person
<b>Preventive &amp; Diagnostic Services</b> <i>Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)</i>	Please see Cigna Patient Charge Schedule	100%
<b>Basic Services</b> <i>Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery</i>	Please see Cigna Patient Charge Schedule	80% after deductible
<b>Major/Restorative Services</b> <i>Crowns, Gold Restorations, Bridgework, Full and Partial Dentures</i>	Please see Cigna Patient Charge Schedule	50% after deductible
<b>Orthodontia Benefits</b>	50%	50% (children age 19 and under)
<b>Orthodontia Lifetime Maximum</b> (per patient)	24 months comprehensive treatment	\$1,000

\* Under the DMO, your primary care dentist keeps a list of eligible patients that is updated monthly. Your name will appear on this list when it is updated the month after your selection. Some dentists will only treat patients who appear on this printed monthly roster. Call Cigna if your dentist needs to confirm eligibility.



# Employee Medical/Rx Contributions

Cigna

See below for your per-pay employee contributions for both Medical and Prescription Drug.

## Medical & Prescription Benefits

TIER	CIGNA OAP	CIGNA HSA BUY-UP 2000	CIGNA HSA BASE 2500
Single	\$122.77	\$105.56	\$61.09
Husband/Wife	\$243.71	\$227.93	\$184.50
Parent/Child(ren)	\$236.19	\$214.27	\$171.11
Family	\$251.46	\$244.98	\$201.14



# Additional Tools & Resources

## Conner Strong & Buckelew

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### BenePortal

BenePortal is a valuable online resource that houses all of our benefit program information. It's your 24/7 one-stop-shop for all benefits-related information including benefit summaries, plan documents, and links to carrier websites.

You and your family can access BenePortal anytime at [www.foulkebenefits.com](http://www.foulkebenefits.com).

### Benefits Member Advocacy Center

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all your benefit plans have to offer

### Contact the Benefits MAC

You may contact the Benefits Member Advocacy Center in any of the following ways:

- **Via phone:** [800.563.9929](tel:800.563.9929) (Member Advocates are available Mon-Fri, 8:30 am to 5:00 pm EST)
- **Via web:** [connerstrong.com/memberadvocacy](http://connerstrong.com/memberadvocacy)
- **Via email:** [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)



### HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness in the HUSK Marketplace.

Learn more at: [marketplace.huskwellness.com/connerstrong](http://marketplace.huskwellness.com/connerstrong)

### HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: [healthylearn.com/connerstrong](http://healthylearn.com/connerstrong)

### Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services, and much more. Simply access the site and register and you can begin using it now.

Learn more at: [connerstrong.corestream.com](http://connerstrong.corestream.com)

### GoodRx

GoodRx is a prescription drug price comparison tool which allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan - you may even find savings versus your typical copayment.

Learn more at: [connerstrong.goodrx.com](http://connerstrong.goodrx.com)

## Value-Added Services

### *The Hartford*

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*The following services are included as part of your life insurance, provided by The Hartford. These benefits are 100% employer paid - no cost to you!*

### Funeral Planning & Concierge Services

The Hartford offers a funeral planning and concierge service provided by Everest. It provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers - often resulting in significant financial savings.

To learn more, call **866.854.5429** or visit [everestfuneral.com/hartford](http://everestfuneral.com/hartford) and use the code **HFEVLC**.

### Beneficiary Assist Counseling Services

The Hartford offers you Beneficiary Assist counseling services provided by ComPsych. Compassionate professionals can help you or your beneficiaries (named in your policy) cope with emotional, financial, and legal issues that arise after a loss. This service includes unlimited phone contact with a counselor, attorney, or financial planner for up to a year and five (5) face-to-face sessions.

To learn more, call **800.411.7239**.

### EstateGuidance Will Services

Whether your assets are few or many, it's important to have a will. Through The Hartford, you have access to EstateGuidance Will Services, provided by ComPsych. It helps you protect your family's future by creating a will online - backed by online support from licensed attorneys.

Learn more by visiting [estateguidance.com/will](http://estateguidance.com/will) and use the code **WILLHLF**.

### Travel Assistance Services With ID Theft Protection & Assistance

Travel Assistance Services with ID Theft Protection and Assistance includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID Theft services are available to you and your family at home or when you travel.

To learn more, call **800.243.6108**. You will need to provide your Travel Assistance Identification Number **GLD-09012** and your company policy number **870925**.



## Special Enrollment Notice

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

**Loss of coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

**New dependent by marriage, birth, adoption, or placement for adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

## Newborns' and Mothers' Health Protection Act

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

## Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## 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 January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid  
Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

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

INDIANA – Medicaid  
Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

# Legal Notices

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:  
Iowa Medicaid | Health & Human Services  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/medicaid/plans-programs/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>  
HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

## 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](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

Louisiana Medicaid Website:  
<https://www.ldh.la.gov/healthy-louisiana>  
Medicaid Customer Service Line: 1-888-342-6207  
Louisiana Medicaid email: [healthy@la.gov](mailto:healthy@la.gov)  
Louisiana Health Insurance Premium Program (LaHIPP) Website:  
<https://www.ldh.la.gov/lahipp>  
LaHIPP phone: 1-877-697-6703  
LaHIPP email: [La.HIPP@la.gov](mailto:La.HIPP@la.gov)  
LaHIPP fax: 1-888-716-9787  
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

## MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

## 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  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)

## 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://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](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: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)  
CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or  
401-462-0311 (Direct Rtte 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-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 see if any other states have added a premium assistance program since January 31, 2026, 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

## Continuation Coverage Rights Under COBRA

### Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

### What is COBRA continuation coverage?

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

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

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

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

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

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

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

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Medifast Human Resources department.

### How is COBRA continuation coverage provided?

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

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

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

### Disability extension of 18-month period of COBRA continuation coverage

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

period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

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

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### Keep your Plan informed of address changes

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

Please contact your employer's Human Resources or Benefits Department for further information regarding the Plan and COBRA continuation coverage.

*This benefit summary provides selected highlights of the employee benefits program at Foulke Management. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Foulke Management. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Foulke Management reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.*