ESTABLISHED 1794

TUSCULUM

UNIVERSITY RISING

2018

Employee Benefits Overview



What's Inside

This guide is designed to provide a general overview of your benefits at Tusculum. It is not a contract or an official interpretation of the benefit plans. For more detailed information, please refer to your summary plan descriptions or the legal plan documents.

Should any questions or conflicts arise, the plan documents will be the final authority in determining your benefits. Tusculum reserves the right to modify or discontinue the plans at any time. This document was prepared exclusively for full-time employees of Tusculum. Unauthorized reproduction is strictly prohibited.

If you have any questions, please contact Human Resources. Danelle Sells, Chief Human Resources Officer, Renee Jones, Human Resources Generalist, or Lorrie Akers, Human Resources Generalist, will be happy to help you. They can be reached by phone at (423) 636-7345 or by email at dsells@tusculum.edu, rbjones@tusculum.edu, or lakers@tusculum.edu.

ENROLLMENT CHANGES

Changes to your enrollment may be made annually during open enrollment each year, or when certain qualifying events occur; including, but not limited to marriage/divorce; birth/adoption; death; change in job status for yourself or your spouse; change in Medicaid or CHIP eligibility.

However, all changes must be made within 30 days of your qualifying event (with exception of Medicaid/CHIP, which is within 60 days), or you will have to wait until the next open enrollment. You must notify Human Resources immediately when you experience a qualifying event.

SECTION 125 PLAN PREMIUM CONVERSION

Section 125 Premium Conversion Plan lets you exclude your Medical, Dental, Vision, Flexible Spending Account, and retirement premiums from your taxable income, meaning your premiums will come out of your income pre-tax. This lowers your taxable income. By default, your premiums will be deducted pre-tax, increasing your take-home pay anywhere from a couple hundred dollars to a thousand or more annually.

Letter from President Hurley

First of all, let me thank you for the outstanding job you continue to do each day to promote and support our students, each other, Tusculum's mission and its movement to university status.

I know how important good health benefits are to you and your families. It is equally important to the organization in attracting and retaining the best talent, which is why offering innovative high-quality benefits programs remains among my highest priorities as President of this higher-education institution.

Tusculum is pleased to continue to offer a competitive and affordable benefit package to its employees and their families. In spite of continued increasing healthcare costs, Tusculum will be able to keep 2018 premiums at the current level with the exception of dental coverage which will increase 10%.

Again, I want to thank you for your contributions to Tusculum, University Rising. Your efforts play a pivotal role in making the Tusculum one of the best liberal arts institutions with emphasis on a liberal arts education in a Judeo-Christian and civic arts environment in this area.

Dr. James L. Hurley, President

Medical Benefits

BlueCross BlueShield of Tennessee

1-800-565-9140
www.bcbst.com
Group Number: 120156

Tusculum College has selected BlueCross BlueShield of Tennessee as its medical insurance provider.

Monthly Premiums:	Option 1 *Buy-Up Plan*	Option 2 *Core Plan*	Option 3 *HDHP*
Employee Only	$200.00	$119.00	$95.93
Employee + Family	$627.00	$420.00	$216.30

To better suit the needs of all employees, Tusculum offers three options for medical insurance. All plan options utilize Network S. The Core Plan has a $1,250 individual/$2,500 family in-network deductible and a $35 office visit co-pay. Most other charges are paid at 70%, in-network. The Buy-Up Plan carries a $750 individual/$1,500 family in-network deductible and a $25 office visit co-pay. Most additional charges are paid at 80%, in-network. The HDHP has a $6,550 individual/$13,100 family in-network deductible. Once reaching the annual deductible/out-of-pocket maximum, all other charges are paid 100%.

All plans use the Preferred Provider Organization (PPO). To receive the maximum benefit from your PPO Plan, make sure your provider is a member of the Blue Network S. Under the PPO program, you have the flexibility to go to any provider that you choose and you are not required to choose a Primary Care Physician (PCP). However, anytime you select an in-network physician or facility, you will see significant discounts and savings. In-network providers will also file your claims for you. Network S is an extensive network within the BCBST system. Effective March 1, 2016, UT Medical Center and affiliated Physicians no longer participates in Network S.

Money Saving Tip

Use Teladoc when treating minor illnesses rather than urgent care or the emergency room, except in true emergency situations.

To find an in-network provider near you, go to www.bcbst.com and click on “Find a Doctor.” Please be sure to consult either the online directory or the BCBST customer service department to confirm that your provider participates in the network.

If you select an out-of-network physician or facility, you will be subject to higher deductibles and out-of-pocket maximums. You are also responsible for the difference between billed charges and the maximum allowable charge. It definitely works to your advantage to use the in-network providers whenever possible.

For additional information, please contact Human Resources.

MEDICAL BENEFITS	OPTION 1 BUY-UP PLAN Network S In-Network	OPTION 2 CORE PLAN Network S In-Network	OPTION 3 HDHP Network S In-Network
Calendar Year Deductible (Individual/Family)	$750 / $1,500	$1,250 / $2,500	$6,550 / $13,100
Out-of-Pocket Maximum (Individual/Family)	$3,500 / $7,000	$4,000 / $8,000	$6,550 / $13,100
Lifetime Maximum Benefit	Unlimited		
SERVICES RECEIVED AT A PRACTITIONER'S OFFICE AND PREVENTIVE SERVICES			
Office Visit//Wellcare Services age 6 and up*	$25 Co-pay	$35 Co-pay	100% after deductible
In-Office Lab and X-Ray	No Additional Co-pay	No Additional Co-pay	100% after deductible
Annual Well-Woman Exam	100%	100%	100% after deductible
Annual Mammography Screening, Cervical Cancer Screening, Prostate Cancer Screening	100%	100%	100% after deductible
Screening Flexible Sigmoidoscopy and Screening Colonoscopy	100%	100%	100% after deductible
Non-Routine Diagnostic Services	80% after deductible	70% after deductible	100% after deductible
SERVICES RECEIVED AT A FACILITY			
Inpatient Services*	80% after deductible	70% after deductible	100% after deductible
Outpatient Surgery (includes non-screening sigmoidoscopy and colonoscopy)*	80% after deductible	70% after deductible	100% after deductible
Routine Diagnostic Services-Outpatient	100%, no deductible	100%, no deductible	100% after deductible
Non-Routine Diagnostic Services-Outpatient	80% after deductible	70% after deductible	100% after deductible
Skilled Nursing Facility and Rehab Facility* (limited to 100 days per year)	80% after deductible	70% after deductible	100% after deductible
BENEFITS FOR OTHER COVERED SERVICES			
Durable Medical Equipment, Prosthetics and Orthotic Appliances	80% after deductible	70% after deductible	100% after deductible
Home Health Services* (limited to 100 visits per year)	80% after deductible	70% after deductible	100% after deductible
Ambulance Services	80% after deductible	70% after deductible	
THERAPEUTIC SERVICES			
Physical/Speech/Occupational (limited to 60 visits per type per year)	80% after deductible	70% after deductible	100% after deductible
Cardiac/Pulmonary Rehab (limited to 60 visits per year)	80% after deductible	70% after deductible	100% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
Inpatient Services*	80% after deductible	70% after deductible	100% after deductible
Outpatient Services	$25 Co-pay	$35 Co-pay	100% after deductible
PHARMACY			
Generic/Preferred Brand Name/Non-Preferred Brand Name	$10/$25/$50	$10/$35 after brand-only deductible/ $60 after brand-only deductible	$5 / $25 / $50 Preventive Drugs Only
Brand Name Deductible	None	$200	
Specialty Pharmacy	30% Co-pay	30% Co-pay	
Step Therapy**	Included	Included	
Out-of-Pocket Maximum	$2,850	$2,350	

Chart reflects in-network benefits. For out-of-network benefits, please see your Evidence of Coverage.
* Prior authorization required (some outpatient procedures require prior authorization)
** Step Therapy is a form of prior authorization. When step therapy is required, you must initially try a drug that has been proven effective for most people with your condition. This initial drug will be a covered generic drug (if available) or a preferred brand drug. However, if you have already tried an alternate, less expensive drug and it did not work, or if your doctor believes that you must take the more expensive drug because of your medical condition, your doctor can contact the plan to request an exception. If the request is approved, the plan will cover the requested drug.

Telemedicine

Teladoc

1-800-835-2362
www.teladoc.com

Tusculum is proud to offer Teladoc. Teladoc is a national network of board certified physicians providing telephonic consultations 24/7 when your primary care physician is not available.

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, or Pediatrics. They average 15 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

Monthly Premiums:	Teladoc
Employees Enrolled in Any Tusculum Medical Plan	Free
Employees Not Enrolled in a Tusculum Medical Plan	$5.00

Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

You can talk with a Teladoc doctor via a phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app. To request a consult, visit the Teladoc website, log into your account and click “Request a Consult”. You can also call Teladoc to request a consult by phone, or request a consult through the Teladoc mobile app. A doctor will call you back in 16 min, on average.

Prescriptions. Teladoc doctors can prescribe short term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, nontherapeutic and/or certain other drugs which may be harmful because of their potential abuse. When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. You will be responsible for the co-pay based on the type of medication and your plan benefits.

SET UP YOUR ACCOUNT

Set up your account by phone, web, or mobile app.

Online:

Go to Teladoc.com and click “set up account.”

Mobile App:

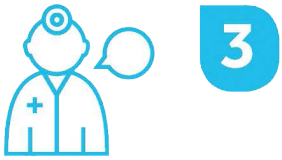
Visit Teladoc.com/mobile to download the app. Once downloaded, click “Activate account.”

Call Teladoc:

Teladoc can help you register your account over the phone.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web, or mobile app.

Voluntary Dental and Vision Benefits

Guardian
1-888-600-1600
www.guardianantytime.com
Group Number: 49835

Monthly Premiums:	Dental Premium	Vision Premium
Employee Only	$29.48	$8.10
Employee + Spouse	$64.85	$13.34
Employee + Child(ren)	$53.35	$13.60
Employee + Family	$96.68	$22.01

DENTAL BENEFITS

Your dental benefits at Tusculum College are provided by Guardian. If you choose a provider in the Guardian Network, you will see significant savings and discounts, as Guardian has agreements with these providers to not charge above a certain rate for services. Additionally, the provider's office will file a claim for you so there is no paperwork for you to fill out. To find an in-network dentist near you, go to the Guardian dental website, www.guardianantytime.com, and click on "Employee," then select Dental Insurance. Please be sure to consult either the online directory or Guardian's customer service to confirm that your dentist is in the network.

DENTAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK *
Benefit Year Deductible *Applies to Basic and Major Only* Individual Family	 $25 $75	 $50 $150
Calendar Year Maximum	$1,000	$1,000
1) Preventive	100%	100%
2) Basic	80%	80%
3) Major	50%	50%

*Should you choose to seek care from an in-network provider, you will receive a lower deductible and higher reimbursement percentages.

If you choose a provider not in the network, your charges will be subject to a maximum allowable charge which may result in balance billing. Dental benefits are divided into three coverages. 1) Preventive includes services such as exams, x-rays, cleanings, fluoride treatments (under age 19), sealants (under age 16) and space maintainers (under age 14). 2) Basic includes basic restorative procedures, basic oral surgery and basic periodontics. 3) Major includes major restorative services and prosthodontics, basic and major endodontics, major periodontics, major oral surgery and implants.

VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Co-pays Materials	$20	
Exams (once a year)	$20 Co-pay	$50 max (after Co-pay)
Standard Frames (once every 24 months)	$150 retail max + 20% off balance	$48 max (after Co-pay)
Standard Lenses (once a year) Single Vision Allowance Bifocal Allowance Trifocal Allowance Lenticular Allowance	 $20 Co-pay, 100% $20 Co-pay, 100% $20 Co-pay, 100% $20 Co-pay, 100%	 $48 max (after Co-pay) $67 max (after Co-pay) $86 max (after Co-pay) $126 max (after Co-pay)
Contact Lenses (once a year) Medically Necessary Elective Allowance	 Covered after Co-pay $150 max (Co-pay waived)	 $210 max $105 max (Co-pay waived)

VISION BENEFITS

As an employee at Tusculum College, you have the option to enroll in a voluntary vision plan provided by Guardian. When using in-network Davis Vision providers, this PPO plan covers most exams, eyeglass and medically necessary contacts in full. To find an in-network provider or surgery center, call customer service or go to www.guardianantytime.com and click on "Find a Provider," select the Davis Vision plan, enter all desired information and click search.

Should you choose to see an out-of-network provider, Guardian will reimburse you up to a specified amount. Please see the chart below for the out-of-network reimbursement schedule.

Flexible Spending Account

Benefits Assist
Shawn Adams
1-865-769-2800
1-888-588-3650 Fax
Flex@BenefitsAssist.net
www.benefitsassist.net

Tusculum College offers its full-time employees the option to defer money on a pre-tax basis for use on approved medical expenses up to $1,950 per year. This is NOT insurance. This is simply a way for you to save on your medical expenses by setting money aside from your gross income, pre-tax, for expenses that you anticipate for the plan year. Employees are eligible for this benefit on the first of the month following 30 days of active service.

For the FSA, the total amount set aside for the plan year is eligible for withdrawal from the account on day one of your first payroll deduction towards the account. However, funds not used during the plan year will not roll over to the following year. Expenses must be incurred by December 31, 2018. All funds set aside for this account must be used towards your eligible medical expenses. The minimum FSA annual contribution amount is $200 and the maximum is $1,950.

Please note that as of January 1, 2011, most over-the-counter (OTC) drugs are not eligible for reimbursement under your FSA without an accompanying doctor's prescription. This includes items such as: cough, cold and flu remedies, pain relief, stomach remedies, sleep aids and sedatives, allergy and sinus medicines, and acid controllers. First aid supplies, contact lens supplies and solutions, insulin and diabetic supplies, and wheelchairs, walkers and canes are still eligible.

Contact Benefits Assist for a list of eligible medical expenses.

Pre-Tax Savings Example

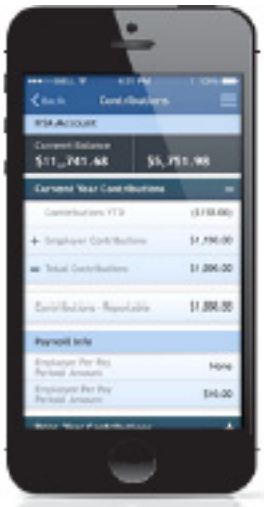
	Without FSA	With FSA
Gross Monthly Pay:	$3,500	$3,500
Pre-Tax Contributions		
Medical / Dental Premiums	$0	-$125
Medical Expenses	$0	-$75
Dependent Care Expenses	$0	$400
TOTAL:	$0	-$600
Taxable Monthly Income	**$3,500**	**$2,900**
Taxes (federal, state, FICA)	-$986	-$802
Out-of-Pocket Expenses	-$600	$0
Monthly Take-home Pay	**$1,932**	**$2,098**

Net Increase in Take-Home Pay = $166 / mo!

For illustration only. Actual dollar amounts may vary.

MOBILE ACCOUNT ACCESS

- Search for BenefitsAssist WealthCare on iTunes and Google Play
- Supports Apple and Android smartphones and tablets
- Shared username and password with web portal
- Health FSA, Dependent Care FSA, and HRA
- View account balances
- View transaction history
- Submit claims
- Attach receipts
- Contact administrator



BenefitsAssist inc.

Employee Assistance Program

Guardian
1-800-386-7055
www.ibhworklife.com
Username: Matters | Password:wlm70101

Tusculum College is pleased to offer a 24/7 Employee Assistance Program (EAP) through Guardian. We encourage you to utilize this resource to help make your work and family life a little easier.

Guardian's WorkLifeMatters Employee Assistance Program is available at no cost to all Tusculum College employees and their families.

This Employee Assistance Program (EAP) provides for unlimited assistance by phone, as well as up to three face-to-face sessions with no charge. Guardian's advocates are trained to offer advice on a range of problems from coping with major life events to managing on-the-job issues. Your advocate can also direct you to an array of resources in your community as well as online tools. Should you need a legal consultation, you are eligible to receive free consultations plus discounts on legal services.

The program's website, www.ibhworklife.com, is a valuable tool with a host of resources. EAP helps with questions and concerns regarding dependent care and care giving, balancing work and home life, relocation, college planning, parenting support, anxiety and depression, marital issues, and more. More assistance programs can be found on the website or via the 24/7 hotline.

Education
Admissions testing and procedures
Adult re-entry programs
College planning
Financial aid resources

Dependent Care & Care Giving
Adoption assistance
Before/after school programs
Day care and elder care
Parenting support
Senior housing options
Special needs care

Legal & Financial
Basic tax planning
Credit and debt
Immigration
Legal forms and will making
Personal legal
Retirement planning

Working Smarter
Balancing work and home life
Career and training development
Effective managing
Relocation
Workspace diversity

Lifestyle & Fitness Management
Anxiety and depression
Divorce and separation
Drugs and alcohol
Grief and loss
Health and well-being

Basic Life and AD&D Insurance

Guardian
1-800-541-7846
www.guardianlife.com
Group Number: 00498351

Guardian's Group Life and Accidental Death and Dismemberment (AD&D) Insurance are provided to all full-time employees and paid for by Tusculum. The basic benefit provided is $20,000. Employees are eligible for this benefit on the first of the month following 30 days of active service.

With AD&D coverage, you are eligible to receive an additional benefit according to a schedule of losses such as loss of life, limb or sight due to an accident.

All Life and AD&D insurance amounts are subject to age reductions starting at age 65. Other restrictions apply. Please see your plan document for more details.

Long Term Disability Insurance

Guardian
1-800-541-7846
www.guardianlife.com
Group Number: 00498351

Long-Term Disability (LTD) Insurance is provided to all full-time employees and paid for by Tusculum College. LTD insurance can help protect your income in the event of a long-term disability or illness. Employees are eligible for this benefit on the first of the month following 30 days of active service.

If you are deemed disabled 180 days after an accident or onset of illness, you will be eligible to receive 60% of your monthly covered earnings, not to exceed $5,000 per month.

Please contact Human Resources immediately if you become injured or severely ill.

Voluntary Life & Disability Products

Guardian

1-888-600-1600
www.guardiananytime.com

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

In addition to the company-paid Life and Accidental Death and Dismemberment (AD&D) policies, all active, full-time employees working at least 35 hours per week are eligible to purchase Voluntary Term Life and AD&D Insurance, provided by Guardian. These premiums are paid entirely by you on an after-tax basis. Tusculum will deduct the premiums from your paycheck. **Voluntary benefits must be selected upon your initial enrollment.**

You can select Voluntary Life and AD&D Insurance on yourself in units of $10,000 up to a maximum of five times your annual compensation, or $300,000, whichever is less. The **guaranteed issue*** amount for Voluntary Insurance on yourself is **$150,000**.

Voluntary Life and AD&D Insurance on your spouse can be purchased in units of $5,000 up to $150,000. The **guaranteed issue*** amount is **$30,000**.

Life and AD&D Insurance on your child(ren) age 14 days to 26 years (26 if full time student) can be purchased for an amount of $10,000. All dependent child(ren) benefits are guaranteed issue*.

Guaranteed issue refers to the amount of insurance available that does not require evidence of good health.

All Life and AD&D Insurance amounts are subject to age reductions starting at age 65. Other restrictions may apply. Please see your plan document for more details.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) Insurance can help support you and your family should you become temporarily disabled. This coverage is paid entirely by you.

You may select the benefit that is best for you. Different amounts and benefit durations are available.

Voluntary Aflac Products

Aflac

Nathan Thorpe
1-865-919-2344
1-865-694-0176 Fax
natethorpe@att.net
www.aflac.com

Tusculum College provides access to voluntary benefits through Aflac. The benefits are supplemental to your group insurance coverage and premiums are paid 100% by you. Tusculum College does not sponsor or endorse Aflac products.

Cancer: First occurrence benefit from $2,500 to $10,000 (on family coverage, the first occurrence will be doubled for children to age 25). Benefits in the policy include chemotherapy, radiation, immunotherapy, anti-nausea medicine, stem cell transplant, bone marrow transplant, blood and plasma, surgery, anesthesia, skin cancer, hospital confinement, extended care facility, home health care, private nurse, prosthesis, reconstructive surgery, ambulance, transportation and lodging, and hospice care. The policy reimburses $70 per year for an annual mammogram.

Specified Event: First occurrence of $5,000 paid upon diagnosis of any of the Intensive Care following events: heart attack, by-pass surgery, coma, stroke, paralysis, major third-degree burns, end- stage renal failure, major human organ transplant and persistent vegetative state. Re-occurrence benefit of $2,500 paid after 180 days, hospital confinement, continuing care, stent or angioplasty, major human organ transplant, transportation and lodging, and ambulance. Intensive Care included with the Specified Event pays up to $1,300 per day for intensive care confinement.

Accident: Covers you 24/7 for injuries on or off the job. Reimburses a $60 wellness benefit each year after the policy is in force 12 months.

Retirement Plan

TIAA

1-800-842-2733 Customer Service
www.tiaa.org

Plan Numbers
Defined Contribution Retirement Annuity (RA): 337038
Supplemental Group Retirement Annuity (SGRA): 337039

Tusculum College is very pleased to offer a 403(b) retirement plan to all eligible employees. The 403(b) plan is provided through the Teachers Insurance and Annuity Association (TIAA). Tusculum offers two options, a Defined Contribution Retirement Annuity Plan (RA) and a Supplemental Group Retirement Annuity (SGRA). For more information, please contact Human Resources or TIAA.

PLAN FEATURES	DEFINED RETIREMENT CONTRIBUTION (RA)	SUPPLEMENTAL GROUP RETIREMENT ACCOUNT (SGRA)
Waiting Period	A full–time employee must have completed two (2) consecutive years of service at the institution prior to enrollment, and can enroll only on January 1 or July 1 following their anniversary date. An open 403(b) account with an eligible employer may be counted for meeting the eligibility requirements.	A full-time employee is eligible and may enroll anytime after the first of the month following 30 days of active service.
Employee Contribution	You can contribute 0–5% of your salary. The percentage can be changed at any time.	A percentage determined by you above 0% that can be changed at any time
Allocation of Contributions	You may allocate plan contributions to the funding vehicles in any whole number percentages that equal 100%. You may change allocations of future contributions to the funding vehicles at any time by contacting TIAA.	
Defined Contribution	Tusculum may contribute a discretionary amount annually. Currently, Tusculum contributes 2% of base salary.	
Maximum Plan Contributions	Annual contributions made for any year cannot exceed the amount permitted under section 415 of the Code and Section 403(b).	
Vesting Schedule	Plan contributions shall be fully vested and non–forfeitable.	
Acceptance of Rollover Contributions	No rollovers accepted.	Contact TIAA for determination of eligible rollover contributions.

Investment Advisory Firm

Millennium Advisory Services

1-877-435-2489
www.mcmva.com

An independent registered investment advisory firm that provides personalized advice regarding investments in TIAA retirement accounts. Advisors will meet individually with Tusculum employees on campus and go through a confidential financial analysis process and provide a written report that will include asset allocation recommendations based on employee's own circumstances and goals. This process is at no charge to all employees. Employees will have the option of retaining Millennium on a fee basis to manage their TIAA accounts and any outside assets. Through this fee-based asset management program, clients receive continual account management, monitoring, and rebalancing, as well as ongoing planning services.



Additional Employee Benefits

Human Resources Team

Renee Jones, Human Resources Generalist
rbjones@tusculum.edu
(423) 636-7426
Lorrie Akers, Human Resources Generalist
lakers@tusculum.edu
423-636-7345

Danelle Sells, Chief Human Resources Officer
dsells@tusculum.edu
(423) 636-7383

TUITION REMISSION AND EXCHANGE

As added benefits for your service to Tusculum College, Tusculum offers Tuition Remission and Tuition Exchange programs for you and your family. To be eligible for tuition remission, the employee must be a full-time employee and have completed one year of consecutive, full-time service with the College.

The qualifying family member must produce proof of his or her immediate relationship with the College employee. The applicant must also meet all current admission requirements of the College program and have completed a FAFSA (Free Application for Federal Student Aid). Undergraduate and Graduate tuition remission is available for the employee; only the Bachelors degree tuition remission is available for the spouse and/or dependents. January 15th is the deadline to turn your tuition application in for the following academic year.

If you or your family members are accepted at another school in the Council of Independent Colleges (CIC) or the Association of Presbyterian Colleges and Universities (APCU), you may be eligible to receive tuition at no cost.

Please contact Human Resources for more information.

CAMPUS EVENTS

Tusculum is very proud of its extra-curricular programs and activities and invites all employees to take advantage of these campus events.

Tusculum encourages all of its employees and their families to take advantage of the extraordinary opportunities and programs on campus. Employees may get free admission to Pioneer sporting events, performances, and arts and lectures at the Annie Hogan Byrd Auditorium.

MAKE personal savings HAPPEN

Employee Purchase Program
Tennessee Board of Regents
The University of Tennessee System
State of Tennessee

TBR/UT/SOT get low negotiated pricing from Staples Advantage — and you can too! Enjoy the same discounts on the things you buy for you and your family using your personal credit card. You must register to receive the discount pricing for your personal purchases.

Shop in-store*

- Visit any US Staples® store to get your discounted pricing
- You'll always receive the lowest price available, whether it's your contract pricing or the retail price
- You must use the registered personal credit card in order to receive the discount in store

*Note: Not all items sold at the retail store are part of the TBR/UT/SOT contract. If the item is not available on the contract you will receive the retail store price.

Click here to register your personal credit card.

Shop online

- Only purchases ordered through StaplesAdvantage.com are eligible to receive contract pricing
- $50 order minimum to get fast, free delivery
- All orders must ship to a residential address and ordering using your personal credit card

Click here to register for your online login credentials.

To learn more, contact Jana Calvert at jana.calvert@staples.com.

EXCLUSIVE DEVICES AND DISCOUNTS FROM VERIZON.

Higher Education

You may be eligible for exclusive employee discounts from Verizon Wireless*—the largest high-speed wireless network in America. Take advantage of discounts on your monthly Calling or Data Plan, phones and accessories —exclusively for employees of your company. Get started today.

Have a work email address?

To register your line for your employee discount, follow these simple steps:

1. Go to verizonwireless.com/discounts

OR

1. Go to your company's intranet site and click on **"Verizon Wireless"**
2. Enter your work email address and select **"Check for Discounts."**
3. You will immediately receive an email. Click the "Get Started" button in the email to continue the registration process.
4. Click on the **"Enroll Now"** button on bottom left side of page under Existing Verizon Wireless Customer. Or, go to your Company's website, find the **"Verizon Wireless"** section and click on the **"Enroll Now"** button on the bottom left side of page under Existing Verizon Wireless Customer.

Don't have a work email address?

1. Go to verizonwireless.com/discounts
2. Click on the **"I do not have a work email address"** link.
3. Complete the Discount Eligibility Form by entering your business location into the fields provided to generate a Register Your Line form.
4. Click **"Next"** and print the form that appears.
5. Attach a copy of your pay stub/work ID badge to the form and fax to the number listed at the top of the form. To ensure your request is processed without delay, please complete all required information and make sure information is legible.
6. Your information will be reviewed, and if approved, your discount will appear in 1-2 billing cycles.

We appreciate your feedback. Log on to **verizonwirelesssurvey.com** and let us know how we're doing.

Please contact your Verizon Wireless business specialist for additional information on products, pricing and services.

Aisha Davis
Government Account Executive
Aisha.Davis@VerizonWireless.com
Mobile Phone: (206) 445-2659
Work Phone: (425) 603-2899

*Discount only applies to eligible lines billing at $34.99 or higher. Account name must be that of the employee. If account is not in the employees name, it can be changed at a local Verizon Wireless Retail store, or by calling Customer Care at 1-800-922-0204. Activation/upgrade fee/line: Up to $35. IMPORTANT CONSUMER INFORMATION: Employee Subscribers are subject to Customer Agmt, Calling Plan and credit approval. Up to $175 early termination fee ($350 for advanced devices) and other charges. Certain features require addl software or downloads; addl charges may apply. Offers and coverage, varying by service, not available everywhere. While supplies last. In MA, sales tax based on cost of a device purchased at a discount with service. In CA: Sales tax based on full retail price of phone. Shipping charges may apply. For additional information on Calling Plans, features, network details and coverage maps, see vzw.com. 0312-E6269

Annual Notices

IMPORTANT NOTICES FROM OUR COMPANY REGARDING THE PLAN

The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

If you have any questions regarding any of these notices, please contact:

Tusculum College
Contact: Human Resources Office
Mailing Address: 60 Shiloh Road,
Greeneville, TN 37743
Phone: 423-636-7345
Distribution Date: February 2018

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the health plan 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. We have determined that the prescription drug coverage offered by the health plan 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 coverage may be affected.

Contact your plan administrator for an explanation of the prescription drug coverage plan provisions/options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may or may not 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 health plan coverage 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 please contact the plan administrator indicated on the first page of this notice.

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 your current health plan provided by the current insurer changes. You also may request a copy of this notice at any time.

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).

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994

A Subscriber may continue his or her coverage and coverage for his or her Dependents during military leave of absence in accordance with the Uniformed

Services Employment and Reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). If you have had or are going to have a mastectomy, you may be entitled to certain benefits. 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.

If you would like more information on WHCRA benefits, contact your Health Insurance issuer.

MASTECTOMY NOTICE

Patients who undergo a mastectomy and who elect breast reconstruction in connection with the mastectomy are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

In a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

Please contact Human Resources for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Newborns' and Mothers' Health Protection Act requires that group health plans and health insurance issuers who offer childbirth coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Refer to your plan document for specific information about childbirth coverage or contact your plan administrator.

For additional information about NMHPA provisions and how Self-funded non Federal governmental plans may opt-out of the NMHPA requirements, visit http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpa_factsheet.html.

HIPAA NOTICE OF PRIVACY PRACTICES

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.

HIPAA SPECIAL ENROLLMENT NOTICE

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 or your dependents in this plan you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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).

If you have a new dependent as 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 or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

NOTICE OF SPECIAL ENROLLMENT RIGHTS TO NEW ENROLLEES

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.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Our Company Health and Welfare Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective in April. [Note: the effective date may not be earlier than the date on which the privacy notice is printed or otherwise published].

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Our Company requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information. To the Plan Sponsor. We may disclose protected health information to certain employees of Our Company for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information.

If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below. If you have any questions or complaints, please contact: Human Resources

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are 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 are not eligible for Medicaid or CHIP, you will not 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, you can 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, you can ask the 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 are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1 866-444-EBSA (3272).

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

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

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

COLORADO – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/
State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

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: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid

Website:
http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-weserve/seniors/health-care/health-care-programs/programsand-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-healthcare/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

Trinity Benefit Advisors
4823 Old Kingston Pike, Suite 205, Knoxville, TN 37919
(865) 531-9898 • www.trinityben.com
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