



COLLEGE OF THE
Holy Cross



2023 BENEFITS GUIDE

Benefits Open Enrollment
is **November 1-15, 2022!**

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Welcome to your 2023 Benefits Guide!

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OFFICE OF HUMAN RESOURCES

If you have questions about the benefits information provided in this guide, please send a message to hrbenefits@holycross.edu.



A Message from Our Chief Human Resources Officer

Dear Colleague,

Welcome to our 2023 Benefits Guide, which provides an overview of the comprehensive benefits Holy Cross offers to employees and their families. There are a few important things to keep in mind as you consider your benefit choices for next year:

- **Medical Premiums:** Rate increases are more this year than in the past. This is due to changes in the economy, increasing medical cost trends in our region, and deferred, high-cost elective care (including surgeries and other specialty treatments) due to COVID-19. As things return to normal, we're pleased our community is making their health a top priority. The uptick in care also means higher costs. As in the past, Holy Cross continues to fund approximately 85% of medical plan costs—an average of nearly \$2,000 per month for family coverage. We have worked to keep rates as low as possible while maintaining high-quality, robust coverage. The cost increase applies only to medical coverage, dental and vision rates remain the same for 2023.
- **Year-Round Healthcare Decision Support:** We continue to evaluate options to offer better health decision support for our employees. This fall we're introducing MyHealthMath, a decision support tool to help you choose the best-value health plan, and KnovaSolutions, a confidential, no-cost program with medical professionals who can offer you advice with important healthcare decisions.
- **BeWell @ Holy Cross:** The physical and mental wellbeing of our community is a top priority for the College. You have access to health coaching and year-long wellness resources to help with everything from financial planning to stress management to parenting. Employees enrolled in a Harvard Pilgrim Healthcare plan can earn up to \$420 each year by participating in BeWell activities.
- **Pet Insurance:** Pets are often part of our families. We are adding pet insurance at a discounted rate for those who want to cover their animals.
- **Employee Tuition Assistance:** We are excited to announce an increase in our tuition reimbursement benefit. We will reimburse up to \$2,500 per fiscal year for courses that help improve your job performance and/or enhance your career.
- **Dependent Audit & Affordable Care Act (ACA) Requirements:** When you elect coverage this year, you'll be asked to provide Social Security numbers for your dependents—as the ACA requires that we ask plan members for this information. We'll also be conducting an audit in 2023 to confirm dependents enrolled in Holy Cross benefits are eligible as outlined in our plan guidelines. This helps ensure we are in compliance with plan requirements and keeps the cost of healthcare lower for our community. Review the definition of an eligible dependent on [page 3](#) and provide the necessary information during Open Enrollment.

Make time to read through this Guide and understand your options, in order to take full advantage of our benefits to care for your physical, emotional, and financial health. If you have any questions, please contact hrcbenefits@holycross.edu.

All the best,

Marymichele Delaney
CHRO

Eligibility and Qualifying Events

BENEFIT ELIGIBILITY

Holy Cross medical, dental, and vision benefits are available to employees who are regularly scheduled to work at least 27½ hours per week and a minimum of 40 weeks per year. You are eligible to participate in these benefits on the first month coincident with or following your date of hire.

New employees at Holy Cross must complete benefits enrollment within 30 days of their date of hire. Employees who do not sign up for benefits within 30 days of their eligibility date must wait until the next annual Open Enrollment period based on IRS guidelines (an exception to this policy would be the occurrence of an IRS qualifying event, often called a “life event” or “status change”).

DEPENDENT ELIGIBILITY

Dependents eligible for your benefits include:

- Children up to age 26 (whether or not they are dependents for tax purposes)
- Your legally married spouse
- A former spouse (you must contact Human Resources if you currently cover or will be covering a former spouse)

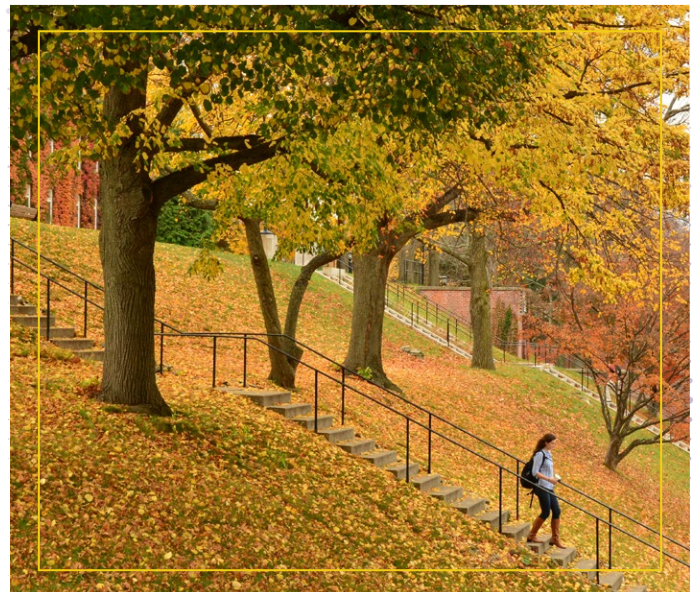
Eligible children include biological, step, adopted, and foster children or children for whom you are the legal guardian. Children who are physically or mentally challenged and become disabled before the end of the calendar year in which they turn 26, may still be eligible for coverage.

In 2023, Holy Cross will partner with a vendor to perform a dependent eligibility audit. All plan participants need to provide documentation for covered dependents.

QUALIFYING LIFE EVENTS (QLEs)

Notify Human Resources within 30 days of a QLE. Since changes must comply with IRS regulations, any election changes must be on account of and consistent with the event, effective as of the date of the event. This is the only opportunity outside of Open Enrollment when an election change can be made. QLEs include:

- Change in legal marital status
- Change in the number of dependents
- Change in the employment status of the employee or spouse
- A dependent satisfies or ceases to satisfy the dependent eligibility requirements
- Change in residence or moving in or out of Harvard Pilgrim Health Care’s service area
- Court judgment, decree, or order
- Entitlement to Medicare or Medicaid (employee, spouse, and/or dependent)
- Enrollment in or loss of coverage in a Marketplace Exchange plan
- A significant change in cost or coverage under a spouse’s plan in midyear



What's New for 2023

- **New Decision Support Tool:** This year, you can contact [MyHealthMath](#) and use our new Decision Doc tool to compare health plan options. This tool is designed to help you choose the best-value health plan for you and your family.
- **Changes to the HMO NE plan:** In 2023, the HMO (MA/CT/RI/NH/ME) plan will have a deductible. Individual coverage will have a \$500 deductible and for coverage with dependents there is a maximum deductible of \$1,000 (individuals capped at \$500). The copay for inpatient/outpatient services will be eliminated, which means those services will be 100% covered once you reach your deductible. See more on [page 7](#).
- **Coming to the Focus network:** Boston Children's Hospital will be added to the Focus network, which means if you elect the Focus HDHP HMO or Focus HMO plan, you can see providers within the Boston Children's network at in-network rates.
- **Pet Insurance:** We're pleased to offer Spot Pet Insurance to our employees in 2023. Employees who choose pet insurance will pay the full cost of coverage through direct billing and benefit from discounts of up to 20% and a 24/7 Pet Telehealth Helpline. Contact Spot at <https://spotpet.link/holycross> or 1.800.905.1595 for a customized quote for any budget.
- **KnovaSolutions:** From understanding a diagnosis to finding second opinions, personal nurses stand by ready to help you make important healthcare decisions year-round. See [page 17](#) of this Guide for additional details.

What's Staying the Same?

There are no changes in plan designs or employee contributions for our dental and vision benefits. While there are no changes to our Health Savings Account (HSA) or Flexible Spending Accounts (FSAs), you must reenroll in those accounts each year to participate.

As in the past, every benefit-eligible employee must choose their benefit plans in the PeopleSoft self-service portal. See [page 5](#) for detailed instructions.

BeWell @ Holy Cross

We have many wellness resources available through our BeWell @ Holy Cross program—including year-long wellbeing offerings, our Living Well Platform through Limeade, and Harvard Pilgrim Healthcare (HPHC) rewards for healthy habits.

You can also meet with our wellbeing advisor, Andrea Maistros. Andrea is on campus the second Thursday and last Tuesday of every month in Smith 101 Human Resources, and available virtually. Schedule an appointment with her by emailing Andrea.Maistros@point32health.org to talk about health coaching, available wellness resources and more.

Additional details are on [page 16](#) of this Guide. For complete information about BeWell @ Holy Cross, visit https://www.holycross.edu/human-resources/benefits/be_well_program.

Visit the Benefits Fair on November 3!

12pm–2pm in Hogan Ballroom

We're hosting a benefits fair on campus. Bring your questions to the experts! Stop by to learn more about the coverage, programs, and resources available to you at Holy Cross.

Using PeopleSoft

Everyone must take action

You will continue to elect coverage and make changes to your benefits through our online self-service application, PeopleSoft. Log on with your computer, mobile device, or tablet.

HOW TO ACCESS AND LOG IN

- Go to www.holycross.edu and click on "Faculty & Staff" under the Audiences box at top right of page.
- Scroll down to "Employee Resources" and select "Human Resources (HR) Self-Service."
- Input Network Username and Passphrase to log in.

HOW TO ENROLL

- Select the "Open Enrollment" tile.
- Review the changes on the "Welcome" page and press **<NEXT>** to access the "Agreement" page.
- Once you have reviewed the Agreement, click "I have read and understand this agreement" and press **<NEXT>** to review your Dependents/Beneficiaries.
- Review your Dependents/Beneficiaries and add Social Security numbers for any covered dependents. Press **<NEXT>** to make your Benefit Selections.

If you are keeping your current dental and vision benefits:

- Press the "Keep Current Dental/Vision" button.
- Pressing this button will change the status of your dental and vision benefits to "Reviewed."
- Review your 2023 Flex Health/Dependent Care Account elections and 2023 Health Savings Account elections (if applicable) and your beneficiaries for Basic Life Insurance. Items that need to be reviewed will say "Needs Review."
- Press items that need review and click "Save."

If you want to participate in the College medical plan:

- If you were previously enrolled in a medical plan and you do not take action, you will be default enrolled to the same plan.
- Review your dependents for eligibility.
- You will need to choose a PCP for you and each dependent if electing an HMO option.
- Click "Save" after making your elections.

If you do not want to participate in the College medical plan:

- Proceed to Medical under Plan Type and choose the waive medical button. You must then record where you have coverage elsewhere in the text box to the right (e.g., spouse, parent, military, other).
- Click "Save."

Experiencing a Life Event?

If you experience a life event (marriage, divorce, birth of child, death, etc.), contact Human Resources within 30 days to make IRS-eligible changes to your benefits. Update your beneficiaries for Life Insurance, TIAA, Fidelity, FSA and HSA accounts through HR Self-Service at any time.

Medical Coverage

Staying on top of your health is important. This year, you have access to the same four medical plan options through Harvard Pilgrim Healthcare (HPHC):

1. **Focus HDHP HMO (MA)**
2. **HDHP PPO (National)**
3. **Focus HMO (MA)**
4. **HMO (MA/CT/RI/NH/ME)**

WHICH PLAN IS RIGHT FOR YOU?

Each option has features that make it the “best” fit for different people and families. While it might be tempting to simply keep the same coverage for 2023, that may not be the best approach for your needs. Consider what might change for you next year:

- Are you planning to expand your family?
- Do you have a planned surgery?
- Do you or a covered dependent have new medical concerns?
- Are you preparing for a major life change?

Answering these questions can help you make the best decisions for 2023.

Consider a Plan with Expanded Network Coverage.

Your personal situation changes over time, and we want to ensure you have the medical coverage you need at a competitive cost. We've partnered with HPHC to offer **expanded coverage beyond Massachusetts** for our HDHP PPO and HMO plans.

Have you moved to another state? Do you have dependents in college or who live in another state? Do you travel frequently and want to be covered away from home? Do you just want more flexibility in whom you can see?

If so, consider electing a medical plan with either New England or national coverage (HDHP PPO or HMO).

HELP CHOOSING YOUR MEDICAL PLAN

When comparing your medical plan options, you want to consider your costs (what comes out of your paycheck to pay your share of the premium) and your expected out-of-pocket costs (what you'll pay throughout the year in copays or deductibles if and when you need services). [My Health Math](#) offers a Decision Doc tool to help you compare total costs based on your personal situation and anticipated needs. This tool can help you make informed decisions.

This member is enrolled in individual coverage. During the year they have 1 preventive visit, 1 sick visit, an MRI and 6 PT visits for back pain.

	FOCUS HDHP HMO (MA)	HDHP PPO (NATIONAL)	FOCUS HMO (MA)	HMO (MA/CT/RI/NH/ME)
Annual Premium	\$372	\$1,618	\$1,376	\$3,089
Out-of-Pocket Costs (copays, deductibles)*	\$1,580	\$1,580	\$330	\$765
Total Premium + Out-of-Pocket Costs	\$1,952	\$3,198	\$1,706	\$3,854
College Contribution to HSA**	\$500	\$500	n/a	N/A
Total Employee Annual Medical Plan Spend	\$1,452	\$2,698	\$1,706	\$3,854

* Out-of-pocket costs are examples and may not reflect actual costs for services listed.

** Family coverage provides a \$1,000 College contribution in January 2023.

MEDICAL PLAN COMPARISON

Below is a summary of coverage under each medical plan to help you compare your options.

	FOCUS HDHP HMO (MA)	HDHP PPO (NATIONAL)		FOCUS HMO (MA)	HMO (MA/CT/ RI/NH/ME)
	In-Network	In-Network	Out-of-Network	In-Network	In-Network
Deductibles	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	n/a	\$500/\$1,000 (NEW)
Holy Cross HSA Contribution	\$500/\$1,000	\$500/\$1,000		n/a	n/a
Coinsurance	100%	100%	80%	100%	100%
Out-of-Pocket Maximums					
Medical and Prescription Drug Combined	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	\$2,500/\$5,000	\$2,500/\$5,000
Office Visits					
Annual Preventive Exam	Plan pays 100%	Plan pays 100%	Plan pays 80%	Plan pays 100%	Plan pays 100%
Routine Vision Exam	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Office Visits (PCP)	\$25 copay after deductible	\$25 copay after deductible	Plan pays 80% after deductible	\$20 copay after two visits (\$0 copay for the first two visits)	\$25 copay after two visits (\$0 copay for the first two visits)
Specialist Visits	\$40 copay after deductible	\$40 copay after deductible	Plan pays 80% after deductible	\$35 copay	\$40 copay
Emergency Care					
Emergency Room*	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay	\$100 copay
Urgent Care	\$25 copay after deductible	\$25 copay after deductible	Plan pays 80% after deductible	\$20 copay	\$25 copay
Inpatient/Outpatient Services					
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$250 copay	Plan pays 100% after deductible
Ambulatory Day Surgery	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$125 copay	Plan pays 100% after deductible
Diagnostic X-Ray/ Lab	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible
Imaging (CT/PET Scans, MRIs)	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	\$100 copay	Plan pays 100% after deductible
Prescription Drugs					
Retail	Deductible applies then \$15/\$40/\$60	Deductible applies then \$15/\$40/\$60	Not covered	\$15/\$40/\$60	\$15/\$40/\$60
Mail	Deductible applies then \$30/\$80/\$120	Deductible applies then \$30/\$80/\$120	Not covered	\$30/\$80/\$120	\$30/\$80/\$120

* Note: If admitted, all plans cover emergency care—even if you receive that care out of network.

MEDICAL PLAN COSTS

	MONTHLY EMPLOYEE CONTRIBUTIONS	MONTHLY HOLY CROSS CONTRIBUTIONS
HMO (MA/CT/RI/NH/ME)		
Employee	\$257.38	\$678.56
Employee+Spouse	\$540.51	\$1,424.99
Employee+Child(ren)	\$463.29	\$1,221.39
Family	\$779.87	\$2,056.03
Focus HMO (MA)		
Employee	\$114.69	\$676.26
Employee+Spouse	\$240.84	\$1,420.15
Employee+Child(ren)	\$206.44	\$1,217.27
Family	\$347.50	\$2,049.06
HDHP PPO (National)		
Employee	\$134.80	\$593.85
Employee+Spouse	\$283.08	\$1,247.07
Employee+Child(ren)	\$242.64	\$1,068.92
Family	\$408.44	\$1,799.33
Focus HDHP HMO (MA)		
Employee	\$31.03	\$589.62
Employee+Spouse	\$65.17	\$1,238.21
Employee+Child(ren)	\$55.86	\$1,061.32
Family	\$94.03	\$1,786.55

A Note About 2023 Rates

Rates are higher this year. This is due to several reasons, including:

- Rising medical costs in our region
- Economic factors, such as inflation
- Delayed care due to the COVID-19 pandemic, resulting in more high-cost claims for the College
- The regional medical trend increase is 5.5%–8.5%. Our increase is slightly higher than trend this year.

Costs are increasing for plan participants and for the College. We will continue to fund an average of 85% of total medical plan costs. We've worked to keep rates as low as possible while maintaining high-quality, robust coverage and also additional well-being programs and tools that keep you and family members resilient and healthy.

Dental Coverage

No plan or rate changes

Healthy teeth and gums are an essential part of your overall health. We continue to offer generous dental coverage through Delta Dental of Massachusetts, including **three free oral exams and cleanings each year (every four months)!**

With our Delta Dental Plan, you will:

- Have access to the Delta PPO and Delta Premier network of dentists. When you use an in-network dentist, you'll receive deeper discounts, your dental coverage will go further, and your out-of-pocket costs will be less!
- Be able to roll over up to \$600 per year if you don't reach your calendar year maximum benefit (to check your current balance, call Delta Dental Member Services at 800.872.0500) or access your account at www.deltadentalma.com.

DENTAL BENEFIT SUMMARY

DELTA DENTAL OF MA	
Calendar Year (In-Network or Out-of-Network)	
Deductible	\$50 per person/ \$150 per family (all tiers) (waived for Type 1)
Calendar Year Maximum Benefit	\$2,000 per person
Orthodontic Lifetime Maximum	\$2,000 per person
Services	
Type 1—Diagnostic & Preventive	Plan pays 100%—includes 3 oral exams and cleanings per year! (once every 4 months)
Type 2—Basic	Plan pays 80%, after deductible
Type 3—Major	Plan pays 50%, after deductible
Type 4—Orthodontic (any age)	Plan pays 50%, after deductible

DENTAL PLAN COSTS

	2023 MONTHLY EMPLOYEE CONTRIBUTIONS	2023 MONTHLY HOLY CROSS CONTRIBUTIONS
Delta Dental of Massachusetts		
Employee	\$16.00	\$26.00
Employee+Spouse	\$45.00	\$82.00
Employee+Child(ren)	\$41.00	\$82.00
Family	\$53.00	\$82.00

Vision Coverage

No plan or rate changes

Good eyesight improves your quality of life. Getting your eyes checked regularly is a great way to make sure you don't miss anything. Holy Cross offers two vision plans. Both are administered by EyeMed. Plan A covers eyewear only (lenses, frames, and contacts), while Plan B covers annual vision exams.

VISION BENEFIT SUMMARY

	EYEMED	
	Plan A–Eyewear Only	Plan B–Exam + Eyewear
Plan Details	In-Network Member Cost	In-Network Member Cost
Vision Exams	N/A (Covered under Medical Plan)	\$10 copay (every 12 months)
Lenses	Every 12 Months	
Single Vision, Bifocal, Trifocal, Lenticular	\$25 copay; Lens enhancements extra	\$25 copay; Lens enhancements extra
Frames	Every 24 Months	
Frames	\$130 allowance then 20% discount	\$130 allowance then 20% discount
Contact Lens (In lieu of glasses)	Every 12 Months	
Elective	\$130 allowance then 15% discount	\$130 allowance then 15% discount
Fitting and Evaluation	Up to \$40 copay	Up to \$40 copay

VISION PLAN COSTS

	2023 MONTHLY EMPLOYEE CONTRIBUTIONS (No Holy Cross Contributions)	
	Plan A–Eyewear Only	Plan B–Exam + Eyewear
Employee	\$4.84	\$6.86
Employee+Spouse	\$9.21	\$13.04
Employee+Child(ren)	\$9.69	\$13.73
Family	\$14.25	\$20.18

To make the most of your vision coverage and keep your out-of-pocket cost to a minimum:

- **Find a participating provider** by visiting www.eyemedvisioncare.com and selecting the “Insight” network. You can also call EyeMed at 866.939.3633.
- **Use participating retail chains** to get your eyewear, including LensCrafters, Target, Pearle, JCPenney, glasses.com, and contactsdirect.com.
- **Take advantage of discounts** on sunglasses, extra glasses, lens enhancements, and laser vision correction.

Health Savings Account (HSA)

Available only for employees who enroll in the Focus HDHP or HDHP PPO, the HSA is a tax-advantaged savings account through Fidelity that you use to save on health care expenses now or in the future. **Holy Cross makes an annual contribution to your HSA of \$500 for individual coverage and \$1,000 for all other coverage tiers**—that means **free** money you can use to pay your out-of-pocket health care expenses or save for the future.

An HSA provides a triple-tax advantage:

1. **It's tax-free when it goes in.** You put money into your HSA on a before-tax basis through payroll deductions. You save money on qualified healthcare expenses and taxable income is lowered.
2. **It's tax-free as it grows.** You earn tax-free interest on your money.
3. **It's tax-free when you spend it.** When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. You're saving money on things like your medical, dental, and vision coinsurance and deductibles.

Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical coverage, leave the system, or retire. There is no "use it or lose it" rule like an FSA.

In 2023, you can contribute up to \$3,850 for individuals or \$7,750 for family coverage to your HSA. If you are age 55 or older, you can contribute an extra \$1,000 in catch-up funds. You are allowed to increase, decrease, or stop your contributions at any time.

Note: There are eligibility requirements for HSAs. You are not eligible to make or receive HSA contributions if you are enrolled in any part of Medicare or any non-qualified HDHP coverage (for example, your spouse's healthcare FSA). Additional details about HSA eligibility can be found on the [Benefits Page](#). You can also contact Fidelity for questions or guidance with your account at 800.544.3716 or www.netbenefits.com/holycross.

*Even if you currently contribute to an HSA, you **must** re-enroll to contribute in 2023!*

Consider the Holy Cross HSA Contribution

As you compare your up front costs for coverage, it's important to keep in mind the annual contribution Holy Cross will make to your HSA in January 2023 if you choose an HSA-eligible plan option: **\$500 for individual coverage and \$1,000 for all other coverage tiers**. Contact MyHealthMath and use our new Decision Doc tool to compare health plan options and total costs.

MyHealthMath®

Flexible Spending Accounts (FSAs)

FSAs, administered by Benefit Strategies (a Voya company), are a way to set aside funds for expenses you expect to have in the coming year. FSAs are:

- **Tax-advantaged:** funds you contribute go in tax free, and if you use them for qualified expenses, you won't pay tax.
- **"Use it or lose it":** You must use any funds you contribute by plan year end. Please note the plan includes a Grace Period that allows any eligible expenses incurred before March 15, 2023 to be applied toward any remaining 2022 account balance. Unused funds will be forfeited.
- **Elected each year:** Even if you currently participate in an FSA, you MUST re-enroll to continue contributing in 2023.

LIMITED PURPOSE FSA (LPFSA)

If you are participating in a HDHP, you can elect a LPFSA to help you with eligible dental and vision expenses. This is the only FSA that you can elect if you also have an HSA.

You can contribute up to \$3,050 in 2023.

HEALTH CARE FSA

If you do not have an HSA, a Health Care FSA helps you set aside money for medical, dental, and vision expenses. You contribute via paycheck deductions each pay period, and will have access to your full contribution amount on the first day of 2023.

You can contribute up to \$3,050 in 2023.

DEPENDENT CARE FSA

If you need care for a dependent, such as a child under 13, disabled spouse, or disabled relative who depends on you for at least half of their support, the Dependent Care FSA allows you to set aside funds to offset your eligible care expenses.

You can contribute up to \$5,000 in 2023.

If your child is turning 13 during the plan year, plan accordingly to take advantage of this benefit!

You can elect FSAs even if you do not enroll in a Holy Cross medical plan.



Life and Accidental Death & Dismemberment (AD&D) Coverage

Life and AD&D coverage is administered by Sun Life Financial. Basic coverage is provided to benefits-eligible employees at no cost, and you have the opportunity to purchase additional supplemental buy-up coverage.

BASIC LIFE AND AD&D COVERAGE

Holy Cross automatically provides all benefits-eligible employees with basic Life and AD&D insurance at no cost. Your benefit for Life or AD&D is equal to 1.5 times your basic annual earnings, up to a maximum of \$900,000, and you won't need to answer any medical questions.

If your benefits exceed \$50,000, imputed income will apply.

VOLUNTARY SUPPLEMENTAL LIFE AND AD&D COVERAGE

Having adequate coverage can help your family manage expenses and make a difficult transition less painful. Life insurance provides the people you love with financial support when you can't be there, and when they need it most. You have the opportunity to purchase additional Life and AD&D coverage, above and beyond what Holy Cross provides for you:

- **For yourself (Employee Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$500,000 or 5 times your basic annual earnings, whichever is less. If you are newly hired, you may purchase up to \$200,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$200,000, or you're looking to increase your current coverage, EOI is required.

- **For your spouse (Spouse Life Benefit):** You may elect coverage in increments of \$5,000, up to a maximum of \$250,000 or your Employee Life Benefit, whichever is less. If you are newly hired, you may purchase up to \$50,000 without proof of good health (called Evidence of Insurability, or EOI). If you'd like to elect more than \$50,000, or you're looking to increase your current coverage, EOI is required.
- **For your Dependents (Child Life Benefit):** You may elect coverage of either \$5,000 or \$10,000 for your child(ren), up to age 19, or age 23 if they are a full-time student. EOI is not required for dependent coverage.

All Life and AD&D Insurance—whether Basic or Supplemental—is subject to age reductions, which means your benefit amount will be reduced to:

- 67% at age 67
- 45% at age 70
- 30% at age 75
- 20% at age 80

If you'd like to convert coverage to an individual policy, you may do so, up to the amount you lose at age reduction or termination of employment (within 31 days).

Review or update your beneficiary designations!

Eligible employees participating in Holy Cross Life and AD&D plans are encouraged to review beneficiary designation(s) every year.

Long-Term Disability (LTD) Insurance

Holy Cross automatically provides all eligible employees LTD coverage at no cost through Sun Life Financial. If you are out of work for more than 180 days, you'll receive a benefit of 60% of your monthly earnings, up to a maximum of \$20,000.

LTD benefits are paid on a tax-free basis and will be paid until either you are no longer disabled or you reach the Social Security Normal Retirement Age.

Note: While this coverage is provided at no cost to you, imputed income on the premium paid applies.

The College provides the Long Term Disability (LTD) Plan to protect you and your family from income loss while you are seriously ill or injured for an extended period of time.

ADDITIONAL BENEFITS FROM ASSIST AMERICA

In addition to Life, AD&D, and LTD insurance, Sun Life also provides Travel Assistance and Identity Theft Protection through Assist America.

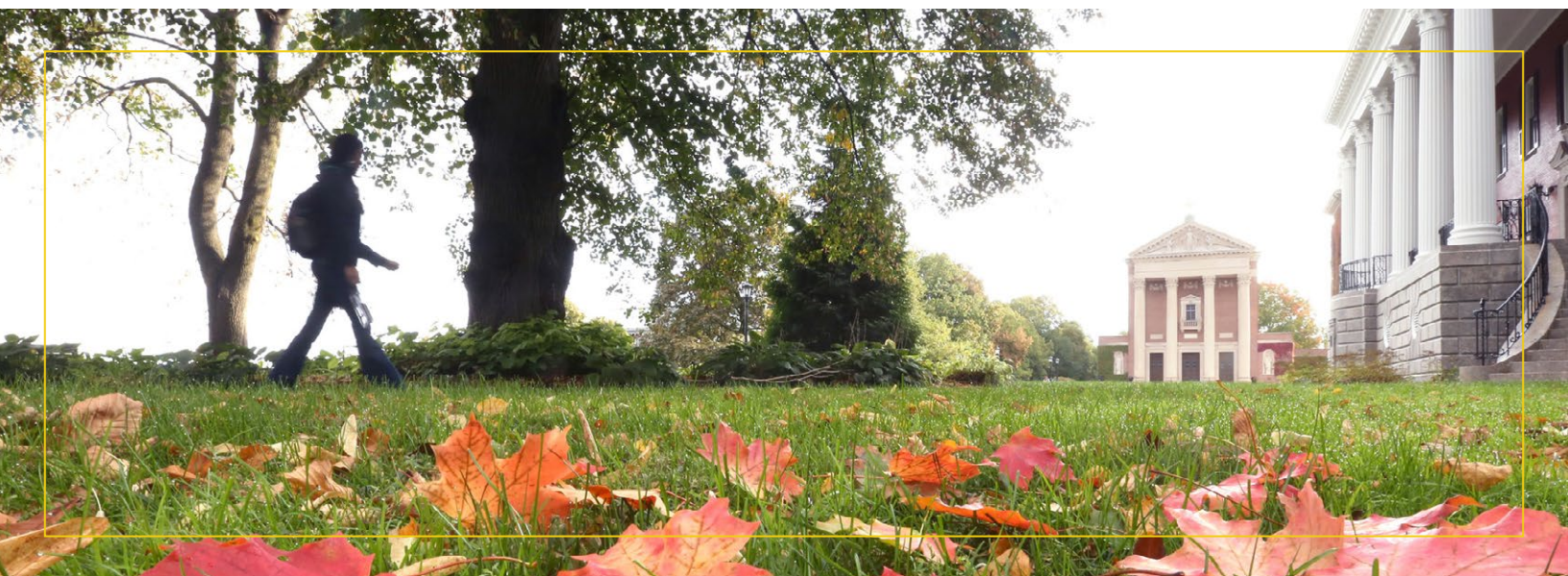
Travel Assistance

This program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence or in another country. Contact Assist America 24/7 at 609.986.1234 (outside U.S. — Collect Call) or 800.872.1414 (inside U.S. — Toll Free), or email medservices@assistamerica.com. For more information, visit www.assistamerica.com.



Identity Theft Protection

This program offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include 24/7 access to identity protection experts, credit card and document registration, and internet fraud monitoring. To activate identity protection services, visit www.assistamerica.com/sunlife. You can also download the free AssistAmerica Mobile App for iPhone and Android.



Retirement Plans

The College provides competitive retirement programs that help employees achieve retirement goals. Our plans are offered through Fidelity Investments and TIAA—and both feature resources and tools to help with investment strategy.

GROUP SUPPLEMENTAL RETIREMENT PLAN

All full-time, part-time, and on-call employees are eligible to participate in the Holy Cross 403(b) Defined Contribution Group Supplemental Retirement Plan (SRA)—up to IRS maximum contribution limits.

Make voluntary contributions to the SRA from your paycheck each pay period, on a pre-tax or post-tax (Roth) basis. You're free to start, stop, increase, or decrease contributions at any time during the year.

- Your contributions are 100% vested immediately, which means you will always have access to your funds, even if you leave Holy Cross.
- Choose to invest with TIAA and/or Fidelity Investments; any contributions that you don't specify will be automatically invested in the appropriate default Fidelity Freedom K® Fund.
- Review the 403(b) Plan Enrollment Guide (located on the [HR Benefits Website](#)) for more information. When you're ready, follow the instructions on [page 4](#) of the Guide to elect your voluntary contribution amount and select your investment options.

Retirement Education and Counseling Sessions

Retirement Planning Consultants from Fidelity and TIAA are available to meet with employees for **free one-on-one financial counseling** sessions regarding the Holy Cross Group Supplemental Retirement Plan and 403(b) Defined Contribution.

HOLY CROSS PENSION (DEFINED BENEFIT) PLAN

If you're a **non-exempt employee** with one year of continuous service, at least 21 years of age, and worked at least 1,000 hours in the past year, you're eligible for the Holy Cross Pension Plan.

Holy Cross makes an annual contribution to your Pension Plan at no cost to you. Your benefit amount is based on your years of service and compensation history. After you complete five years of qualified service, your Pension Plan will vest, and you are entitled to receive a retirement benefit in accordance with the terms of the Plan.

403(B) DEFINED CONTRIBUTION PLAN

If you are an **exempt employee**, you are eligible to participate in the 403(b) Defined Contribution Plan on the first of the month after you have reached one year of continuous service and worked at least 1,000 hours. (Employees who participated in a 403(b) Plan prior to Holy Cross may be eligible to receive credit toward the one year waiting period.)

- Once eligible, you contribute 2% of your salary via payroll deductions. Holy Cross will also make a per pay period contribution of 10% of your salary.*
- Your contributions are 100% vested immediately, which means you will always have access to your funds, even if you leave Holy Cross.
- You may choose to invest with TIAA and/or Fidelity Investments; any contributions that you don't specify will be automatically invested in the appropriate default Fidelity Freedom K® Fund.

For more information, visit the [HR Benefits Website](#).

* Please note that you contribute 2% up to the Social Security wage base. IRS limits apply. If you earn above the wage base, you will be subject to a different contribution schedule. **Base compensation above the Social Security wage base is subject to a mandatory employee contribution of 5% and an employer match of 12%.**



BeWell @ Holy Cross

Journey to a Mindful You



BeWell @ Holy Cross

We want you to have the support you and your family need to be well—physically, emotionally, and financially. We're pleased to share BeWell @ Holy Cross, an initiative full of resources, tools, and programs to help you focus on what's most important to you.

YEAR-LONG WELLBEING OFFERINGS

All Holy Cross employees have access to wellbeing programs all year long covering a host of themes, including:

- Yoga
- Zumba
- Nutrition
- Cooking demonstrations
- Stress management
- Smoking cessation
- Diversity, equity, and inclusion
- Parenting
- Elder care
- Mindfulness
- Meditation
- Alternative fitness classes
- Health coaching

HPHC REWARDS FOR HEALTHY HABITS

If you're a Harvard Pilgrim Healthcare (HPHC) member, earn up to:

- \$150 per covered member (\$300 max) when you complete a qualified fitness activity
- \$150 per calendar year when you participate in an eligible weight management program
- \$120 for completing eligible activities on the Living Well Platform (also available for covered spouses)

Even if you're not an HPHC member, you'll be entered into a raffle every time you complete an eligible activity for the chance to win prizes like Thera-guns, diffusers, weighted blankets and more!

LIVING WELL PLATFORM (THROUGH LIMEADE)

Define your own vision of wellbeing by using the tools and activities on our [Living Well Platform](#). Participate in a variety of informative, fun, and interactive activities, and earn rewards for each eligible activity you complete!

For more information, make an appointment with our Wellbeing Advisor, Andrea Maistros (on-site every other Thursday in HR) or visit https://www.holycross.edu/human-resources/benefits/be_well_program.

FINANCIAL PLANNING RESOURCES

All benefits-eligible faculty and staff have access to no-cost financial and investment guidance through Harvard Square Financial Planning, LLC, who help members of the academic community understand their financial situations and make practical, well-informed decisions.* Receive a personalized plan for a variety of areas, including:

- Retirement planning
- Managing cash flow
- Affording life transitions
- Investing wisely

To make an appointment with Harvard Square Financial Planning, contact Mary Koenig, CFP, at 781.652.8862 or mary@harvardsquarefinancial.com. Mary visits campus to meet with employees and families in HR, as well.

* These services provide investment education, not investment advice.

"Mary is approachable and understanding. She unravels the mystery of finance in a way that makes you feel competent and confident with your financial choices. Her knowledge of investing and planning for the future gives confidence to her clients."

"My wife and I found the program very helpful. It gave us a way to think about our plans with someone who has no vested interest in how we invest our resources, to compare her advice with what we've gotten from TIAA-CREF, and to round out the picture of our financial life as we approach retirement."

Employee Assistance Program (EAP)

If you or a family member are struggling with your wellbeing—be it a physical, emotional, or financial issue—and don't know where to turn, our EAP, administered by KGA, is here to help. All colleagues and family members are eligible for the EAP at no cost to you; you do not need to be enrolled in a Holy Cross medical plan.

The EAP is 100% confidential and is staffed by licensed, skilled professionals trained to help you find the support you need. Our EAP is designed to provide 24/7 work-life counseling and support. Services include, but are not limited to:

- Behavioral and mental health counseling
- Financial counseling
- Parenting resources
- Career assessment
- Crisis response
- Work-life balance research and referrals
- Legal assistance
- Eldercare resources
- Nutrition consultation

To contact KGA counselors or additional KGA, Inc. resources, call 800.648.9557 or visit www.kgreer.com.

Education Benefits

The College offers employees and their dependents several opportunities for financial support in their continued education.

EMPLOYEE TUITION ASSISTANCE

If you are a full-time administrative or hourly employee with three months of employment, you are eligible to receive tuition assistance to improve your job performance and/or enhance your career opportunities at the College.

- **Holy Cross Courses:** You may enroll in one course per semester free of charge at Holy Cross, provided there is space in the class.
- **Non-Holy Cross Courses:** The College will reimburse you up to 75% of the cost of tuition, up to a maximum reimbursement of \$2,500 per fiscal year.
- **Clark University Graduate Tuition Scholarships:** Clark University offers tuition scholarships between 30% and 50% (varies by program) to eligible active Holy Cross staff, spouses, and dependents who enroll in a Clark graduate degree or certificate program. You may also use your \$2,500 tuition reimbursement benefit toward Clark courses for additional savings.

DEPENDENT TUITION

After seven years of service, full-time employees are eligible for tuition benefits for their dependent children who are matriculated, degree-seeking students at Holy Cross. This benefit is available for up to eight semesters.

FACULTY AND STAFF CHILDREN EXCHANGE PROGRAM (FACHEX)

Holy Cross is proud to participate in FACHEX, which offers our full-time employees, after seven years of service, expanded dependent tuition benefits at 26 participating Jesuit schools.



NEW! HEALTHCARE GUIDANCE WITH KNOVASOLUTIONS

KnovaSolutions is a **confidential, no-cost health support program** available to benefits-eligible employees and family members at the

College—with medical professionals available to offer you the right advice at the right time to help you or a family member with important healthcare decisions.

With KnovaSolutions, you'll connect with a personal nurse who can help you answer questions like:

- What does my diagnosis mean?
- How do I get a second opinion?
- What are the risks and benefits of this surgery?
- What lifestyle changes will improve my health?

Contact KnovaSolutions anytime by calling 800.355.0885 or emailing contactknovasolutions@workpartners.com.

Vendor Information

	CONTACT INFORMATION	
	Phone	Website/Email
General Questions and Support		
Holy Cross Human Resources	508.793.3391	hrbenefits@holycross.edu
Medical Insurance		
Harvard Pilgrim Health Care	888.333.4742	www.harvardpilgrim.org
Pharmacy Plan		
OptumRx	855.546.3439	www.optumrx.com
Flexible Spending & Health Savings Accounts (FSA)		
Flexible Spending Accounts (FSA) – Benefit Strategies, LLC.	888.401.3539	www.benstrat.com
Health Savings Accounts (HSA) – Fidelity	800.544.3716	www.netbenefits.com/holycross
Dental Benefit		
Delta Dental of Massachusetts	800.872.0500	www.deltadentalma.com
Voluntary Vision Insurance		
EyeMed	866.939.3633	www.eyemed.com
Life, AD&D and Long-Term Disability Insurance		
SunLife Financial	800.786.5433	www.sunlife.com
Retirement Plans		
Fidelity	800.343.0860	www.netbenefits.com/holycross
TIAA	800.842.2252	www.tiaa.org
Financial Planning		
Harvard Square Financial Planning, LLC Mary Koenig, CFP	781.652.8862	mary@harvardsquarefinancial.com
Employee Assistance Program		
KGA, Inc.	800.648.9557	www.kgreer.com
Pet Insurance		
Spot Pet Insurance	800.905.1595	https://spotpet.link/holycross

The specific terms and conditions of these benefits are governed by summary plan descriptions, insurance certificates, and service agreements. In the event of a conflict regarding the information in this document, the plan documents, certificates and agreements will govern

Government Required Benefit Compliance Notices

Health Insurance Portability and Accountability Act (HIPAA) – Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

Health Insurance Portability and Accountability Act (HIPAA) – Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in 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.

If you are decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) 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' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your

dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to provide benefits for mastectomy-related services. When a covered member elects breast reconstruction in connection with a mastectomy, based on consultation between the attending physician and the patient, the plan will cover the mastectomy-related services listed below:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

Patient Protection Disclosure

The College of Holy Cross generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, The College of Holy Cross will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Harvard Pilgrim Health Plan.

For children, you are required to designate a pediatrician as the primary care provider.

You do not need prior authorization from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, Harvard Pilgrim Health Plan.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be

eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid

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

Phone: 1-855-692-5447

ALASKA – Medicaid

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

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

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

ARKANSAS – Medicaid

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

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

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website:

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: 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 Phone: 1-800-221-3943/State Relay 711

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

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

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

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

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

Phone: 1-877-357-3268

GEORGIA – Medicaid

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

Phone: 1-678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

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

Phone: 1-877-438-4479

All other Medicaid:

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

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

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

Medicaid Phone: 1-800-338-8366

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

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
 Phone: 1-855-459-6328
 Email: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
 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: 1-617-886-8102

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 1-402-473-7000
 Omaha: 1-402-595-1178

NEVADA – Medicaid

Medicaid: <http://dhcfp.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: 1-603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>
 Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347 or 1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> or <https://www.coverva.org/en/hipp>
 Medicaid Phone: 1-800-432-5924
 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.govs/bms/> or <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 July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor**Employee Benefits Security Administration**

Website: www.dol.gov/agencies/ebsa

Phone: 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services**Centers for Medicare & Medicaid Services**

Website: www.cms.hhs.gov

Phone: 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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



COLLEGE OF THE
Holy Cross

