



2025 Benefits Guide

Non-represented Employees

October 23, 2024



At the Regional Transportation District, we recognize that our people are the engine and lifeblood that power our mission, vision, and purpose. We are people moving people. As an agency, we are committed to assisting all of our employees in maintaining a healthy lifestyle.

We are proud of the benefit programs we offer. The 2025 Benefits Guide (Guide) details RTD's 2025 plan offerings, including information on medical, dental, vision, health savings, flexible spending accounts, life and disability coverages, the employee assistance program, retirement, time off, wellness, and much more! RTD's primary goal is to offer market-competitive and affordable plans that provide individual choice and access to high-quality care from leading healthcare providers.

Due to increased claims, healthcare costs, and market conditions outside the agency's control, Cigna and Kaiser health insurance plan contributions will increase in 2025. Employer contributions will increase by 13.9%, and the average increase in employee contributions will be 14.9%. These increases ensure the overall strength of the benefit plans and support access to high-quality services. The new premiums are detailed in the Guide.

Also new for 2025 are minimum deductibles for High Deductible Health Plans (HDHP) and mandatory Health Savings Accounts (HSA) limits. Both of these factors are mandated by the Internal Revenue Service (IRS):

Plan	Single	Family
Minimum Deductible for HDHP	\$3,300	\$6,600
Mandatory HSA Limit	\$4,300	\$8,550

Additionally, RTD is expanding its suite of optional coverage to include benefits for legal services through Metlife Legal and ID theft protection through ID Watchdog by Equifax. These voluntary programs provide robust offerings for employees and their families. More information can be found in the Guide.

Your commitment to our customers, stakeholders, and each other is greatly appreciated. Thank you for making lives better through connections.



Charlene Polege
Chief People Officer

SPECIFIC HIGHLIGHTS INCLUDE

- A side-by-side comparison of medical plans and associated premiums (p. 7)
- Additional details for each plan (pp. 8-10)
- Important information about health savings accounts (HSAs) (p. 11)
- Information on the new Critical Illness, Accident, and Hospital insurance through Unum (p. 18)
- Information on additional benefits offered, including retirement, paid time off, wellness, etc. (beginning on p. 22)

For more information regarding the agency's benefit offerings, please contact:

Jennie Waski, Senior Specialist, Benefits
Jennie.Waski@rtd-Denver.com

Hami Nguyen, Benefits Specialist
Hami.Nguyen@rtd-denver.com

Dedicated employees are key to the overall success of the organization and agency benefits are a critical component of recruitment and retention. In that vein, RTD strives to provide a generous benefits package designed to recruit and retain highly-skilled employees and provide resources enabling employees to reach physical, financial, and mental health goals.

Please note: [Table of contents hyperlinks to corresponding pages](#)

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2025 Benefits

The background of the slide is a solid dark blue. On the right side, there are three broad, diagonal stripes that run from the bottom-left towards the top-right. The stripes are colored yellow, orange, and red, in that order from top to bottom. The text '2025 Benefits' is positioned on the left side of the slide, centered vertically relative to the stripes.



New employees

New employees must enroll in benefits within **two weeks** of the date of hire. Any employee who does not enroll **within two weeks** will need to wait until the next open enrollment period to enroll unless there is a mid-year qualifying event. Represented to non-represented transfers have **one week** to enroll in benefits.

Benefits for new hires begin the first day of the month following 30 days of active employment. Benefits for transfers begin the first day of the month following the transfer date.

Current employees

Open enrollment is the only time during the year employees can change benefits elections, unless a qualifying life event occurs. During the open enrollment period, employees will have the opportunity to newly enroll in coverage or make changes to current coverage.

Open enrollment is typically held in the fall. Any changes made during open enrollment become effective January 1 in the subsequent calendar year.

Mid-Year Benefit Changes

Changes can be made to benefits during the year when there is a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce
- Birth of a child/adoption
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)
- Gain other coverage

There are also other, less common, life events that allow benefits to be changed. Please contact the Benefits team for a complete list of qualifying life events.

For a qualifying life event necessitating a change to benefits, employees must request changes in **Workday** within 30 days of the life event. Proof of the life event will be required, such as a birth certificate or marriage license. Only benefits that were impacted by the life event can be changed (e.g., if an employee gets married, the new spouse can be added to the medical plan, but medical plans cannot be changed).



Online Enrollment

Both new employee benefits enrollment and open enrollment are done online through Workday.

In order to complete enrollment, the employee will need:

- Dates of birth and social security numbers for the employee as well as any family members to be enrolled
- Proof of eligibility for spouse and dependent children (e.g., marriage license/affidavit of domestic partnership, birth certificate *or* previous tax returns with financials blacked out)

Need to Know Updates and Info

- Open Enrollment dates:
 - Begins: **11/4/2024**
 - Ends: **11/18/2024**
- This is an **active** enrollment. Each employee will need to log in to Workday to make benefits elections for 2025
- Health Savings Account and Flexible Spending Accounts must be elected every year



Health Plans

Medical Plan Options



RTD offers four medical insurance plans - two options with Kaiser Permanente and two options with Cigna. Please take the time to understand the features and differences of each plan in order to choose the most appropriate coverage needed.

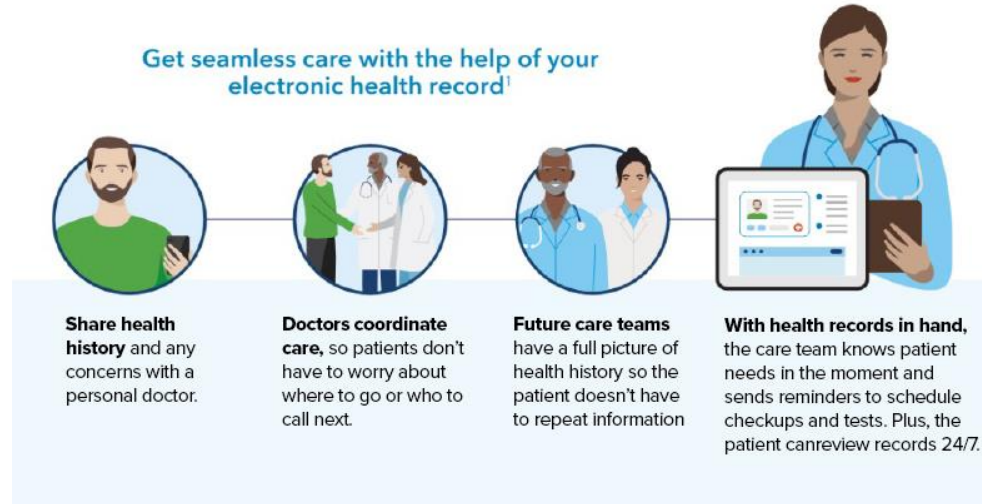
The Kaiser medical plans provide in-network coverage, which means any provider in the Kaiser Permanente network can be chosen. Locate a Kaiser network provider at www.kaiserpermanente.org.

The Cigna medical plans include in- and out-of-network benefits, which means an employee may choose any provider that is preferred. However, a Cigna Local Plus network provider will have a lower out of pocket cost. Locate a Cigna Local Plus network provider at www.cigna.com.

The table to the right summarizes some key in network features of the medical plans. Summary of Benefits coverage for each plan can be found on the HUB [here](#).

Coverage	Kaiser HDHP Plan	Kaiser DHMO Plan	Cigna HDHP Local Plus	Cigna Out of Network HDHP	Cigna PPO Local Plus	Cigna PPO Out of Network
Deductible (individual/family)	\$3,300/\$6,600	\$1,000/\$2,000	\$3,300/\$6,600	\$5,400/\$10,800	\$1,100/\$2,200	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$3,300/\$6,600	\$2,500/\$5,000	\$3,300/\$6,600	\$10,800/\$21,600	\$2,200/\$4,200	\$10,000/\$20,000
Preventive Care	100% covered	100% covered	100% covered	50%	100% covered	50%
Office Visits (primary care/specialist)	0% after deductible	\$25 copay/\$45 copay	0% after deductible	40% after deductible	\$25 copay/\$50 copay	50% after deductible
Mental Health Office Visits	0% after deductible	\$25 copay	0% after deductible	40% after deductible	\$25 copay	50% after deductible
Urgent Care	0% after deductible	\$50 copay	0% after deductible	40% after deductible	\$50 copay	50% after deductible
Emergency Room	0% after deductible	20% after deductible	0% after deductible	0% after deductible	\$500 copay	\$500 copay
Diagnostic Lab/x-ray	0% after deductible	20% after deductible	0% after deductible	40% after deductible	No charge	50% after deductible
Imaging (CT, PET/MRI)	0% after deductible	20% after deductible	0% after deductible	40% after deductible	20% after deductible	50% after deductible
Inpatient hospital	0% after deductible	20% after deductible	0% after deductible	40% after deductible	20% after deductible	50% after deductible
Outpatient Hospital	0% after deductible	20% after deductible	0% after deductible	40% after deductible	20% after deductible	50% after deductible
Prescription Drugs (Generic/Brand/Specialty)	0% after deductible	\$15/\$25/20%	0% after deductible	0% after deductible (retail)	\$15/\$25/\$50/20%	50% after deductible (retail)

Monthly Premiums	Kaiser HDHP		Kaiser DHMO		Cigna HDHP		Cigna LP PPO	
	Employee	RTD	Employee	RTD	Employee	RTD	Employee	RTD
Employee	\$35.36	\$671.76	\$83.95	\$755.43	\$88.40	\$1,024.67	\$209.87	\$976.90
Employee + Spouse	\$72.48	\$1,377.11	\$172.07	\$1,548.66	\$181.21	\$2,216.64	\$430.19	\$2,116.06
Employee + Child(ren)	\$70.72	\$1,343.51	\$167.87	\$1,510.89	\$176.80	\$1,565.05	\$419.67	\$1,503.75
Family	\$102.18	\$1,941.39	\$242.58	\$2,183.23	\$255.44	\$2,923.95	\$606.44	\$2,817.77



Kaiser Permanente delivers an integrated care model. Through this model, doctors, pharmacists, and the entire care team share important information about the patient through an electronic health record. Choosing a Kaiser Permanente plan requires that the employee stays within the Kaiser network. Any Kaiser Permanente medical office can provide care.

At most Kaiser Permanente medical offices, employees can see doctors, fill a prescription, and have lab and imaging services done in the same place.

Virtual Care Options with Kaiser Permanente

Outside of traditional in-person visits, Kaiser Permanente offers a variety of online & mobile solutions to help meet patient needs:

NO COST OPTIONS:

- **Chat** – Live messaging with a KP doctor from 6 a.m. to 10 p.m., seven days a week. Used for routine and urgent (non-emergent) medical advice.
- **E-mail** – Email a physician's office via KP's secure message center and receive a response typically within 24 hours.
- **E-Visit** – Fill out a brief questionnaire about symptoms and receive personalized care from a nurse
- typical response time is within 4 hours.
- **24/7 Advice Line** – Call the Appointment and Advice Contact Center (303-338-4545) 24/7 for routine or urgent medical or mental health advice, or if help is needed to choose the right care option.

NO COST ONCE DEDUCTIBLE IS MET:

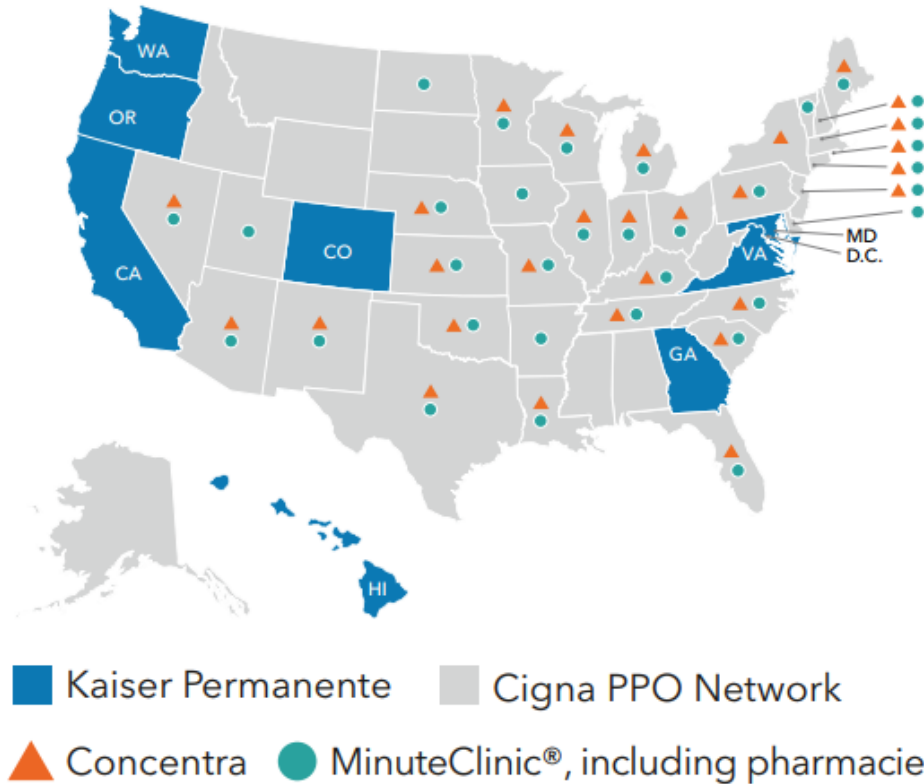
- **Scheduled Phone or Video Visits** – Schedule a video or phone visit with a KP doctor for the same quality care as an in-person visit.
- **24/7, On-Demand Phone & Video Visits** – Visit with a doctor anytime by video or phone. Get routine or urgent medical advice, referrals, prescriptions and more.

For full details on these options, please visit kp.org/getcare

To find Kaiser facilities and providers, please visit:
<https://healthy.kaiserpermanente.org>



Find A Facility



Employees may obtain get care from **ANY Kaiser Permanente medical office** for those travelling outside of Colorado.

Kaiser Permanente has a travel hotline that is available 24/7 if there are questions while away from home:

Kaiser 24/7 Travel Support:

Anytime, anywhere, call the Away from Home Travel Hotline at 951-268-3900 or visit kp.org/travel

New to Kaiser Permanente is a collaboration with Cigna which allows Kaiser Permanente members to receive urgent care and emergency services from Cigna's PPO national network of physicians, hospitals and urgent care clinics when travelling outside of states where Kaiser Permanente operates without having to pay up front for services. Providers in this network will take no monies up front and bill the patient later for regular copay and cost share.

If there is ever a true emergency, patients can go to the nearest hospital, regardless of network and file a claim for reimbursement from Kaiser.

The **LocalPlus Network** is a select group of health care professionals within the Cigna Network. Cigna contracts with the providers in the network to ensure that RTD employees have referral-free access to care. Receive care at lower, pre-negotiated rates during a visit to an in-network provider to help keep out-of-pocket costs down — even if the deductible has not been met.

With a LocalPlus health plan through Cigna, it is important to know the key features of the network:

- Employees can choose a primary care provider (PCP) to serve as a personal health advocate and coordinate health care. It is recommended, but it is not required
- Patients do not need referrals to see specialists. Cigna may need to pre-certify hospitalizations and certain outpatient care
- The plan includes emergency and urgent care coverage, 24 hours a day, seven days a week
- To receive in-network coverage in a local area, or when in any LocalPlus Network area, patients must receive care from a health care provider or facility in this LocalPlus network
- When away from home and in need of care, simply look for a participating LocalPlus doctor in the area. For areas where a LocalPlus Network is not available, doctors or hospitals in Cigna's Away From Home Care feature can be used for coverage at the in-network cost
- For areas where the LocalPlus Network is available and the employee chooses to go outside the LocalPlus Network (or outside the Away From Home Care feature when LocalPlus isn't available), the employee will receive out-of-network coverage

FIND A CIGNA LOCAL PLUS PHYSICIAN:
www.cigna.com and click "Find a Doctor"

Virtual Care Options With Cigna

Outside of traditional in-person visits, Cigna offers a virtual option to members through MDLIVE.

Primary Care: Preventive care, routine care, specialist referrals

- **Cost** – deductible/coinsurance for HDHP; \$25 copay for LocalPlus plan

Urgent Care: On-demand care for minor medical conditions – 24/7, including holidays

- **Cost** – deductible/coinsurance for HDHP; \$25 copay for LocalPlus plan

Behavioral Care: Talk therapy and psychiatry from the privacy of home

- **Cost** – deductible/coinsurance for HDHP; \$25 copay for LocalPlus plan

Dermatology: Customized for skin, hair and nail conditions

- **Cost** – deductible/coinsurance for HDHP; \$50 copay for LocalPlus plan

3 Steps to Connect:

1. Access MDLIVE by logging into myCigna.com and clicking "Talk to a doctor" or call 888.726.3171
2. Select the type of care needed: medical care or counseling; cost will be displayed on myCigna.com and MDLIVE
3. Follow the prompts for an on-demand urgent care visits, to make an appointment or to upload photos





RTD will help employees start saving!

If an employee enrolls in either the Kaiser or Cigna High Deductible Health Plan (HDHP)* and contributes at least \$10 per paycheck to the Health Savings Account (HSA), RTD will help by contributing money to the employee's HSA. Rocky Mountain Reserve is the HSA administrator and there is no monthly fee to employees who open a health savings account.

RTD's annual contribution is based on the medical plan coverage level:

Employee Only: \$750
Employee + 1 or more: \$1,500

RTD contributions are made annually on the first paycheck of the year and are pro-rated for new hires and transfers based on benefits effective date.

HSA elections must be made every year during open enrollment. Current year elections WILL NOT carry over to next year.

Contribute up to the IRS limits

Contributions to an HSA (including RTD's contribution) cannot exceed the annual IRS contribution limits. The 2025 IRS maximum contributions are:

Employee Only: \$4,300
Employee + 1 or more: \$8,550

Employees age 55+ by December 31, 2025 may contribute an additional \$1,000 catch-up contribution to their HSA.

In order to fund an HSA:

The employee must be enrolled in either the Kaiser or Cigna HDHP

But cannot:

- Be enrolled in a non-HSA-eligible medical plan (e.g., spouse's HMO plan)
- Be claimed as a dependent on someone else's tax return
- Be enrolled in **Medicare**, TRICARE, or TRICARE for Life
- Have received Veterans Administration benefits in the previous three months, treatment was received for a condition that was/is related to service

Additional rules apply. Please see [IRS Publication 969](#) for more information.

For HDHP coverage plans, employees are **not automatically enrolled in the HSA, the employee must make this election.*

RTD offers three flexible spending account (FSA) options through Rocky Mountain Reserve. The money an employee deposits into an FSA is collected from paychecks before taxes are withheld, which means no taxes are paid on those dollars.

A few very important rules apply to FSAs. Please read this page carefully before making FSA elections.

Want to save on health care and dependent care expenses?

Health Care FSA

- FSA dollars must be used by the end of the year. Any unused dollars will be lost
- A grace period applies to health care FSAs. For the 2025 plan year, FSA dollars not used by 12/31/2025 can be used until March 15, 2026
- FSA elections must be made every year during open enrollment. Current year elections WILL NOT carry over to next year
- Prescriptions are no longer needed for OTC (over-the-counter) medications and funds can be used for menstrual products
- A full list of eligible expenses is available at <https://www.rockymountainreserve.com/whats-covered>
- Health care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans
- An employee may contribute up to **\$3,300** to an individual health care FSA for the 2025 calendar year. The entire amount selected is available on January 1, 2025, or the benefits effective date
- When enrolled in an HSA, the employee may not enroll in the health care FSA. A Limited Purpose FSA can be chosen instead, which allows an employee to use funds for dental and vision expenses only

Dependent Care FSA

- Dependent care FSA dollars may be used to pay for eligible dependent care expenses that allow an employee and spouse to work or attend school full time, and must be used by the end of the year
- Eligible expenses include day care, preschool, summer camp, before- and after-school care, and elder care

Funds can be used for care for:

- Children under 13 years of age
- Child over 13, spouse, and/or elderly parent who lives with the employee and is unable to care for themselves
- An employee may contribute up to **\$5,000** to the dependent care FSA for the 2025 calendar year if the employee is married and files a joint return, or as a single or head of household return. If the employee is married and files separate returns, each elect **\$2,500**
- Dependent care contributions are deposited each pay period, and can only be reimbursed for amounts up to what is currently in the account
- Dependent care dollars do not carry over to the next year. Any dollars remaining in the account on December 31 will be lost



RTD offers two dental insurance plans through Delta Dental of Colorado: the Dental EPO (DPPO) and the Dental PPO+ Premier Plan

These tables summarize the key features of the dental plans. The coinsurance amounts listed reflect the amount the employee pays for services. Please refer to the official plan documents found on the HUB for additional information on coverage and exclusions.

To find a network provider, please visit deltadentalco.com. Plan documents can be found on the HUB [here](#).

Delta Dental EPO	PPO Provider Only	Premier or Non-Participating Provider
Deductible (individual/family)	None	No Coverage
Annual Benefit Maximum	Unlimited	No Coverage
Diagnostic/preventive Services	Copayment Schedule – Found on the HUB here	No Coverage
Basic Services	Copayment Schedule – Found on the HUB here	No Coverage
Major Services	Copayment Schedule – Found on the HUB here	No Coverage
Orthodontia – child and adult	50% - unlimited lifetime maximum	No Coverage

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less

Premier Dentist – Not Covered

Non-Participating Dentist – Not covered

Monthly Premiums	Delta Dental EPO		Delta Dental PPO + Premier	
	Employee	RTD	Employee	RTD
Employee Only	\$7.52	\$17.58	\$12.58	\$29.38
Employee + 1	\$13.53	\$31.56	\$23.65	\$55.17
Family	\$22.98	\$53.60	\$41.28	\$96.31

Delta Dental PPO + Premier	PPO Provider	Premier Provider	Non-Participating Provider
Deductible (individual/family)	\$25 / \$75	\$25 / \$75	\$50 / \$150
Annual Benefit Maximum	\$2,500 per member	\$2,500 per member	\$2,500 per member
Diagnostic/preventive Services	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Orthodontia – up to age 19	50%; \$1,500 lifetime maximum	50%; \$1,500 lifetime maximum	50%; \$1,500 lifetime maximum

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less. Members will receive the greatest out-of-pocket savings by seeing a Delta Dental PPO provider

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee charged, whichever is less

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist



RTD offers vision care through Unum Vision, powered by the EyeMed network

Members have the freedom to choose any provider from EyeMed's Insight Network. This network offers a broad mix of independent, national retail and regional retail providers.

This plan offers both in and out-of-network benefits, but members will receive the best benefit by using a network provider. To find a provider, please visit eyemedvisioncare.com/unum.

This table summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Plan documents can be found on the HUB [here](#).

Additional Plan Features

- Ability to purchase glasses and contact lenses via Glasses.com and ContactsDirect.com
- Additional discounts: 40% off a complete 2nd pair of glasses; 20% off non-prescription sunglasses; 20% off remaining balance beyond in network plan coverage
- Laser Vision Correction Network access for preferred pricing
- Hearing Savings Plan – discounts on hearing exams through Amplifon

BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exams	\$15 copay	Up to \$40
Materials (lenses and frames)	\$15 copay	Up to \$30 - \$70
Contact Lens Fitting	Covered in Full	Up to \$40

FREQUENCY OF SERVICE	IN-NETWORK & OUT-OF-NETWORK
Exams	12 months
Lenses	12 months
Frames	24 months
Contact Lenses	12 months

LENSES & FRAMES	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Single Vision	100% after copay	Up to \$30
Bifocals	100% after copay	Up to \$50
Trifocals	100% after copay	Up to \$70
Standard Frames	\$200 retail allowance	Up to \$140

CONTACTS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Elective (in lieu of frames)	\$200 retail allowance	Up to \$100

Monthly Premiums	Employee	RTD
Employee Only	\$3.68	\$1.56
Employee + 1	\$6.59	\$2.83
Family	\$10.28	\$4.41



Other Benefit Plans





Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on the employee for financial support. Upon death, designated beneficiaries will receive the life benefit. If death occurs as a result of an accident, beneficiaries will receive both the life and AD&D benefits.

Basic Life and AD&D Insurance

RTD provides employees with basic life and AD&D insurance at **no cost** to the employee.

- Employee life and AD&D insurance benefit: 1.5 times base annual salary up to maximum of \$250,000

If the employee is eligible for \$50,000 or more in basic life insurance, employees are required to pay income tax on the value of the coverage in excess of \$50,000*.

**RTD employees are responsible to pay income tax on the value of any basic life insurance coverage over \$50,000 to ensure beneficiaries receive life insurance benefits tax-free.*

Voluntary Life and AD&D Insurance

Depending on an employee's personal situation, basic life and AD&D insurance might not be enough coverage. RTD provides the option to purchase voluntary life and AD&D insurance at group rates through Unum. Employees may also purchase voluntary coverage for a spouse and eligible children.

Coverage options:

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less; guarantee issue: \$250,000
- **Spouse:** \$5,000 increments up to 50% of the employee coverage amount or \$250,000, whichever is less; guarantee issue: \$50,000
- **Dependent children:** Live birth to six months: \$250; six months to age 26: \$10,000
- Employee and Spouse premiums are based on coverage amount and employee age



If an employee purchases life and AD&D insurance for the employee, a spouse and/or children when first eligible to enroll, the employee may purchase up to the guaranteed issue amounts without completing a statement of health (evidence of insurability).

If an employee does not enroll when first eligible and chooses to enroll during a future open enrollment period, the employee will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum.

Age Reduction: At age 70, the life insurance amount will be reduced to 65% of the elected amount; At age 75, life insurance will be reduced 45% of the amount prior to the first reduction.



RTD offers both short- and long-term disability insurance through Unum at no cost to the employee.

Short-Term Disability Insurance

Short-term disability (STD) insurance allows an employee to continue earning a portion of the earned salary if the employee is unable to work due to a non-work-related injury or illness.

- Elimination period: 14 days (benefits begin on day 15)
- Benefit continues for up to 11 weeks
- Benefit amount: 66.67% of salary up to a maximum of \$2,500 per week
- Benefits are taxable

Long-Term Disability Insurance

Employees that are not able to return to work after the short-term disability benefit period ends may be eligible for long-term disability, which provides additional salary continuation.

- Elimination period: 90 days (benefits begin on day 91)
- Benefit continues up to social security normal retirement age
- Benefit amount: 66.67% of salary up to a maximum of \$10,000 per month
- Benefits are taxable





RTD offers Critical Illness, Accident and Hospital insurance. This benefit is paid by the employee, post-tax.

Critical Illness

Critical illness insurance provides a lump-sum benefit if diagnosed with a covered illness such as heart attack, stroke, cancer.

- Coverage amounts are \$10,000, \$20,000 and \$30,000
- Child coverage is included with employee election at 50% of employee coverage
- If elected, may elect spouse coverage for 50% of employee coverage
- Includes Be Well benefit which pays a one-time annual benefit for various preventive health screenings
 - Depending on coverage amount, will pay \$50, \$75, or \$100
- Premiums are based on coverage amount and employee age

All plan documents can be found on the HUB [here](#).

Accident

Accident insurance pays benefits due to an accidental injury.

- If elected, may elect spouse and/or child coverage
- Includes Be Well benefit which pays a one-time, annual \$50 benefit for various preventive health screenings

Premium	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly	\$4.46	\$7.98	\$9.31	\$12.83

Hospital

Hospital insurance pays benefits due to a hospital stay.

- If elected, may elect spouse and/or child coverage
- Includes Be Well benefit which pays a one-time, annual \$50 benefit for various preventive health screenings

Premium	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly	\$17.44	\$36.92	\$24.74	\$44.22



Additional value-added benefits are available by being enrolled in Unum Life and Disability products.

Legal Resources

Access to state specific templates, step-by-step instructions as well as a secure server for document storage.

Legal Related Topics Include:

- Wills
- Living Trusts
- Personal Service Agreements
- Promissory Notes
- Copyright & Trademarks
- Power of Attorney
- Landlord/Tenant Agreements
- Name Change
- Incorporation
- Premarital Agreements

In addition, employees can receive assistance from an attorney with a free (up to 30 minute) consult for most legal issues. If further representation is required, discounted rates are available.

Get started by logging into the member site at www.unum.com/lifebalance and navigate to "Access Your EAP Benefits." From there, click on "Legal" for the personalized Legal Resource Center.

Life Planning

Access to Life Planning Financial & Legal Resources are provided at no extra cost for employees, spouses and beneficiaries who need help during a terminal illness, or after the loss of a covered member.

Life Planning consultants are also able to provide financial and legal support regarding estate settlement, social security, cash flow, taxes and investment planning. They can help develop a customized financial plan to preserve quality of life, protect resources and build future security.

To speak to a counselor or for more information, call 1-800-854-1446 (multi-lingual) or visit www.members.healthadvocate.com (Enter: Unum - Life Planning under Organization Name)

Travel Assistance

If an employee travels 100+ miles from home, whether to another country or just another city, the Assist America travel program is available to help with unexpected travel emergencies.

- Emergency Medical Evacuation
- Prescription Replacement Assistance
- Transportation
- Emergency Trauma Counseling
- Emergency Message Services
- Passport Replacement Assistance
- Care for unattended minor children
- Referrals for English-speaking providers
- Pre-trip information and country guides
- Assistance finding nearest U.S. Embassy

Call 1-800-872-1414 (within the U.S.)

Call +609-986-1234 (outside the U.S.)

Download Assist America app

Email: medservices@assistamerica.com



RTD provides employees with the option to purchase ID Theft Protection coverage through ID Watchdog and additional access to legal coverage through MetLife

ID Watchdog

ID Theft Protection provides employees with a convenient and affordable way to protect and monitor identity.

Coverage includes:

- Advances ID theft detection including credit monitoring, credit locking, social media account monitoring, financial account monitoring, personal VPN, registered sex offender reporting, fraud alerts, data breach notifications and more!
- Receive personalized identity theft restoration services with online resolution tracker and up to \$2 million in ID theft insurance
- Coverage available to employees, spouses, children and adult family members

Premium	Employee	Family
Monthly	\$7.90	\$13.90

MetLife Legal Plans

MetLife offers two plan options to employees and their dependents. The High Plan offers more robust coverage while the low plan provides a lower costing alternative.

This coverage provides cost-effective, multi-specialty access to a network of over 18,000 attorneys to assist with:

- Financial matters; Home & Real Estate
- Estate planning; Family & Personal matters
- Civil lawsuits
- Elder-care issues
- Traffic issues
- Document review

High Plan	Monthly Premium
Employees + Dependents	\$17.25

Low Plan	Monthly Premium
Employees + Dependents	\$9.00

All plan documents can be found on the HUB [here](#).

Additional Benefits



Please review the below summary of RTD's 401(a) and 457(b) retirement plan options. For questions, please contact any member of the benefits team or visit empowermyretirement.com.

401(a) Plan

- This is a defined contribution plan through Empower Retirement
 - Employer contributions only
 - RTD contributes 9%
 - Graded vesting schedule based on years of service
 - 1 year – 20%
 - 2 years – 40%
 - 3 years – 60%
 - 4 years – 80%
 - 5 years – 100%
- Employees are automatically enrolled prior to 1st paycheck
- After first check, employees can access accounts at empowermyretirement.com
 - Members can also add beneficiaries and review investments through this site

457(b) Plan

- This is a deferred contribution plan through Empower Retirement
 - Employee contributions only (no employer match)
 - Government equivalent of a 401(k) plan
 - Pre-tax or Roth options available
 - Offers competitive fees and superior funds
- Employee may enroll at anytime
- Once enrolled, employee may roll over past 401(k), 403(b), 457(b) or IRA accounts
- Employees may make contribution changes at anytime throughout the year
- Employees may enroll at empowermyretirement.com



RTD provides access to ALEX, which is an easy-to-use online tool to help employees make enrollment decisions.

Why use ALEX:

- ALEX is an RTD benefits expert that can help employees pick the right plans and explain any terms or concepts in easy-to-understand language
- ALEX is available online, which allows the tool to be used from any computer at any time

How does ALEX work?

- Login to ALEX [here](#)
- ALEX will ask a few questions about the employee's needs in order to form a custom recommendation
 - ALEX does not create, receive, maintain, transmit, collect or store any identifiable end-user information.
 - Any information shared remains completely private.



Paid Time Off



Full-time employees are eligible for paid leave.

Paid Time Off

RTD provides paid time off (PTO) so employees can enjoy time away from work. These days should be scheduled in advance and must be approved by the employee's manager. PTO is accrued per pay period. The PTO plan replaces the vacation/sick plan for employees hired on or after 1/1/2012 or those who chose to convert to this program from the vacation/sick plan. PTO is paid out at termination.

Extended Illness Bank (EIB)

RTD provides employees hired on or after 1/1/2012 additional time off with the extended illness bank (EIB). EIB may be taken when the employee is out longer than three consecutive days to care for themselves or an immediate family member due to a medical issue **or** if the employee is out on approved Family Medical Leave (FML). The employee must take three days of PTO before using EIB and will be required to provide a doctor's note unless on an approved FML. EIB is not paid out at termination.

PTO Accrual Years	Workday per 80 Hours (end of pay period)	PTO Annual Accruals	PTO Maximum Accruals
0-2 years	6.16 hours	160 hours	320 hours
3-5 years	6.77 hours	176 hours	352 hours
6-9 years	8.00 hours	208 hours	416 hours
10-14 years	8.62 hours	224 hours	448 hours
15-19 years	9.24 hours	240 hours	480 hours
20+ years	9.85 hours	256 hours	512 hours

EIB Accrual Years	Workday per 80 Hours (end of pay period)	EIB Annual Accruals	EIB Maximum Accruals
All Years	1.24 hours	32 hours	520 hours



Vacation/Sick

The vacation/sick plan is different for employees hired before 1/1/2012. Vacation and sick leaves are accrued per pay period. Vacation is paid out at termination. A percentage of sick hours are paid out at retirement or voluntary termination based on years of service.

Paid Holidays

New Year's Day; Martin Luther King, Jr. Day; President's Day; Memorial Day; Juneteenth, Independence Day; Labor Day; Thanksgiving Day; Day after Thanksgiving; Christmas Day

Floating Holidays

- 0 – 9 years of service, four annually*
- 10+ years of service, five annually

*Employees hired after June 30th are eligible for two floating holidays for the year in which they are hired.

Floating holidays do not roll over but are paid out at termination.

Bereavement Leave

Three days of paid bereavement leave are provided to employees to attend a funeral and/or deal with personal affairs related to the death of an immediate family member (spouse, domestic partner, child, siblings, parents, grandparents, grandchildren, parents-in-law). Bereavement leave may be extended up to five days if traveling out of state, with the approval of the Director of Human Resources or the Chief Administrative Officer. Employees may use paid time off or vacation for any additional time.

Jury Duty

Employees are paid for any time served on jury duty. Employees are paid based on regular rate times the number of hours that would have been worked less any amount received by the court for jury service. Employees must submit a copy of the jury summons and a copy of the jury summons certification upon completion of jury duty.

Vacation Accrual Years	Workday per 80 Hour (end of pay period)	Vacation Annual Accruals	Vacation Maximum Accruals
0-2 years	3.69 hours	96 hours	192 hours
3-5 years	4.31 hours	112 hours	224 hours
6-9 years	5.54 hours	144 hours	288 hours
10-14 years	6.16 hours	160 hours	320 hours
15-19 years	6.77 hours	176 hours	352 hours
20+ years	7.39 hours	192 hours	384 hours

Sick Accrual Years	Workday per 80 Hours (end of pay period)	Sick Maximum Accruals
All Years	3.70 hours	1,000 hours





RTD has educational information and coaching on a space available basis. RTD also provides free physical therapy services on a space available basis.

Health and Wellness Services

Restorative or preventive health services provide the following on an appointment basis:

- Personalized Fitness Programs
- Disease Management Coaching
- Stress Management Coaching
- Injury Prevention Consultations
- Physical Therapy Evaluations/Treatments
- Work Conditioning for Return-to-Work Test

Educational Resources

Employees can access help to achieve on these subject matters:

- Eat Right for Life
- DASH diet
- Weight loss and Weight Management
- DOT Physical Preparation
- Stress Management
- Chronic Pain Management
- Quit Guide (Tobacco Cessation)

On-site Fitness Centers

As part of RTD's focus on employee preventative health programs, employee fitness centers are available with equipment that provides a comprehensive approach to improving muscular and cardiovascular health.

- Boulder: 24 hours
- East Metro: 24 hours
- Platte: 24 hours
- Elati: 24 hours*
- Light Rail – Mariposa: 24 hours*
- MOW: 24 hours*
- 711 Building: 8 am – 5 pm*
- Blake Street: 7 am – 6 pm

*Generally, employees will need to work in these buildings to obtain access to fitness center area

Need Additional Help?

For information about the Wellness and Physical Therapy programs please reach out to:

Momoko Cordova ext. 3144; Momoko.Cordova@rtd-Denver.com

Or Erica Kruk ext. 7076; Erica.Kruk@rtd-Denver.com



Additional Information





Where to find benefits information

Benefits eligibility, enrollment instructions, and plan information, including plan documents are available on the HUB.

Contacts:

For general benefits questions, contact any member of the benefits team.



Jennie Waski, Senior Benefits Specialist

Jennie.Waski@rtd-Denver.com
303-299-3021

Hami Nguyen, Benefits Specialist

Hami.Nguyen@rtd-Denver.com
303-299-2180

For plan-specific questions regarding:

- Claims processing
- Pre-authorization
- Finding a network provider

Contact the insurance carrier directly at the numbers listed on the table to the right.

Carrier	Group/Plan #	Phone	Website
Cigna Medical	0605727	800-244-6224	www.mycigna.com
Kaiser Permanente Medical	628	303-338-4545	www.healthy.kaiserpermanente.org
Delta Dental	1877	800-610-0201	www.deltadentalco.com
Unum Vision by EyeMed	917952	855-652-8686	eyemedvisioncare.com/Unum
Unum Life and AD&D	607789 – Basic & LTD 607790 – Voluntary	866-679-3054	www.unum.com
Unum Disability	607788 - STD	866-679-3054	www.unum.com
Unum Accident	947537	800-635-5597	www.unum.com
Unum Critical Illness	947538	800-635-5597	www.unum.com
Unum Hospital	947539	800-635-5597	www.unum.com
ID Watchdog – ID Theft	4885	866-513-1518	www.idwatchdog.com
MetLife Legal Plans	High: 9908646 Low: 9908648	800-821-6400	www.members.legalplans.com
Rocky Mountain Reserve – HSA/FSA	RMRRTD	888-722-1223	www.rmrbenefits.com
Empower Retirement – 457(b)	98743-01	800-701-8255	www.empowermyretirement.com
Empower Retirement – 401(a)	98743-02	800-701-8255	www.empowermyretirement.com

Premium:

The amount the employee pays out of each paycheck to be covered by the plan.

Deductible:

Cigna LocalPlus PPO and Kaiser DHMO: The amount a member must pay each year before the plan begins paying toward certain covered services such as imaging and hospitalizations. Certain services have copays.

Cigna and Kaiser HDHP:

The amount a member must pay each year before the plan begins paying toward any covered services (except preventive care, which is paid 100% by the plan).

Out-of-pocket maximum:

The maximum out-of-pocket members will be required to pay for covered health care services in a plan year. The out-of-pocket maximum does not include premium payments taken from paychecks.

Copayment or copay:

A set dollar amount members pay for certain health care services such as an office visit. Copays are usually paid at the time of the office visit. Cigna LocalPlus PPO and Kaiser DHMO plans have copays.

Coinsurance:

A set percentage of the total cost for a covered health care service that a member pays after the deductible has been satisfied. For example, after the deductible is paid, members pay 20% of covered services and the plan pays the remaining 80%.

In-network providers:

Cigna: In-network providers have contracted with the Cigna LocalPlus network and have agreed to provide a discount to Cigna plan members. Members pay less out of pocket when a Cigna LocalPlus network provider is chosen.

Kaiser: Kaiser's integrated model means that the physicians are directly contracted within Kaiser Permanente. Being enrolled in a Kaiser plan requires visits to a Kaiser Permanente network provider to receive benefits.

Out-of-network providers:

Cigna: Out of-network providers, facilities, and pharmacies can charge full price for services, which is typically much higher than the in-network discounted rate. Members will pay more out of pocket when an out-of-network provider is chosen in addition to higher co-insurance amounts and out-of-pockets.

Kaiser: There are no out-of-network providers available through Kaiser Permanente and members would be responsible for the cost.

Preventive care:

Health care services that help keep members healthy by preventing diseases and other health conditions. Both the Kaiser and Cigna medical plans pay 100% of the cost of preventive care when it is provided by an in-network provider. Some preventive care services that may be covered include exams, screenings, and vaccinations. Please be aware that members may be billed for non-preventive care services received at a preventive care exam.



NOTICES





When an employee or a family member becomes eligible for Part D (Medicare’s prescription drug benefit), it is important to understand when to enroll in Part D.

Employees can wait as long as "creditable" coverage is maintained (i.e., coverage that on average pays at least as well as Part D pays on average). If there is no creditable coverage, employees need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life
- The longer an employee goes without creditable coverage, the higher the penalty. The employee would be charged an additional 1% of Part D base premium for each month the employee is late, for the rest of that employee’s life
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends)
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st

The information below indicates whether prescription drug coverage under RTD’s plan is creditable

Creditable Coverages	Non-Creditable Coverages
Kaiser DHMO, Cigna PPO, Kaiser HDHP, Cigna HDHP	N/A

Anyone needing to learn more about Medicare should visit the website [Medicare.gov](https://www.medicare.gov)



Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. Any employee that would like more information on WHCRA benefits may contact any member of the benefits team.

The RTD medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.





For employees needing to purchase individual health insurance, the Affordable Care Act created a new public health insurance Marketplace.

This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program, and evaluates eligibility for new tax credits. Open enrollment for Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the Marketplace, so individuals are unlikely to see all plans available in the community when shopping the public marketplace.

The Marketplace can help determine whether individuals may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower the monthly premium, and the other can lower cost sharing (such as deductibles). Since tax credits are based on projected household income and typically paid in advance to the insurance company, there is a chance that the individual may have to repay some or all tax credits on a tax return if the income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means the lowest-cost minimum value plan costs no more than 9.5% (indexed annually) of household income to be enrolled in single (not family) coverage.

The plan is intended to be affordable and minimum value.

As a result, if an individual or someone in the individual's family wanted to compare health insurance options in the Marketplace to the insurance offered through, please remember that:

- The individual might pay full retail price for Marketplace insurance (without the new tax credits)
 - Insurance would no longer be paid on a pre-tax basis
 - Individuals would no longer have an employer contribution toward insurance (note that employer contributions are typically excludable from income for federal income tax)
- Questions will be navigated directly with the chosen insurance company; human resources will not be able to assist individuals with a Marketplace plan
- Should an employee desire to come back to RTD's plan in the future, individuals will either need to:
 - Experience a "qualifying event" recognized by an RTD plan as a mid-year election change, or
 - Wait until the next annual open enrollment



Individuals eligible to participate in a group medical plan may have to enroll and agree to pay part of the premium through payroll deduction in order to participate.

The federal Health Insurance Portability and Accountability Act (HIPAA) requires an individual be notified of the right to enroll in the plan under its "special enrollment provision" if there is a new dependent, or if coverage is declined under this plan for the individual or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If enrollment is declined for the individual or for an eligible dependent (including a spouse) while coverage under Medicaid or CHIP is in effect, the individual and dependents may be able to enroll in this plan **if eligibility is lost** for the other coverage. However, **the individual must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If enrollment is declined for the employee or for an eligible dependent (including a spouse) while other medical coverage is in effect, individuals and dependents may be able to enroll in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, individuals **must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If there is a new dependent as a result of marriage, birth, adoption, or placement with the individual for adoption, individuals and dependents may be able to enroll. However, **the employee must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If an individual or dependents (including a spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, individuals and dependents may be able to enroll in this plan. However, **individuals must request enrollment within 60 days** after determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact benefits.

IF COVERAGE IS DECLINED, INDIVIDUALS MUST COMPLETE A FORM FOR EMPLOYEE TO DECLINE COVERAGE

- If coverage is declined for an individual or for an eligible dependent, the individual must complete a "Form for Employee to Decline Coverage."
- On the form, employees are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment and will be asked to identify that coverage.
- If the employee does not complete the form, the employee and any dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above but will still have special enrollment rights for a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If an employee does not gain special enrollment rights upon a loss of other coverage, the employee or dependents cannot enroll in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Premium Assistance Under the Medicaid or the Children's Health Insurance Program



If an employee or the employee's children are eligible for Medicaid or Children's Health Insurance Program (CHIP) and are eligible for health coverage from an employer, the employee's state may have a **premium assistance program that can help pay for coverage**, using funds from Medicaid or CHIP programs. For those ineligible for Medicaid or CHIP, individuals or children will not be eligible for these premium assistance programs but may be able to buy individual insurance coverage through the Health Insurance Marketplace at www.healthcare.gov.

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

If individuals or dependents are NOT currently enrolled in Medicaid or CHIP and want to check eligibility for either of these programs, contact the state Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or visit www.insurekidsnow.gov to find out how to apply. For those that qualify, ask the state if it has a program that might help pay the premiums for an employer-sponsored plan.

If individuals or dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under an employer plan, the employer must allow the individual to enroll in an employer plan if the individual is not already enrolled. This is called a Health Insurance Portability and Accountability Act "special enrollment" opportunity, and **the individual must request coverage within 60 days of being determined eligible for premium assistance**. For questions about enrolling in an employer plan, contact benefits or the Department of Labor at www.askebsa.dol.gov or **1-866-444-EBSA (1-866-444-3272)**.

Individuals living in one of the listed states may be eligible for assistance paying employer health plan premiums. The list of states is current as of July 31, 2024. Contact the state for more information on eligibility.

ALABAMA – MEDICAID Web: myAlhipp.com Phone: 1-855-692-5447	ALASKA – MEDICAID Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – MEDICAID Web: myARhipp.com Phone: 1-855-myARhipp (1-855-692-7447)	CALIFORNIA – MEDICAID Web: dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov Phone: 916-445-8322
COLORADO – MEDICAID (HEALTH FIRST COLORADO) AND CHIP (CHILD HEALTH PLAN PLUS, OR CHP+) Web: healthfirstcolorado.com and mycohibi.com Phone: 1-800-221-3943, State Relay 711, or HIBI 855-692-6442 CHIP Web: colorado.gov/HCPF/Child-Health-Plan-Plus CHIP Phone: 1-800-359-1991 or State Relay 711	FLORIDA – MEDICAID Web: FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/ hipp Phone: 1-877-357-3268
GEORGIA – MEDICAID GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	INDIANA – MEDICAID Web: in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479) Web: in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479)
IOWA – MEDICAID AND CHIP (HAWKI) Web: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562 CHIP Web: dhs.iowa.gov/hawki CHIP Phone: 1-800-257-8563	KANSAS – MEDICAID Web: kancare.ks.gov HIPP: http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_F ORM1-05.pdf Phone: 1-800-792-4884
KENTUCKY – MEDICAID Web: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: kihipp.program@ky.gov Phone: 1-855-459-6329 CHIP Web: kidshealth.ky.gov CHIP Phone: 1-877-524-4718	LOUISIANA – MEDICAID Web: ldh.la.gov/lahipp Phone: 1-855-618-5488

Premium Assistance Under the Medicaid or the Children's Health Insurance Program



MAINE – MEDICAID Web: maine.gov/dhhs/ofi/applications-forms (PHIP application) Phone: 1-800-977-6740 or TTY: Maine Relay 711	MASSACHUSETTS – MEDICAID AND CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – MEDICAID Web: 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 or 651-431-2670	MISSOURI – MEDICAID Web: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – MEDICAID Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	NEBRASKA – MEDICAID Web: AccessNebraska.ne.gov Phone: 1-855-632-7633; Lincoln 402-473-7000; Omaha 402-595-1178
NEVADA – MEDICAID Web: dhcfp.nv.gov/Pgms/CPT/HIPP Phone: 1-800-992-0900	NEW HAMPSHIRE – MEDICAID Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – MEDICAID AND CHIP Web: www.state.nj.us/humanservices/dmahs/clients/medicaid Phone: 609-631-2392 CHIP Web: njfamilycare.org CHIP Phone: 1-800-701-0710	NEW YORK – MEDICAID Web: health.ny.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA – MEDICAID Web: medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program Phone: 855-696-2447 or 919-855-4100	NORTH DAKOTA – MEDICAID Web: nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825
OKLAHOMA – MEDICAID AND CHIP Web: insureoklahoma.org Phone: 1-888-365-3742 CHIP same as Medicaid website CHIP same as Medicaid phone	OREGON – MEDICAID Web: healthcare.oregon.gov or oregonhealthcare.gov (same website) Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID Web: dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	RHODE ISLAND – MEDICAID AND CHIP Web: www.eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) CHIP same as Medicaid website CHIP same as Medicaid phone
SOUTH CAROLINA – MEDICAID Web: www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - MEDICAID Web: dss.sd.gov Phone: 1-888-828-0059
TEXAS – MEDICAID Web: gethipptexas.com Phone: 1-800-440-0493	UTAH – MEDICAID AND CHIP Web: medicaid.utah.gov Phone: 1-877-543-7669 CHIP Web: health.utah.gov/chip CHIP same as Medicaid phone
VERMONT– MEDICAID Web: greenmountaincare.org Phone: 1-800-250-8427	VIRGINIA – MEDICAID AND CHIP Web: CoverVA.org/hipp Phone: 1-800-432-5924 CHIP same as Medicaid website CHIP Phone: 1-855-242-8282
WASHINGTON – MEDICAID Web: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	WEST VIRGINIA – MEDICAID Web: myWVhipp.com Phone: 1-855-myWVhipp (1-855-699-8447); TTY 1-855-888-3003
WISCONSIN – MEDICAID AND CHIP Web: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 CHIP same as Medicaid website CHIP same as Medicaid phone	WYOMING – MEDICAID Web: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269 or 307-777-7531

Thank you.

