



Pyramid Healthcare

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

Benefit Enrollment Guide

2024



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A Message from the CEO

Dear Pyramid Team,

We're thrilled to share our 2024 Open Enrollment benefit options with you! Our team members are the heart of our organization, and we've carefully chosen benefit offerings that empower you and your family to make the best choices for your well-being.

Here are some key highlights for this year's Open Enrollment:

- We've partnered with **United Healthcare** to provide our medical and dental plans. Rest assured, the benefit plan options and features will remain the same despite this provider change.
- Our partnerships with other benefit plans will continue, providing you with consistent coverage.
- We're committed to keeping plan rate increases below the national medical cost trend increase of 10%.

We are dedicated to maintaining the high-quality plans and options that have been appreciated and well-received by employees and their families this year. Here are some key aspects of the current medical plan that will remain unchanged:

- Over 99% of the medical providers contracted with Highmark are also covered by United Healthcare, ensuring that most employees will not need to seek new providers.
- Prescription drug coverage will continue through EmpiRx.
- The Flexible Spending Account (FSA) and Health Savings Account (HSA) options will stay the same.

We're proud to offer a comprehensive benefits package designed with your health and wellness in mind. Here are some exciting new additions:

- Our new partnership with **United Healthcare** gives you access to the nation's largest network of providers and exceptional service support.
- Our continued partnership with **Quantum Health** provides you with a dedicated team of nurses, benefit experts, and claims specialists.
- Our **EmpiRx** partnership has expanded to include a Variable Co-Pay Assistance Program, offering significant savings for those utilizing high-cost medications.
- Our **Lincoln Financial Group** partnership continues to provide coverage for life insurance, disability, accidents, critical illness, and hospital indemnity needs.

We're also proud to announce our commitment to keeping employee cost increases below the national average. Pyramid is investing more in our employer contribution, and in the 2024 plan year, the majority of employees costs will increase by 3% or less, compared to the national medical cost increase trend of 10%. We are proud to offer competitive and robust benefits for employees and their families and take pride in keeping plan cost increases below national medical cost increase trends.

Please note that this is an active enrollment period, meaning all eligible employees must log in to UKG to make benefit selections or waive coverage during Open Enrollment. If you do not elect benefits, you risk losing your existing coverage. Open Enrollment for the 2024 plan year will begin on June 10th and will end on June 21st, 2024.

As we celebrate 25 years of restoring lives and well-being in 2024, we want to thank you for your hard work and dedication. Each benefit option has been selected with your health and wellness in mind, providing you with the best possible coverage and an affordable variety of options.

If you have any questions or need additional information, please contact your local HR Representative or attend one of our Open Enrollment Meetings. To find more information on Open Enrollment, our benefits plans or to learn more about how to enroll in your benefits for the next plan year, please visit the benefits website by scanning the QR Code or visiting: <https://pyramidhcbenefits.com/>

Thank you!



Jason Hendricks
Chief Executive Officer



Eligibility

Eligible Employees:

You may enroll in the Pyramid Healthcare Benefits Program if you are an employee working at least 30 hours per week. If you are new to Pyramid Healthcare, you will be eligible for benefits on the first day of the month following 60 days of employment.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and dependent children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

When Can I Enroll?

Open Enrollment will be held **June 10, 2024**, through **June 21, 2024**. This year's Open Enrollment will be an **ACTIVE** enrollment. Active enrollment means every eligible employee **MUST** log in to UKG and either elect, confirm, or waive coverage. Failure to log in and do so will result in you not having any coverage effective July 31, 2024. Remember even if you are not making any changes to your current plans, you still must log in and confirm/waive your elections.

When Coverage Begins:

The effective date for your benefits is August 1, 2024. Newly hired employees and dependents will be effective in Pyramid Healthcare's benefits programs. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.



Life Event Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provide/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below:

- Log in to pyramid.quantum-health.com
- Select Find a Doctor or Pharmacy
- Search by Specialty, location and more
- Or Call 844-460-2782 and speak with a Quantum Healthcare Coordinator

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit:

www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:

Routine physicals (age 18+) or Pediatric exams (birth to age 17)

Age & Gender Appropriate Screenings

Blood pressure screening for adults and children

Immunizations for adults and children

Member Service Portal

Quantum's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access your Quantum's portal at pyramid.quantum-health.com. Quantum can assist you with questions such as:






- How do I check to see if my doctor/dentist is in-network?
- How can I find a medical or dental provider?
- I have a surgery scheduled, what should I do?
- How does my new plan work?
- Getting coverage and cost details
- And more!

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for Quantum Health in your app store or scan the QR Code.



What Are My Options For Care?

You have many options for how and where you can receive care through your medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
NurseLine 	<ul style="list-style-type: none"> Staffed by registered nurses Resource for guidance during natural catastrophes or health outbreaks Available 24/7/365 days a year at NO COST 	<ul style="list-style-type: none"> Answer general questions like “how long should I ice my sprained ankle?” Give advice/referrals of where to go for treatment e.g., ER or primary care doctor
Telemedicine / Virtual Visits 	<ul style="list-style-type: none"> Convenient, low-cost option for treating common, non-urgent health concerns A doctor will diagnose the issue over the phone and write a prescription, if necessary. Available 24/7/365 days a year, by web, phone, or mobile app 	<ul style="list-style-type: none"> Minor illnesses Minor infections Cold and flu symptoms Bronchitis Allergies Mental health Headaches/migraines And more...
Doctor's Office 	<ul style="list-style-type: none"> Routine care or treatment for a current health issue Your primary doctor knows you and your health history To manage your medications To refer you to a specialist Normally available Monday-Friday. Check with your provider for actual office hours. 	<ul style="list-style-type: none"> Routine checkups and preventive services Immunizations Minor injuries, such as sprains Illnesses Manage your general health and chronic conditions
Urgent Care Clinic 	<ul style="list-style-type: none"> Treatment of non-life-threatening injuries or illnesses Staffed by qualified physicians Generally open night and weekends; some open 24/7 	<ul style="list-style-type: none"> Cold and flu symptoms Minor accidents or falls Minor sprains or fractures Minor cuts and burns Vomiting, diarrhea
Emergency Room 	<ul style="list-style-type: none"> Immediate treatment for serious, life-threatening conditions. Ready to treat any critical situation Can be hospital-based or freestanding Available 24/7/365 days a year 	<ul style="list-style-type: none"> Chest pain Difficulty breathing Severe abdominal pain Broken bones Head injuries Uncontrolled bleeding Seizures Coughing or vomiting blood

Quantum

Quantum Health Care Coordinators

Pyramid Healthcare team members who are enrolled in benefits have their own dedicated team of nurses, benefit experts, and claims specialists to assist you in making the most of your benefits. Quantum Health Care Coordinators can help you get the most out of your benefits by:

- Reviewing your care options and helping you choose the plan best for you.
- Find In-Network Providers
- Help You Save on Out-Of-Pocket Costs
- Answer Claims, Billing and Any Benefits Related Questions
- Contact Providers and Coordinate Your Treatment

How to Contact Quantum:

Call 844-460-2782 to speak with a Benefits Specialist 8:30 am to 10 pm (EST), Log in to pyramid.quantum-health.com or download the app at your Apple App Store or Google Play.

- Download the **Quantum Health app** or scan the QR code
- Click on **Register**
- Provide the **information** requested
- Set up **two-factor authentication** and follow the authentication steps to complete your registration.



Medical Insurance

Administered by UMR Health, a United Healthcare Company

Medical Benefits

Pyramid Healthcare offers medical coverage. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	UMR		
	Value HSA Plan	Base HSA Plan	Premium PPO Plan
Annual Deductible			
Individual	\$5,000	\$2,500	\$2,000
Family	\$10,000	\$5,000	\$4,000
Coinsurance	You pay 30%	You pay 20%	You pay 10%
Maximum Out-of-Pocket*			
Individual	\$6,900	\$6,900	\$6,600
Family	\$13,800	\$13,800	\$13,200
Physician Office Visit			
Primary Care	30% after deductible	20% after deductible	\$30 copay
Specialty Care	30% after deductible	20% after deductible	\$45 copay
Preventive Care			
Adult Periodic Exams	Covered 100%	Covered 100%	Covered 100%
Well-Child Care	Covered 100%	Covered 100%	Covered 100%
Diagnostic Services			
X-ray and Lab Tests	30% after deductible	20% after deductible	10% after deductible
Complex Radiology	30% after deductible	20% after deductible	10% after deductible
Urgent Care Facility	30% after deductible	20% after deductible	\$55.00 copay
Emergency Room Facility Charges	30% after deductible	20% after deductible	100% after \$200.00 copay (waived if admitted)
Inpatient Facility Charges	30% after deductible	20% after deductible	10% after deductible
Outpatient Facility and Surgical Charges	30% after deductible	20% after deductible	10% after deductible
Mental Health			
Inpatient	30% after deductible	20% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	10% coinsurance, deductible does not apply
Substance Abuse			
Inpatient	30% after deductible	20% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	10% coinsurance, deductible does not apply

Prescription (Rx) Insurance

Administered by EmpiRx Health

Prescription Benefits

Pyramid Healthcare offers prescription coverage. If you elect to participate in any of the medical plans, you are automatically enrolled in the prescription drug plan. To see how your prescriptions are covered, call Member Services at **877-241-7123**.

	EmpiRx		
	Value HSA Plan	Base HSA Plan	Premium PPO Plan
Generic (Tier 1)	\$10 after deductible	\$10 after deductible	\$10
Preferred (Tier 2)	\$80 after deductible	\$80 after deductible	\$80
Non-Preferred (Tier 3)	\$130 after deductible	\$130 after deductible	\$130
Preferred Specialty (Tier 4)	\$180 after deductible	\$180 after deductible	\$180
Mail Order Pharmacy (90 Day Supply)			
Generic (Tier 1)	\$20 after deductible	\$20 after deductible	\$20
Preferred (Tier 2)	\$160 after deductible	\$160 after deductible	\$160
Non-Preferred (Tier 3)	\$260 after deductible	\$260 after deductible	\$260
Preferred Specialty (Tier 4)	N/A	N/A	N/A

Your prescriber can submit the prescription electronically to our *mail order pharmacy* (BeneCard Central Fill) or by fax to **888-907-0040** or complete the mail order form included with your Welcome Packet. Attach your prescription and submit in the preaddressed envelope.

How Do I Find a Participating Pharmacy or Drug Information?

Log in to www.myempirxhealth.com where you can:

- Find a participating pharmacy
- Order a new ID card
- Locate drug information and pricing
- And so much more!!

How Can I Save Money on My Prescriptions?

You can save **\$\$** by ordering your prescriptions through the mail-order program.

EXAMPLE	RETAIL Up to a 30-day supply	MAIL ORDER Up to a 90-day supply	ANNUAL SAVINGS
Formulary Brand	\$80 for a 30-day supply \$80 x 12 refills= \$960	\$160 for a 90-day supply \$160 x 4 refills= \$640	\$320

Health Savings Account (HSA)

Administered by WEX

Available to Employees Enrolled in the Value or Base Health Savings Plan

Health Savings Accounts allow eligible employees to set aside money in a tax-free account to pay for your eligible out-of-pocket medical, dental, vision and prescriptions. Any funds left over in the HSA each year will remain in the account and are yours to keep.

ANNUAL CONTRIBUTIONS	PYRAMID CONTRIBUTES	YOU CAN CONTRIBUTE UP TO**	TOTAL 2024 IRS MAX
Individual	\$400*	\$3,750	\$4,150
Family	\$750*	\$7,550	\$8,300

** If you are age 55 or older you can make an additional \$1,000 catch-up contribution. *Pyramid Healthcare will make their contributions twice a year, at the end of February and at the end of August *

How do Health Savings Medical Plans work with an HSA??

- **DEDUCTIBLE:** You pay 100% of the medical and prescription expenses until your deductible is met. (Remember Preventive Care is covered at 100%)
- **COINSURANCE:** After you meet your deductible, you move on to the coinsurance portion of your plan which is a cost-sharing level of coverage. You pay a certain percentage of the eligible medical expenses, and the insurance carrier will pay the rest.
- **OUT-OF-POCKET MAXIMUM:** Your coinsurance will continue until you hit your out-of-pocket maximum. Once you meet your out-of-pocket maximum your plan pays 100% of your eligible medical expenses.

What is Covered?

There are 1,000's of eligible items. Here is a list of a few:

- Copays, coinsurance, premiums
- Doctor visits & Surgery
- Prescription Drugs
- Dental expenses
- Vision Expenses

To view a complete list of eligible expenses visit <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses>



It's Yours To Keep: Any unspent funds in your account remain yours, allowing you to grow a balance over time. When you reach age 65 you can withdraw the money (without penalty) and use to for anything, including non-healthcare expenses.



Flexibility: Save for a rainy day. Invest in your future retirement, or spend your funds on qualified expenses, penalty free.



Easy To Use: Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.



Smart Savings: The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.

**For a full list of eligible expenses contact WEX at 866-451-3399 or www.wexinc.com

Spending Accounts

Flexible Spending Account (FSA)

Administered by WEX

Pyramid offers two Flexible Spending Account options, a Healthcare Flexible Spending Account, and a Dependent Care Flexible Spending Account.

Health Care Flexible Spending Account (FSA)

This account is available to employees **NOT** enrolled in the Base or Value Health Savings Plan

The Health Care FSA allows you to budget and save for qualified medical, dental, vision and prescription expenses. You will receive a debit card to use to pay for your eligible expenses which works just like a regular bank debit card except the funds you are using are from your FSA. This can be used to pay for expenses such as doctor copays, prescriptions, any eligible healthcare expense as well as health care items from eligible retail stores.

	ELIGIBLE IF...	2024 MAXIMUM CONTRIBUTIONS	SAMPLE ELIGIBLE EXPENSES
Health Care FSA	You are not enrolled in the Base or Value Health Savings Plan	Up to \$3,200 **	<ul style="list-style-type: none"> • Medical Copays and deductibles • Dental expenses • Prescription Copays • Eyeglasses

FSA funds do **NOT rollover each year, it is a Use it or Lose It account, so be certain you budget accurately otherwise any funds not spent will be lost.

Dependent Care Flexible Spending Account (FSA)

This account is available to all full-time employees with dependents 12 years of age or younger.

	ELIGIBLE IF...	2024 MAXIMUM CONTRIBUTION	SAMPLE ELIGIBLE EXPENSES
Dependent Care FSA	You have dependents age 12 or younger	Up to \$5,000**	<ul style="list-style-type: none"> • Preschool • Summer Day Camp • Before or after school programs

**For a full list of eligible expenses visit: www.wexinc.com/insights/benefits-toolkit/eligible-expenses

Dental Plan

Administered by United Healthcare

Pyramid offers two (2) Dental plans through United Healthcare.

Services	United Healthcare High Plan	United Healthcare Low Plan
Annual Deductible (Basic & Major Services) Individual Family	\$50 \$150	\$75 \$225
Preventive Services	100%	80%
Basic Services	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%
Annual Benefit Maximum	\$2,000	\$1,500
Orthodontic Services (child only)	50%	50%
Orthodontic Deductible	\$0	\$0
Orthodontic Lifetime Maximum	\$1,000	\$1,000

United Healthcare's secure member website, myuhc.com allows easy access to your dental benefits along with tools and information that will help you to make the best decisions in regard to your dental care. Some of the tools available are:

- Out-Of-Pocket cost estimates based on your plan and network
- Participating Provider Search
- Plan Dashboard with summary of benefits, claims, and plan balances
- Provider profiles that include ratings, reviews of the provider as well as an online scheduling tool which allows you to schedule appointments with participating providers

Vision Plan

Administered by National Vision Administrators (NVA)

Pyramid provides a vision plan for both you and your family. While you have the option of using any provider for your vision care costs will be lower using an in-network provider.

Services	In-Network	Out-Of-Network
Exams	\$10 copay	Up to \$30 reimbursement
Frames	Up to \$150 retail allowance, then 20% discount off the remaining balance	Up to \$30 reimbursement
Lenses <ul style="list-style-type: none"> • Single • Lined Bifocal • Lined Trifocal • Lenticular 	\$10 copay	Up to \$25 reimbursement Up to \$35 reimbursement Up to \$45 reimbursement Up to \$60 reimbursement
Contacts: Elective	Up to \$150 retail allowance	Up to \$75 retail allowance
Evaluation/Fitting	Daily Wear: 100% covered Extended Wear: 100% Covered Specialty: 100% after \$20 copay	Daily Wear: \$20 Extended Wear: \$30 Covered Specialty: \$30

Introducing NVA's Member Mobile App Vision Benefits On-The-Go!

Download NVA's mobile app from your app store.

Once you log in to the app you will be able to:

- **Find Vision Care Providers:** search for network providers by location
- **View Benefits:** Gain quick access to eligibility and plan coverage information
- **Access Your ID card:** Pull up your ID card whenever you need it
- **Discover the NVA Smart Buyer:** Get information you need to help make smarter buying decisions on your eye care needs

Need Assistance Finding a Participating Vision Provider?

Go to www.e-nva.com and click "Find a Provider". Enter "Search location". Be sure and have your group number handy which can be found on your ID card.

Life and AD&D Insurance

Administered by Lincoln Financial Group

Basic Life and AD&D (100% Paid by Pyramid)

Pyramid Healthcare is partnering with Lincoln Financial Group for your basic life insurance and accidental death and dismemberment coverage at **no cost to you** to protect you and your family.

Class 1: (Executives and Employed Physicians) – 1 times salary to a maximum of \$150,000; AD&D benefit is equal to the life benefit.

Class 2: (Managers/Supervisors) - \$25,000; AD&D benefit is equal to the life benefit.

Class 3: (Associates) - \$10,000; AD&D benefit is equal to the life benefit.

Voluntary Life Insurance Options (100% Paid by the Employee)

Pyramid Healthcare also offers enrollment in a variety of voluntary life insurance options for you and your family which are paid by you through payroll deduction.

Supplemental Life:

- Purchase additional coverage in increments of \$10,000 up to the lesser 5 times your salary or \$500,000
- Guarantee Issue Amount is the lesser of 3 times your salary or \$100,000

Supplemental Spousal Life:

- Purchase coverage for your spouse in increments of \$5,000 up to \$250,000, not to exceed 50% of the employee's supplemental election
- Guarantee Issue Amount is \$25,000

Supplemental Child Life:

- Purchase coverage for your dependent child age 6 months to 1 year up to \$1,000
- Purchase coverage for your dependent child over 1 year of age up to \$10,000
- Guarantee Issue Amount is \$10,000

NOTE: Lincoln will offer a 1-time open enrollment up to the guarantee issue amount for the initial enrollment.

Disability Insurance

Administered by Lincoln Financial Group

For most people a disabling injury or illness could strongly impact their financial health. Pyramid Healthcare offers disability insurance to protect your income in the event of one of these events.

Voluntary Short- Term Disability (100% Paid by the Employee)

- Paid through payroll deductions by you the employee
- Available to all employees
- Benefits are payable after you have been sick or disabled for 14 days and will continue for up to 13 weeks
- All employees will receive 60% of earnings to a maximum of \$1,500 per week

NOTE: Lincoln will offer a 1-time open enrollment up to the guarantee issue amount for the initial enrollment.

Long Term Disability (100% paid by Pyramid)

Pyramid Healthcare provides Long-Term Disability (LTD) at no cost to class 1 and 2 employees.

Class 1: (Executive and Employed Physicians)- 65% of pre-disability earnings to a maximum of \$6,000 per month

Class 2: (Managers and Supervisors) – 65% of pre-disability earnings to a maximum of \$3,000 per month

Long Term Disability (100% paid by the Employee)

Pyramid offers Long-Term Disability to Class 3 employees paid for through payroll deductions.

Class 3: (Associates) – 60% of pre-disability earnings to a maximum of \$3,000 per month

NOTE: Lincoln will offer a 1-time open enrollment up to the guarantee issue amount for the initial enrollment.

Voluntary Benefits

Administered by Lincoln Financial Group

Accidental Injury Insurance (100% paid by the Employee)

Pyramid offers Voluntary Accident Insurance to help offset expenses you occur in the event of an accident. Accident insurance provides cash benefits that you can use to meet any needs.

The cost of the Accident Insurance High Plan is very affordable. This coverage for this is less than:



Lunch out,
3x per week,
salad and bottled water



Every day
coffee fix
medium cup

Based on average costs at national retail chains



Monthly
gym membership

How Does The Accident Insurance Plan Work?

Example Scenario: Kathy's daughter, Anna, plays soccer. During a recent soccer game, she had a collision with another player, and was knocked unconscious. She was taken by ambulance to the local emergency room. Whilst in the ER she was diagnosed with a concussion, and she had also broken a tooth. The doctor ordered a CT scan. After she was released, she was advised to follow up with her primary care doctor and also see her dentist. Her dentist repaired her broken tooth with a crown.

Kathy has the Accident Insurance Plan. She would receive a lump sum in the amount of \$2,100.

Covered Illness	Benefit Amount
Ambulance	\$400
Emergency Care	\$200
Primary Care Doctor Follow up (2 visits)	\$200
Medical Testing	\$300
Concussion	\$600
Broken Tooth (crown)	\$400
Total	\$2,100

With Lincoln's Accident Insurance:

- Over 150 covered events and services (see your plan certificate for a complete listing)
- You and your eligible family members are guaranteed coverage
- Lump-sum payments help to cover the unexpected costs in the event of an accident
- Premiums are automatically deducted from your paycheck

Critical Illness (100% paid by the Employee)

Pyramid also offers Critical Illness Insurance so in the event of a covered illness such as a heart attack or stroke you will receive a lump-sum cash amount to help offset these expenses.

The cost of the Critical Illness Insurance Plan is very affordable. This coverage for this is less than:



Tankful
of unleaded gas
for an SUV



Monthly
gym membership

Based on average costs at national retail chains



2 gallons of milk
per week

How Does The Critical Illness Insurance Plan Work?

Example Scenario: David is enrolled in the \$30,000 Critical Illness Insurance benefit plan. In his first year on the plan, he suffers a heart attack. The following year he had a stroke and then 2 years after that he was diagnosed with renal failure.

David has the Critical Illness Insurance Plan. He would receive a lump sum in the amount of \$30,000 per illness for a total of \$90,000.

Covered Illness	Payment
Heart Attack	\$30,000
Stroke	\$30,000
Renal Failure	\$30,000
Total	\$90,000

There is no lifetime maximum benefit as long as the separation period (3 months per separation) is met.

With Lincoln's Critical Illness Insurance:

- Over 20 covered critical illnesses, such as heart attack, stroke, and kidney failure (for a complete listing of covered illnesses see your plan certificate)
- You and your eligible family members are guaranteed coverage. No medical exam required=no hassles
- Lump-sum payment to help offset the added expenses from the critical illness
- Premiums are automatically deducted from your paycheck

Hospital Indemnity Insurance (100% paid by the Employee)

Pyramid also offers Hospital Indemnity Insurance as a way to provide financial assistance in the event of a hospitalization. The daily cash payment can be used to help pay for daily living expenses such as rent, gas, utilities, and other necessities.

The cost of the Hospital Indemnity Insurance Plan is very affordable. This coverage for this is less than:



Breakfast out
3x per week,
Coffee with egg
sandwich/platter



Monthly
gym membership

Based on average costs at national retail chains



Movie outing
for group of 4.
Tickets, drink, popcorn
and candy

How Does The Hospital Indemnity Insurance Plan Work?

Example Scenario: On his way to work Ed has an accident in which his car was hit by a big truck. It was quite a bad accident and Ed's car is totaled and he is injured. Ed is taken by ambulance to the local hospital. After some testing, Ed is found to have heads trauma and a fractured disk in his neck. Ed ends up spending 2 days in the ICU, and 5 more days in a standard room. He is then transferred to an inpatient rehab facility where he stays for an additional 7 days.

Ed has the Hospital Indemnity Insurance Plan. He would receive a lump sum in the amount of \$4,400.

Covered Illness	Benefit Amount
Hospital Admission	\$1,000
ICU Admission	\$2,000
Hospital Confinement (6 days) *	\$1,200
ICU Supplemental Confinement (1 day) *	\$200
Total	\$4,400

*When admission is included in the plan, confinement begins on Day 2.

With Lincoln's Hospital Indemnity Insurance:

- You and your eligible family members are guaranteed coverage. No medical exam required=no hassles
- Lump sum payment to help offset added expenses from the hospital confinement
- Premiums are automatically deducted from your paycheck

401(k) Retirement Plan

Administered by Empower



Pyramid offers a 401(k) Savings Plan that gives you the opportunity to save for your future with pre- or post-tax dollars. You decide which option and how much to save through payroll deductions. You may contribute up to 50% of your pay each pay period. If you leave Pyramid the contributions, you made into the account are yours to keep however employer contributions to your 401K will not be until you are fully vested. Contact Empower at 800-338-4015 or empowermyretirement.com for details.

Pyramid will match the first 1% of your contribution at 100% and the next 5% of your contribution will be matched at 50%.

When am I eligible to enroll?

You are eligible to enroll on the 1st day of the following quarter after completion of 3 months service with Pyramid.

How Do I Enroll?

After 3 months of employment, you will be automatically enrolled with a 6% deferral rate in the traditional plan unless you “**Opt-Out**”. You can also choose to enroll with a contribution rate of your choice by completing the enrollment process.

Enroll and access your account online at empowermyretirement.com or by calling **800-338-4015**.

How Much Can I Contribute?

For 2024, you can contribute up to \$22,500 annually in combined pre-tax and/or post-tax (AKA Roth) contributions, plus an additional \$7,500 in catch-up contribution if you are age 50 or older by the end of the calendar year. Pyramid will match personal contribution, up to 3% of your eligible pay. You are immediately 100% vested in **your own** contributions, including any rollovers you make to your account.

For More Information

For additional details about the 401(k) Retirement Savings Plan or how to change your contribution rates or investment elections, please refer to: empowermyretirement.com or call **800-338-4015**.

Every Employee is **auto-enrolled** with 6% contributions when you first become eligible if you do not call to opt-out.
To opt-out call Empower at **800-338-4015**.



Educational Benefits

Navigate to the Pyramid Intranet's Educational Benefit's page for the most up-to-date information, and exciting educational reimbursement opportunities!

Educational Discounts

Available to ALL Employees

We currently have tuition discounts available for the following colleges & universities:

- Capella University
- ECPI University
- Elizabethtown College School of Graduate & Professional Studies – **New 2024!**
- Grand Canyon University – **New 2024!**
- Mount Aloysius College
- Rider University
- Walden University – **New 2024!**
- Widener University – **New 2024**

Tuition Reimbursement

Available to ALL Employees

Eligible employees can receive up to \$2,500 per fiscal year toward their education! The program reimburses for tuition or the completion of a professional certificate. Learn more about this benefit in the **Educational Assistance Program** Policy located in UKG.

Clinical Licensure Supervision Reimbursement

Available to ALL Employees

For those seeking their professional license and are unable to obtain their supervision hours internally, the cost for licensure supervision can be reimbursed in increments of \$500 every 3 months with a maximum of \$2,000 per year. Eligible staff must be full-time and have completed at least 3 months of continuous service. See the policy in UKG for additional enrollment details.

Wellness Benefits

Employee Assistance Program (Administered by M&S EAP)

Available to ALL Employees

Employee Assistance Program Benefits

At Pyramid we have a genuine, compelling, and relentless desire to improve lives, which is why we are pleased to offer every employee and all residents of the employees home the benefit of an Employee Assistance Program (EAP) through M&S EAP Services.

You do NOT need to have Pyramid's health insurance in order to access the program.

The EAP program includes and is:

- 100% confidential
- Covers four virtual, face-to-face, or telephonic sessions with a counselor, per person attending
- Services also cover **ALL** residents of the home

M&S EAP is here to help you through many difficult situations, including but not limited to:

- Marital and Family Related Concerns
- Children & Teens
- Anger and Stress Management
- Time Management
- Grief & Loss
- Alcohol & Substance Abuse
- Elder Care Concerns
- Domestic Abuse
- Addictions
- Job-Related Stress



For more information and other available EAP resources:

Visit www.mseap.com/get-started and use the access code **PYRHC** or call **800-543-5080**

FIND MORE WELLNESS RESOURCES ON THE PYRAMID INTRANET.

Gym Membership Discount Program

Available to Employees who participate in our UMR Medical Insurance Plan

UMR offers One Pass Select to help you reach your fitness goals. Find a routine that's right for you whether you work out at the gym or at home. Choose a membership tier that fits your lifestyle and provides you everything you need for whole body health. You and your eligible family members can get started today! Learn more and enroll at OnePassSelect.com.

Find your fit with One Pass Select:



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try the workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee*	\$10	\$29	\$64	\$99	\$144
Gym network size	N/A (online fitness classes)	11,000+ gym locations	12,000+ gym and premium locations	14,000+ gym and premium locations	16,000+ gym and premium locations
Grocery delivery	✗	✓	✓	✓	✓

*A one-time enrollment fee will apply.



Learn more and enroll today at OnePassSelect.com

Employee Contributions**

UMR Medical Plans

	Value Health Savings (HSA) Plan	Base Health Savings (HSA) Plan	Premium PPO Plan
Employee Only	\$44.34	\$91.93	\$127.62
Employee + Spouse	\$194.70	\$245.42	\$363.51
Employee + Child(ren)	\$130.82	\$153.31	\$289.76
Family	\$256.98	\$300.73	\$474.97

United Healthcare Dental Plans

	High Plan	Low Plan
Employee Only	\$13.72	\$2.99
Employee + Spouse	\$26.20	\$6.31
Employee + Child(ren)	\$36.01	\$5.89
Family	\$49.30	\$9.20

NVA Vision Plans

Employee Only	\$3.20
Employee + Spouse	\$7.37
Employee + Child(ren)	\$6.22
Family	\$9.26

****All Rates are based on 24 pays per benefit year**

Contact Information

Carrier Contacts

	CARRIER	PHONE NUMBER	WEBSITE
Medical	UMR	800-826-9781	www.umar.com
Prescription	EmpiRx Health	877-241-7123	www.myexpirxhealth.com
Vision	National Vision Administrators (NVA)	800-672-7723	www.e-nva.com
Dental	United Healthcare	877-842-3210	www.uhc.com
Short Term Disability (STD)	Lincoln Financial Group	N/A	www.mylincolnportal.com
Long Term Disability (LTD)	Lincoln Financial Group	N/A	www.mylincolnportal.com
Voluntary Critical Illness	Lincoln Financial Group	800-423-2765	www.lfg.com
Hospitalization Only	Lincoln Financial Group	800-423-2765	www.lfg.com
Accident	Lincoln Financial Group	800-423-2765	www.lfg.com
Benefit Enrollment	UKG	N/A	Pyramidhc.ultipro.com
Concierge Benefits	Quantum	844-460-2782	pyramid.quantum-health.com
401 K	Empower	800-338-4015	empowermyretirement.com
Employee Assistance Program (EAP)	M&S EAP	800-543-5080	https://mseap.personaladvantage.com (access code PYRHC)
Flexible Spending Accounts (FSA)	WEX	866-451-3399	www.wexinc.com
Health Savings Account (HSA)	WEX	866-451-3399	www.wexinc.com
Pyramid Healthcare Human Resources	Brent Paulik	724-689-6709	bpaulik@pyramidhc.com

Visit the Pyramid Benefits Website:

- Navigate to <https://pyramidhcbenefits.com>
- Or you can scan the QR Code



PYRAMIDHCBENEFITS.COM



Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Pyramid Healthcare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pyramid Healthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Pyramid Healthcare has determined that the prescription drug coverage offered by the Empirx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Pyramid Healthcare coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Pyramid Healthcare coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Pyramid Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Pyramid Healthcare changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011



For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 1, 2024
Name of Entity/Sender:	Pyramid Healthcare
Contact--Position/Office:	Human Resources
Address:	271 Lakemont Park Blvd. Altoona, PA 16602
Phone Number:	814-940-0407

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – 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@MyAKHIPPI.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>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</p>	<p align="center">INDIANA – Medicaid</p> <p>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</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawke Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
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<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
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<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>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. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

The Health Insurance Premium Payment (HIPP) Program is a program developed to help families, who have at least one person enrolled in Medical Assistance (MA), pay for private health insurance through an employer.

HIPP is administered by Pennsylvania's Department of Human Services (DHS). It was designed as a cost containment program in order to save taxpayers money by purchasing cost effective employment related health insurance available to a Medical Assistance recipient.

Pennsylvania's Department of Human Services (DHS) manages the HIPP program that is a federally mandated cost containment program designed to identify Employment Related health insurance benefits available to active Medical Assistance recipients. The HIPP Program's main responsibility is to identify Medical Assistance recipients with access to medical insurance through employment and to evaluate the cost effectiveness of enrolling those recipients into private health insurance. Referrals to the HIPP program primarily generate from County Assistance Office staff identifying the availability of employment-related group health insurance during the application process. Along with the County Assistance Office referrals, HIPP receives referrals from other State agencies and departments.

Who is eligible for HIPP?

- Active Medical Assistance recipients who are eligible for medical insurance through employment are referred to HIPP.

HIPP Enrollment Process

Referrals

HIPP mails approximately 8,000 referral letters each week to potential eligible Medicaid recipients. The completed referral forms are then returned to HIPP Regional Office for review and cost analysis.

Employer Contact

During the cost analysis process, a HIPP Operation Specialist (HOS) contacts the MA recipient's employer to verify the medical insurance cost, included benefits, and deductible amounts. The HOS then follows up the initial phone contact with a FAX or the HIPP Employer Benefit Survey to the Employer requesting written verification of the insurance benefits and costs. *If an employee is found eligible for the HIPP program, the HOS will send the employee and employer an eligibility letter informing them of their enrollment.*

For More Information

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2024)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Pyramid Healthcare		4. Employer Identification Number (EIN) 23-3006202	
5. Employer address 271 Lakemont Park Blvd.		6. Employer phone number 814-940-0407	
7. City Altoona	8. State PA	9. ZIP code 16602	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full time EEs working a minimum of 30 hours

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses dependent children

We do not offer coverage.

If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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- An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

