



CSM



Benefits Guide | 2024

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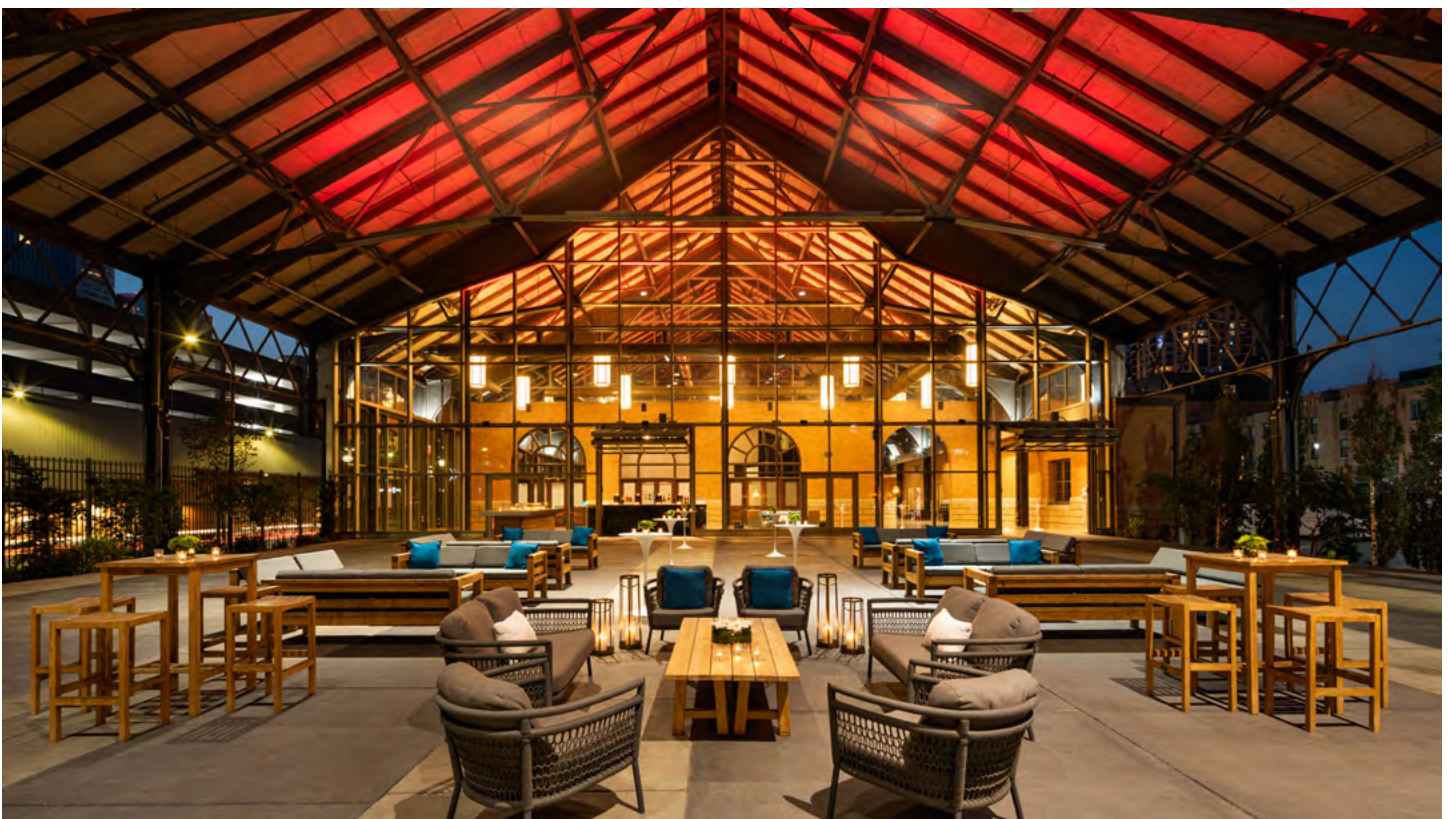


Welcome to your 2024 CSM Benefits!

We are so happy you are here as an employee of CSM Corporation, CSM Lodging Services Incorporated (LSI), and CSM Asset Management, LLC (collectively, CSM or Company). Throughout this guide, you will find helpful information on your CSM benefits. This includes plan design information, plan costs, details on our benefit partners, mobile apps to use and much more. Before you begin your enrollment process, review this guide thoroughly to be sure you understand your options and all the benefits available to you.

We are proud to offer you a quality benefits package that includes health and wellness resources, income protection, and retirement planning. In 2024, compared to 2023, you can expect:

- **NO INCREASE to employee premiums for Medical, Dental and Vision Insurance!**
- **SAME great Medical plan that includes low dollar co-pays**
 - > Insurance costs are going up, but CSM is paying for the additional cost!
 - > FREE Telehealth visits through Doctor On Demand
 - > FREE Medicare Advocacy support
 - > FREE Diabetes prevention & management program from Omada
- **SAME Dental, Vision, Life Insurance & other voluntary benefit offerings**
- **FREE CSM paid benefits including Life Insurance, Disability coverage, and Employee Assistance Program**
- **SAME** Multi-language Enrollment Experts to assist with questions and enrollment
- **SAME** CSM Benefits Website – Easily access all benefit information and links via one website



Get Ready to Enroll

After you have reviewed your benefit options and are ready to make decisions, gather your dependent verification documents. If your dependents weren't previously enrolled in your medical, dental, or vision plan, or if your dependent's documents need to be verified, you will need to provide current documentation showing that they are an eligible dependent. You will need to upload this documentation to complete enrollment and/or you may be asked to provide it at a later date.

Dependent	Acceptable Documentation
Biological/Step Child Up to age 26	Birth certificate showing you or your spouse as the child's parent OR Hospital certificate with birth date, if child is under six months of age
Adopted Child	Official court or agency placement papers OR Certified court-approved adoption papers
Child covered under a Qualified Medical Child Support Order (QMSCO)	Judgment, order, or decree which meet the requirements of a QMSCO
Disabled Child Age 26 or Older*	Birth certificate showing you or your spouse as the child's parent AND First page of your most recent Federal Tax Return AND Medical Certification or Social Security Supplemental Income Form (SSI)
Legal Spouse	Marriage Certificate OR First page of your most recent Federal Tax Return

** Must be permanently disabled by mental or physical incapacity and is primarily dependent on you and incapable of self-sustaining employment due to physical or mental disability.*

Once you have these documents, they can be uploaded into the WEX website. For questions, you can contact WEX at **(833) 395-7447**.



Who is Eligible?

All full-time employees who average 30 or more hours per week and their eligible dependents.

Eligible dependents include:

- > Legally married spouse
- > Dependent children up to age 26
- > Disabled children over the age of 26

When am I Eligible?

New hires are eligible for benefits beginning the first of the month following a 30 day waiting period.

Newly hired employees have 30 days from their date of hire to complete their benefit enrollment. If benefit enrollment is not completed during this new hire enrollment window, all voluntary benefits will be waived, with the following open enrollment being the next opportunity to enroll in benefits.

Please Note:

Unless you have a **qualified life event**, you cannot make changes to your benefits until the next annual enrollment period. Should you experience a qualified life event during the year, please notify CSM by logging onto UKG Pro at <https://n12.UltiPro.com/> and then clicking on the WEX logo. Employees may also call WEX at **(833) 395-7447** to make changes. Examples of qualifying life events are: loss or gain of coverage through your legal spouse, loss of eligibility of a covered dependent, death of your covered legal spouse or child, birth or adoption of a child, marriage, divorce or legal separation, or change from full-time to part-time or part-time to full-time.

What am I Eligible for?

As a CSM employee you are eligible for a variety of benefits. Some benefits you will need to enroll in. Other benefits are paid for by CSM and you will be automatically enrolled in them. See the table below for a full list of benefits, which ones require enrollment, and who pays for the benefit.

Benefit	Is Enrollment Required?	Who Pays the Cost?
Medical Insurance	Yes	CSM & You
Dental Insurance	Yes	CSM & You
Vision Insurance	Yes	You
Flexible Spending Account	Yes	You
Basic Life and AD&D	No, automatic	CSM
Voluntary Life and AD&D	Yes	You
Short Term Disability	No, automatic	CSM
Long Term Disability	No, automatic	CSM
Employee Assistance Program	No, automatic	CSM
Medical Bill Saver	No, automatic	CSM
Medicare Advocacy	No, automatic	CSM
Accident Insurance	Yes	You
Critical Illness Insurance	Yes	You
ID Shield	Yes	You
Travel Assistance	No, automatic	CSM
Hospital Indemnity Insurance	Yes	You
Pet Insurance	Yes	You
401(k)	Yes	CSM & You

Benefits can be confusing, that's why we have included this glossary of terms. If you need help understanding something, refer back to this page.

Allowed amount: The amount the insurance carrier (example: BlueCross BlueShield of MN) has agreed to pay a medical provider.

Coinsurance: A payment structure that starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Copay: A fee you pay every time you get medical care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: This is the first milestone you hit by paying for covered medical services. This is the amount you need to pay before coinsurance will be applied.

Doctor on Demand: A service that provides on-demand access or same-day appointments with board-certified physicians or next-day appointments with psychologists from any device with a front-facing camera – smartphone, tablet or computer. Doctor on Demand providers can treat most common non-emergency medical issues through live, face-to-face video visits.

Elections: Your benefit choices you make during enrollment.

Eligible or covered services: Health care services covered by your plan.

Evidence of Insurability (EOI): Document completed by you and returned to the insurance carrier when requesting coverage. Typically used for life and disability coverage.

Explanation of Health Care Benefits (EOB): A notifying document sent after you received care or a service from a provider. This document is not a bill, but a notification that shows the expected cost you will be responsible for and the cost the plan expects to cover.

Flexible Spending Account (FSA): Special accounts you can contribute money to on a pre-tax basis for medical and dependent care expenses.

Formulary or drug list: A list of FDA-approved prescription drugs preferred by your health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage, with the lowest cost. Go to [bluecrossmnonline.com](https://www.bluecrossmnonline.com) to find covered providers.

Life Event or Qualified Life Event: A qualifying life event is a big life-changing situation - sometimes planned, sometimes unexpected - that can impact you and your health insurance. Experiencing a life event may allow you to change your elections outside of the annual enrollment period. Examples of qualified life events can be found on page 5.

Member: A person who is covered by the benefit.

Member website: A secure website for accessing plan details and cost information as well as health and well-being resources.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers or pharmacies.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the remainder of the plan year.

Pay Period: Employees are paid every other Friday at CSM.

Per Pay Period Deduction: Amounts taken out of an employee's paycheck each pay period.

PPO: Preferred Provider Organization. A PPO offers a network of health care providers you can use as part of your medical plan.

Provider: Refers to doctors, clinics, hospitals and other health care professionals.

Premium: Your payment to pay for the cost of the benefit/insurance, which will be a deduction on your paycheck. Your employer may pay part of the premium. You may also be able to pay your premium pretax from your paycheck.

Salary Continuation: The continuation of your regular pay.

Telehealth: Clinical health care that takes place on a digital platform. This can include a computer or smart device. Telehealth visits may have a cost associated if a platform other than Doctor on Demand is used.

Waive: When you decline a benefit.



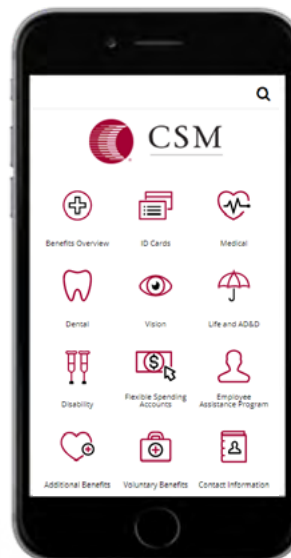
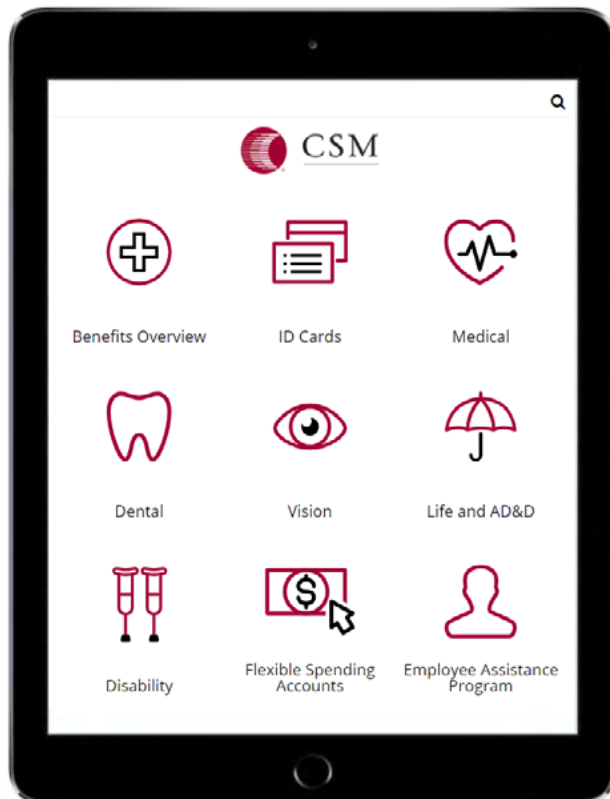
Access your CSM benefits, anywhere and anytime, with the mobile website!

You can access CSM's benefit plan information and resources from any device! There's no app to download, nothing to install, no waiting... just access the URL below from your mobile (or desktop) browser!

- > Find links to UKG Pro (UKG) to enroll in your benefits through WEX. This is the easiest way to access enrollment from your phone, tablet or computer!
- > Access and print generic ID cards with CSM's group information.
- > Download and print benefit related documents and forms.
- > Quickly find service contact information and online resources.
- > Review benefit plan information.
- > Watch educational benefit videos.
- > Available in 8 different languages.

Access your benefits by visiting this link and saving it to your device's home screen or bookmarks tab for quick access.

CSMcorp.mybenefitsapp.com



Enroll in your benefits in a few simple steps:

1. Access UKG Pro (<https://n12.ultipro.com>) with your username and password

If you are accessing UKG for the first time, your username is your last name + the last four digits of your Social Security Number (SSN). Your default password is the first four numbers of your SSN + your birthdate (MMDDYYYY).

If you need assistance with your UKG Pro username or password, please email HR@csmcorp.net. Once on the UKG homepage, scroll down to the bottom and access your benefits enrollment by clicking on the WEX link.

2. Access WEX

Click 'Enroll Now' and follow the instructions to enroll in your benefits or waive coverage.

3. Make your elections

Review your options as you click through the enrollment process. You can track your progress, and total costs, by looking at the bar on the right side of the screen.

4. Review your elections

After you have either elected or waived all benefit offerings, you will see the confirmation section of your enrollment.

- > Review your elections.
- > Then click on 'Finish Enrollment' at the bottom of the page
- > Review your paycheck deductions by clicking on 'Go to Home Page'
- > Click on 'My Plans'
- > Select '01/01/2024' from the drop down menu

Get enrollment assistance with a pre-planned phone call.

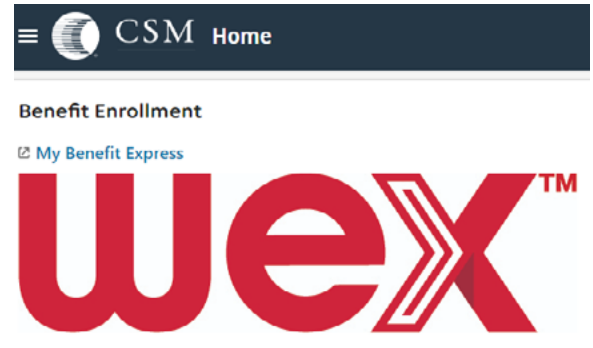
Don't spend time on hold to get the assistance you need. Simply pick the time and your preferred language using the website below. An enrollment expert will be ready to help, in your proffered language the moment your meeting begins!

English

<https://calendly.com/unumengageplus/csm>

Spanish

<https://calendly.com/unumengageplus/csmspanish>



Prefer to enroll by phone?

Enrollment can be completed by calling an Enrollment Expert at **(866) 643-9404** (use reference number **201229**). Enrollment Experts are available to assist you in over 300 different languages!

Please note longer than usual wait times may be applicable (at this time of year generally). We encourage the use of the link to schedule a meeting as this will improve the customer experience.

Listed below is a table of Medical, Dental and Vision costs. The table shows the cost for both the employee and for CSM, by pay period and month, and by members covered.

	Per Pay Period		Monthly	
Medical	Cost to Employee	Cost to CSM	Cost to Employee	Cost to CSM
Associate Only	\$64.50	\$337.93	\$129.00	\$675.86
Associate Only* (<\$11.75/hr)	\$50.50	\$350.50	\$103.00	\$701.86
Associate + Spouse	\$237.50	\$598.24	\$475.00	\$1,196.48
Associate + Child(ren)	\$214.50	\$660.64	\$429.00	\$1,321.28
Associate + Family	\$332.50	\$975.96	\$665.00	\$1951.92

*If you make less than \$11.75 per hour you are eligible for this rate.

	Per Pay Period		Monthly	
Dental	Cost to Employee	Cost to CSM	Cost to Employee	Cost to CSM
Associate Only	\$12.50	\$6.48	\$25.00	\$12.96
Associate + Spouse	\$22.50	\$12.09	\$45.00	\$24.19
Associate + Child(ren)	\$30.00	\$15.82	\$60.00	\$31.63
Associate + Family	\$40.50	\$20.93	\$81.00	\$41.87

	Per Pay Period	Monthly
Vision	Cost to Employee	
Associate Only	\$3.28	\$6.56
Associate + Spouse	\$6.76	\$13.52
Associate + Child(ren)	\$9.04	\$18.08
Associate + Family	\$11.93	\$23.86

Employees are paid every other Friday. The cost will come out of the first two paychecks of the month. If there is a third paycheck in a month, there will not be any cost taken from the paycheck.

CSM is offering one medical plan. This plan is offered by BlueCross BlueShield of MN (BCBS - MN). This Copay Plan is part of a Preferred Provider Organization (PPO) network and offers easy access to everyday care with low office visit and convenience care copays when using an in-network provider. Below is a summary of the benefits provided.

Medical Plan		
Services	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$8,550 / \$17,100	\$17,100 / \$34,200
Coinsurance	You pay 20%, Plan pays 80%	You pay 40%, Plan pays 60%
Office Visit		
Doctor on Demand	\$0 Copay	Deductible, then Coinsurance
Primary Care	\$20 Copay	Deductible, then Coinsurance
Specialty Care	\$60 Copay	Deductible, then Coinsurance
Mental Health	\$20 Copay	Deductible, then Coinsurance
Preventative	Covered at 100%	Deductible, then Coinsurance
Diagnostic Test Labs, bloodwork	Covered at 100%	Deductible, then Coinsurance
Diagnostic Imaging (CT/PET scan/MRI, x-ray)	Deductible, then Coinsurance	Deductible, then Coinsurance
In and Outpatient Hospital and Emergency Care	Deductible, then Coinsurance	Deductible, then Coinsurance
Urgent Care	\$20 Copay	Deductible, then Coinsurance
Prescription Drugs	In-Network	Out-of-Network
Generic	\$10 Copay	\$10 Copay
Preferred Brand	\$50 or 20% Coinsurance up to \$100	\$50 or 20% Coinsurance up to \$60
Non-Preferred Brand	\$100 or 20% Coinsurance up to \$200	\$100 or 20% Coinsurance up to \$200
Specialty Preferred	20% Coinsurance up to \$1,000	Not Covered
Specialty Non-Preferred	20% Coinsurance	Not Covered

This is a brief overview only and is not a complete list of your covered services. Certain limitations and exclusions apply. Please refer to your Summary Plan Description (SPD) on WEX or in the CSM Benefits Website for exact terms and conditions.

bluecrossmnonline.com

As a BlueCross BlueShield of MN member, you have access to a secure website at bluecrossmnonline.com. You can find the following information on the site:



- Find a doctor tool – search for **in-network** doctors and hospitals using the ‘Aware Network’ if you live in Minnesota and ‘BlueCard PPO Network’ if you live or work outside of Minnesota.
- Care costs – compare doctors, common treatments and procedure costs.
- Claims – view your claims and download your Explanation of Health Care Benefits (EOBs).
- Transparency tools – access ways-to-save alerts, Healthcare University and healthcare screening reminders.
- Online care – find direct link to Doctor on Demand to access an online doctor in minutes.

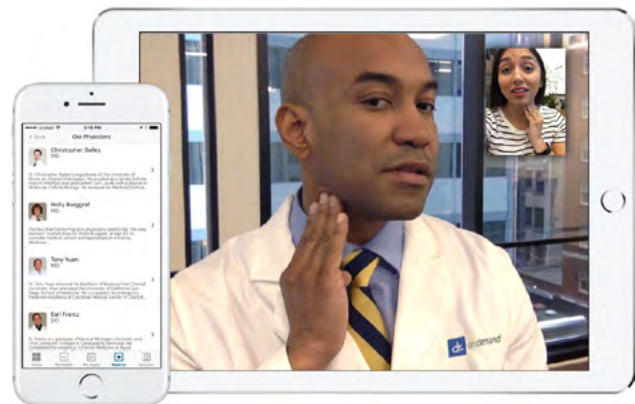
Doctor on Demand

Doctor on Demand (DOD) is available to all employees enrolled in the CSM medical plan. DOD is the fastest, easiest way to see a doctor anywhere or anytime on your computer, tablet or smart phone – from the comfort of your own home 24 hours a day, seven days a week. You can download the app by searching “Doctor on Demand” in the Apple App Store or Google Play or visit DoctorOnDemand.com/bluecrossmn to get started.

How much does it cost?

\$0

DOD is **FREE** for those enrolled in the CSM Medical plan



Member Name

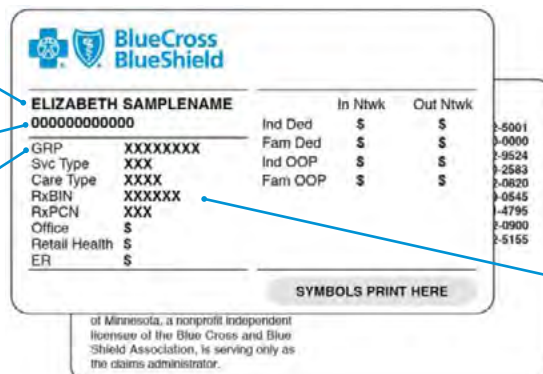
Each family member covered by your plan will have an ID Card. This includes minor children.

Member ID Number

Your ID number helps providers look up your plan details. It is used to track expenses.

Group Number

This identifies your employer’s plan.



Questions?

Contact information is on the back of your ID card.

Plan Details

Know Where To Go For Care

With your BlueCross BlueShield of MN medical plan you have access to many different care options that range in cost. Always make sure your doctor, clinic or hospital is in-network before getting care. Use this chart as a guide to determine the best place to go for cost-effective care for different kinds of illnesses and injuries.

<p>Doctor on Demand (Telehealth) FREE</p>	<ul style="list-style-type: none"> > Cold, cough and flu > Bladder infection > Mental health > Skin rashes > Prescriptions 	<p>Minor health issue - An easy way to get quick care when your Primary Care Doctor is not immediately available. Remember - the care you receive virtually is not with the Doctor that knows your medical history and should not be used as a replacement to visiting your Primary Care Doctor. DoctorOnDemand.com/bluecrossmn <i>Minimal or no wait time</i></p>
<p>Office Visit \$</p>	<ul style="list-style-type: none"> > General health issues > Preventive care > Screenings and vaccines > Referrals to specialty care 	<p>Routine care - One of the easiest and most important way to establish a healthy lifestyle. Equally important, is developing a long term relationship with a Primary Care Doctor who can provide you routine care based on your and your family's health history. <i>Wait times vary</i></p>
<p>Convenience Clinic (CVS, Walgreens, etc.) \$\$</p>	<ul style="list-style-type: none"> > Cold, cough and flu > Ear and eye infections > Sore throat > Vaccines 	<p>Minor health issue - No appointment needed for treatment of minor health issues <i>Short wait times</i></p>
<p>Urgent Care Clinic \$\$\$</p>	<ul style="list-style-type: none"> > Minor cuts, sprains and burns > Skin rashes > Fever and flu > X-rays and lab testing 	<p>Urgent - not life threatening - Drop in for medical care that is urgent but not life-threatening <i>Wait times vary, typically longer than an office visit</i></p>
<p>Emergency Room (ER) \$\$\$\$</p>	<ul style="list-style-type: none"> > Chest pain > Shortness of breath > Uncontrolled bleeding > Poisoning or other serious illness/injury 	<p>Life threatening - Call 911 or go to the nearest ER if the situation seems life-threatening <i>Longer wait times if you go with a minor condition</i></p>

Check out bluecrossmnonline.com to find your in-network options.

Prepare now so you know what to do or where to go. Write your choices and their information here:

Primary Care Doctor:

Convenience Clinic:

Omada

Omada® is a personalized program that empowers you to achieve your health goals. If you or your adult family members are at risk for type 2 diabetes or heart disease, or are living with diabetes, and enrolled in the CSM medical plan, CSM will cover the cost of the Omada program once your application has been reviewed and accepted. Medical plan members can apply by visiting <https://go.omadahealth.com/omadaforbcbsmn>.

Blue365

Get discounts on products and services that help you live a healthier life. You must be enrolled in the BlueCross BlueShield of MN (BCBS - MN) plan to have access to Blue365.

Take advantage of Blue365

Visit blue365deals.com/bcbsmn to register using the information on your BlueCross BlueShield of MN member ID card and your email address. After registering you will receive an email each week with a weekly deal.

Registration is simple and free for employees. You can start shopping for things like:

- > 20% off at Reebok's online store
- > Up to 50% off select Garmin, Polar and Fitbit products.
- > 50% off select Nutrisystem program orders
- > \$28 monthly gym membership
- > And more!

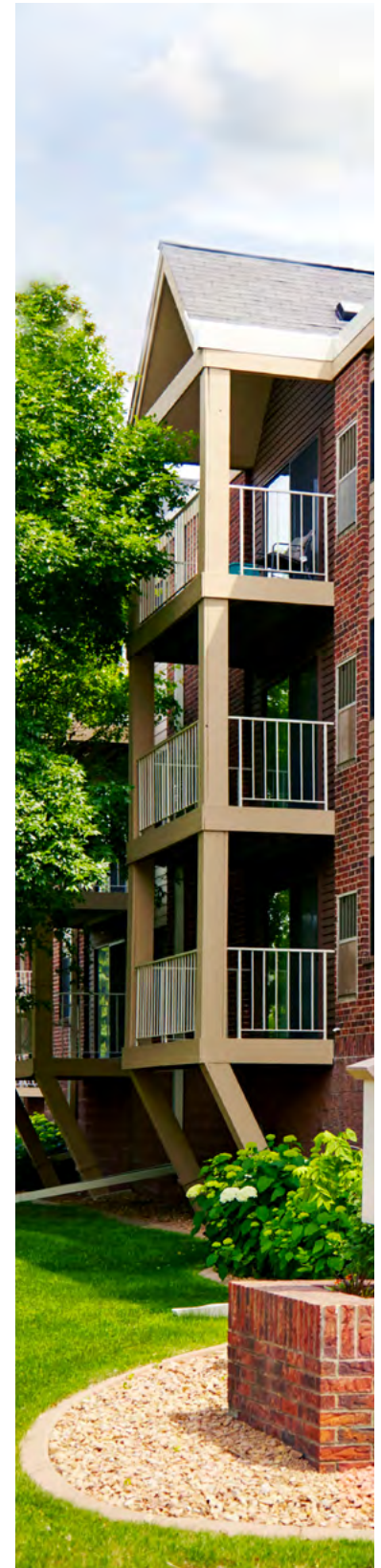
ID Theft Protection

You have access to ProtectMyID – an identity protection program from Experian. This is a free service available to employees enrolled in the BCBS plan. Additional coverage is available via ID Shield (see page 23). After enrolling, you and your family will have free access to: daily credit monitoring and timely alerts, a fraud resolution team, and an Experian credit report. You can enroll by phone by calling Experian at **(866) 926-9803**.

*Please note: ID Theft Protection is different from the ID Shield offering. See page 23 for additional information.

Global Core

Through the BlueCross BlueShield of MN Global Core program, you have access to doctors and hospitals around the world. To learn more about this program, visit bcbsglobalcore.com or call the service center at **(800) 810-2583**. You can also utilize the BlueCross BlueShield Global Core app by searching for “global core” in the Apple App Store or Google Play.



Maintaining good dental health and getting regular checkups may prevent you from having major expenses in the future. CSM offers dental coverage through Delta Dental of MN.

Dental Plan	
Plan Design Features	In-Network
Annual Maximum	\$1,500 per person
Annual Deductible (Individual / Family)	\$50 / \$150
Diagnostic and Preventive Service Cleanings, X-rays	Covered at 100%
Basic Service Minor Restorations	Deductible, then you pay 20%
Endodontics Minor Restorations	Deductible, then you pay 20%
Periodontics	Deductible, then you pay 20%
Oral Surgery	Deductible, then you pay 20%
Major Restorative Services Crowns	Deductible, then you pay 50%
Prosthetic Repairs and Adjustments	Deductible, then you pay 50%
Prosthetics	Deductible, then you pay 50%
Orthodontics (covers children up to age 18)	Deductible, then you pay 50%
Orthodontics Lifetime Maximum	\$1,500

This is a brief overview only and is not a complete list of your covered services. Certain limitations and exclusions apply. Please refer to your Summary Plan Description (SPD) or in the CSM Benefits Website for exact terms and conditions.

To learn more about your dental plan, or to look for an in-network provider, go to deltadentalmn.org or the Delta Dental App. You can contact a Delta Dental Customer Service Representative by calling **(800) 448-3815**.



Having healthy eyes is an essential part of overall health, which is why CSM offers vision coverage through EyeMed. If you're in need of contacts or eye glasses then the vision plan could be a great benefit for you. Note that the cost of vision exams is covered under medical plans.

Vision Plan	
Plan Design Features	In-Network
Exam Once every 12 months	\$10 Copay
Frames Once every 12 months	\$150 Allowance You pay 80% of cost over \$150, plan pays 20%
Single Vision Lenses Once every 12 months	\$25 Copay
Contact Lenses Once every 12 months	\$150 Allowance You pay the balance over \$150
Laser Vision Correction Discount Lasik or PRK from U.S. Laser Network	15% off the retail price; or 5% off the promotional price

This is a brief overview only and is not a complete list of your covered services. Certain limitations and exclusions apply. Please refer to your Summary Plan Description (SPD) or in the CSM Benefits Website for exact terms and conditions.

Members-only Special Offers		
contactsdirect	Target Optical	LensCrafters
Save 10%	Extra \$25 off	Save 10%
on contact lenses with code EYEMED2024	at Target Optical® in addition to your EyeMed benefits	at LensCrafters® in addition to your EyeMed benefits

EyeMed Mobile Website

The features you love plus new features to explore.

- > See your benefits at-a-glance
- > Track your claims
- > Find special offers to help you save more
- > Find an in-network eye doctor with the Provider Locator
- > View your ID card
- > Set upcoming exam and contact lens replacement reminders
- > And much more!

To learn more about your vision plan, or to look for an in-network provider, go to www.eyemedvisioncare.com. You can contact an EyeMed Customer Service Representative by calling **(866) 939-3633**.



Medical and Dependent Care Flexible Spending Accounts (FSA) allow you to set aside tax-free dollars that can be used to pay for, or reimburse yourself for, a wide variety of medical and/or dependent care expenses. CSM's FSAs are administered by Further.

The election you make when you enroll will be in place for the plan year (January 1 to December 31) unless you have a qualified life event. FSAs are a "use it or lose it" benefit. When you enroll, be sure to plan accordingly, as any dollars you do not use will be lost at the end of the year.

Medical FSA

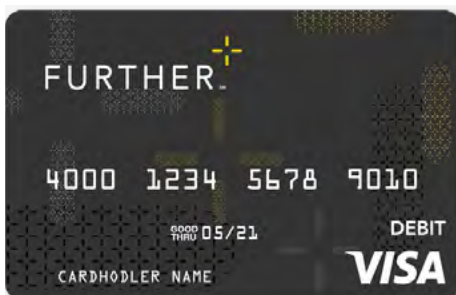
Allows for reimbursement of qualified out-of-pocket medical, dental and vision expenses for yourself and your dependents. The annual election maximum amount is \$3,200 for the plan year. The CSM Medical FSA has a grace period that allows you to incur eligible expenses through March 15 of the next year, so long as those claims are submitted for reimbursement by March 30.

NOTE: For the Medical FSA, you will receive a debit card to use for any qualifying expenses. You should always save your receipts to prove eligible expenses.

Eligible Medical Expenses:

- > Deductibles, copays, and coinsurance
- > Prescription drugs and allergy shots
- > Vision and dental care expenses
- > Over-the-counter medical supplies
- > Orthodontia expenses

Refer to Further's website at [hellofurther.com](https://www.hellofurther.com) for a more complete list of eligible medical expenses.



To begin using your card:

- Sign the back of your card
- Call **(800) 531-6675** to activate your card

Always save documentation of your purchases.

Dependent Care FSA

Allows for reimbursement of dependent care expenses incurred by eligible dependents. To qualify, you and your spouse (if applicable) must be employed full-time, or your spouse must be a full-time student. The annual election maximum amount is \$5,000 for the plan year.

CSM Provided Life & Disability Benefits 18

CSM provides Basic Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance, and Disability Insurance. These benefits are administered through Unum and are provided by CSM, which means the entire cost is paid for by CSM.

Life and AD&D	Life Insurance and AD&D \$20,000	Life Insurance and AD&D 2x Annual Salary
Eligibility	Full-time employees in salary grade A - G	Full-time employees in salary grade H - U
Who Pays For This Benefit?	CSM Corporation	CSM Corporation
Maximum Benefit	\$20,000	Up to \$500,000

CSM provides Salary Continuation (typically known as Short Term Disability). This benefit provides partial income replacement while you are disabled and unable to work due to your disability. The entire cost is paid for by CSM.

Disability	Salary Continuation	Salary Continuation	Long-Term Disability
Eligibility	Full-time employees in salary grade A-G first of the month following 30 days of employment	Full-time employees in salary grade H-U first of the month following 30 days of employment	Full-time employees in salary grade H-U first of the month following 30 days of employment
Who Pays For This Benefit?	CSM Corporation	CSM Corporation	CSM Corporation
Benefits Begin	8th day after the disability begins	8th day after the disability begins	91st day after the disability begins
Benefits Payable	Disability: Up to 90 Days OR Maternity: 6 or 8 weeks based on delivery	Disability: Up to 90 Days OR Maternity: 6 or 8 weeks based on delivery	Up to Social Security Retirement Age
Income Replaced	Disability: 60% of weekly salary, up to \$500 per week OR Maternity: 80% of weekly salary, up to \$500 per week	Disability: 60% of weekly salary OR Maternity: 80% of weekly salary	Up to 60% of monthly salary
Maximum Benefit	Up to 12 weeks of payments	Up to 12 weeks of payments	Up to \$6,000 per month

CSM has partnered with a handful of vendors to provide additional benefits to full-time employees. Below is a brief description of the benefits.

Even if you do not choose to elect Medical, Dental or Vision benefits, you are still automatically enrolled in these benefits as a full-time employee of CSM.

Employee Assistance Program

CSM offers an Employee Assistance Program (EAP), called HealthAdvocate, that is administered by Unum. The EAP is offered to help you navigate life's issues at work and home. The EAP covers you, your spouse, your dependent children, your parents, and your parents-in-law.

EAP consultants are available 24 hours a day, seven days a week, 365 days a year. The EAP provides access to a national network of counselors who can help you, no matter where you are or what kind of situation you're facing.

- > Stress, depression, anxiety
- > Relationship issues, divorce
- > Job stress, work conflicts
- > Family and parenting problems

Help Is Easy To Access

Website: unum.com/lifebalance

Toll-free 24/7 multi-lingual number:
(800) 854-1446

In-person: You can get up to three visits with a Licensed Professional Counselor at no cost to you.

HealthAdvocate

Through HealthAdvocate, you also have access to resources that can help you:

- > Find a new doctor
- > Get a second opinion
- > Contact a nurse
- > Locate urgent care

For HealthAdvocate's assistance over the phone call **(800) 854-1446**.

Medical Bill Saver™

Need help negotiating your medical bills? HealthAdvocate can help you understand your charges and negotiate any bills that are non-reimbursed medical expenses or incorrectly billed. They will contact your providers, and negotiate the bill on your behalf. Call **(800) 854-1446** to start the process.

Work/Life Balance

Specialists are available for help with balancing work and life issues. Call **(800) 854-1446** and a specialist can help answer these common issues:

- > Child and elder care
- > Legal questions
- > Identity theft
- > Financial services

GoodRX

GoodRX is a free online website anyone can utilize to get the best price on prescriptions. Log on to GoodRX.com or download the app, then search for your prescription. You will see the different discounts available to you at local pharmacies. Please note: this can not be used in conjunction with your medical insurance and any out-of-pocket costs will not be applied towards your deductible.

Medicare Advocacy

Medicare Advocacy is a service that will work with you to help you understand the process of choosing a Medicare plan that meets your medical and financial needs. The entire cost of this service is paid for by CSM. Even if you do not choose to elect Medical, Dental or Vision benefits, you are still automatically enrolled in this benefit as a full-time employee of CSM.

Individuals who do not fully understand their Medicare options can find themselves incurring significant out of pocket expenses if they choose the wrong plan. Working with the Medicare Advocacy team is simple, and helps individuals feel confident in their Medicare selections. They will provide personalized guidance over the phone to help you understand the options that are available to you.

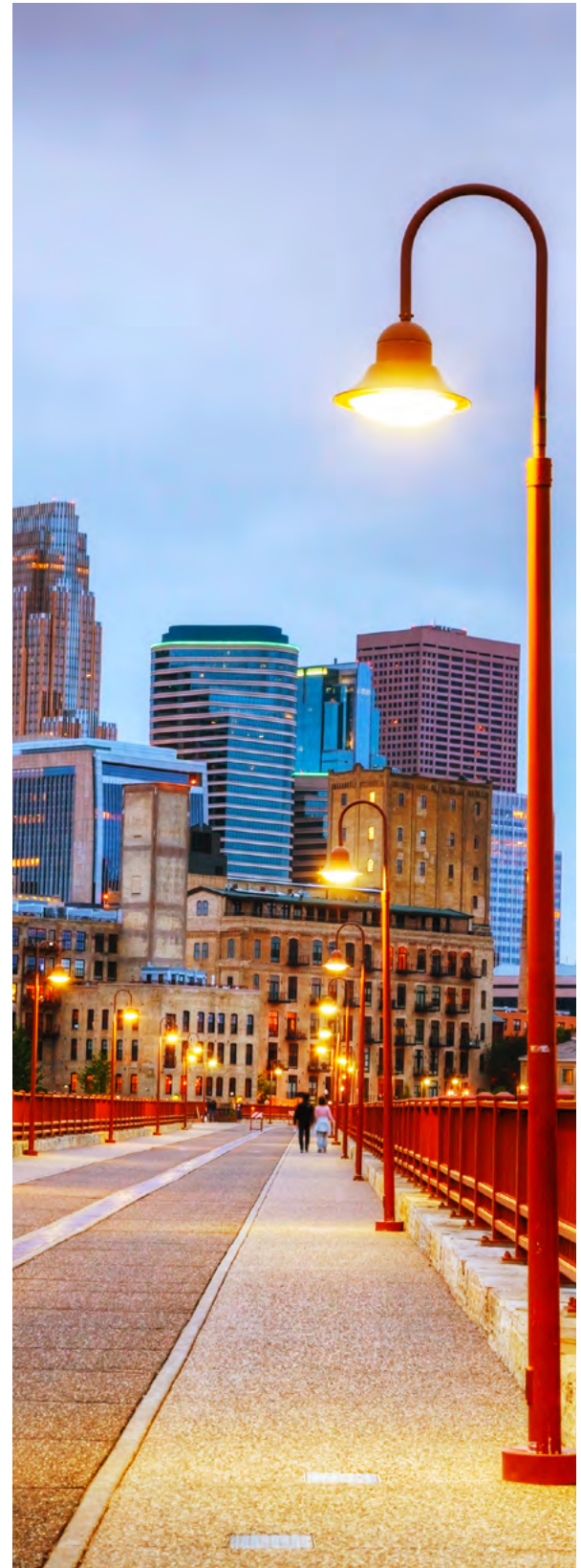
What is included?

- Assistance with benefit coordination.
- Customized consultations to review supplemental coverage options.
- Guidance for you or your family member(s) through enrollment.
- Finding a plan that fits your financial needs.

If you are currently 65, or if you turn 65 during your employment at CSM, a Medicare Advocacy representative will proactively reach out to you.

The services that are available to you are also available to your family members, and are paid for by CSM. Any eligible family member can utilize the services by calling the Medicare Advocacy team at (833) 830-2386.

Contact the Medicare Advocacy team by calling **(833) 830-2386**.



As a full-time employee of CSM, you have access to additional benefits that CSM provides. These benefits include the following:

Paid Time Off that can be used for sick time related reasons, vacations, school activities, or other types of appointments. PTO is accrued throughout the year.

Employee Referral Program that allows you to earn up to \$1,000 for referring a future CSM employee.

Education Assistance that supports professional development of employees. CSM offers tuition reimbursement for post-secondary education and continuing education if you are pursuing approved industry and professional designations and/or studies through accredited institutions of higher learning. CSM will reimburse up to \$5,250 per calendar year for enrollment fees and materials for classes and course work.

Scholarship Program for Dependents that assists employees' children who plan to continue their education after high school with tax free scholarships up to \$2,500 per year.

Discounted Hotel Rooms where employees are eligible to stay at any CSM owned hotel at a discounted rate.

Discounts at CSM Residential Properties where CSM employees receive a discount on monthly rent at any CSM owned residential property.

If you have questions on any of the benefits listed on this page, please contact Human Resources by calling **(612) 395-7040** or emailing benefits@csmcorp.net.



CSM has partnered with Unum to offer additional benefits to full-time employees. These benefits help protect against life's unexpected incidents. Below is a brief description of the plans.

Even if you do not choose to elect Medical, Dental or Vision benefits, you are still able to elect into the following benefits by being a full-time employee of CSM.

Voluntary Life Insurance and Accidental Death & Dismemberment

Group term life insurance for you, your spouse, and dependent children can be purchased. The costs vary based on age and coverage amount. If you are newly benefit eligible or if you already have voluntary life insurance through Unum, you can buy life coverage for yourself up to \$180,000, and for your spouse up to \$50,000, without the need to provide evidence of insurability. Costs are based on your age as of January 1 of the 2024 plan year. Costs can be viewed in WEX.

- > Employee coverage can be purchased in \$10,000 increments up to 5x salary or \$500,000.
- > Spouse coverage can be purchased in \$5,000 increments up to \$250,000 but not to exceed 100% of the employee voluntary life amount.
- > Child coverage can be purchased in \$1,000 increments up to \$10,000.
- > To enroll in coverage for a spouse or child you must enroll in employee voluntary life.

Accident Insurance with Wellness Benefit

Covers a wide variety of injuries and accident related expenses (such as hospitalization, physical therapy, hospital intensive care, transportation and lodging) associated with the loss of income due to a covered on or off job accident. Accident insurance will pay you a lump sum benefit based on the type of injury (or covered accident) you sustain or the type of treatment you need.

	Per Pay Period	Monthly
Associate Only	\$6.30	\$12.61
Associate + Spouse	\$10.39	\$20.79
Associate + Child(ren)	\$11.38	\$22.76
Associate + Family	\$15.47	\$30.94

Critical Illness Coverage with Wellness Benefit

Covers several conditions, including cancer, heart attack, stroke, blindness, organ failure, and more. You may purchase coverage in \$5,000 increments up to a Guaranteed Issue amount of \$30,000. Critical Illness will pay you a lump sum benefit upon diagnosis of a critical illness.

Please refer to WEX for additional cost calculations by logging into UKG at <https://n12.UKG Pro.com/> or the CSM Benefits Website CSMcorp.mybenefitsapp.com. Employees may also call WEX at (833) 395-7447.

Wellness Benefit

With your accident or critical illness coverage through Unum, you will receive \$50 per calendar year, per insured individual, if a covered health screening test is performed, including: blood test, stress test, colonoscopy, chest x-ray or mammogram. If you are enrolled in both plans, you can submit for this benefit twice. You can file your claim online at unum.com, or over the phone at (800) 635-5597. After you have submitted all required information, you will receive your \$50 check in the mail.

Additional Voluntary Benefits, continued 23

CSM has partnered with Unum and ID Shield to offer additional benefits to full-time employees. Below is a brief description of the plans.

ID Shield

CSM offers voluntary identity theft protection for you and your family. Identity theft affects millions of Americans each year and this plan will provide you with experts on your side.

You are able to purchase fully comprehensive identity theft protection through ID Shield.

ID Shield provides you and your family the following services: monitoring, identity consultation services, identity restoration, and ID Shield Vault. Please note, dependents over age 18 only receive Identity Restoration. Visit <http://benefits.legalshield.com/csm> to learn more about ID Shield identity theft coverage.

	Per Pay Period	Monthly
Associate Only	\$3.00	\$6.00
Associate + Family	\$5.50	\$11.00

Family Plan covers employee, spouse/partner, and up to 8 dependents up to the age of 26.

Assist America

Whether traveling for business or pleasure, one phone call connects you to a travel assistance professional that speaks your language and can help you locate hospitals, embassies and other “unexpected” travel destinations. Add the below number to your cell phone contacts so it’s always close at hand.

Within the U.S.: **(800) 872-1414**

Outside the U.S.: **+609-986-1234**

Via email: medservices@assistamerica.com

Hospital Indemnity

Group Hospital Indemnity insurance is designed to help provide financial protection for employees and their families who experience a hospitalization. Employees and their families can use the benefit to meet the out-of-pocket expenses and extra bills that can occur.

Hospital Indemnity Plan Description

Hospital Admission	\$1,500 payout per insured per calendar year
Daily Hospital Confinement	\$100 per day, to a maximum of 60 days per calendar year
Hospital Intensive Care Unit Confinement	\$200 per day, to a maximum of 15 days per calendar year

	Per Pay Period	Monthly
Associate Only	\$7.52	\$15.05
Associate + Spouse	\$14.53	\$29.06
Associate + Child(ren)	\$10.79	\$21.59
Associate + Family	\$17.80	\$35.60

Download and activate the app today from the Apple App Store or Google Play.
Reference Number: 01-AA-UN-762490

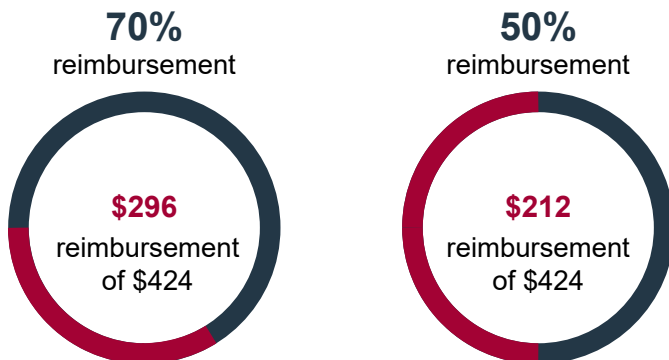
CSM has partnered with Nationwide to offer discounted access to pet insurance for both part-time and full-time employees. You are able to add, drop or make changes to this coverage any time throughout the year through their website.

Features Include:

- > 70% or 50% reimbursement on vet bills
- > One set price for coverage
- > Discount for multiple pets
- > An average savings of 40% over similar plans from other pet insurers

Choose the reimbursement level that fits your needs.

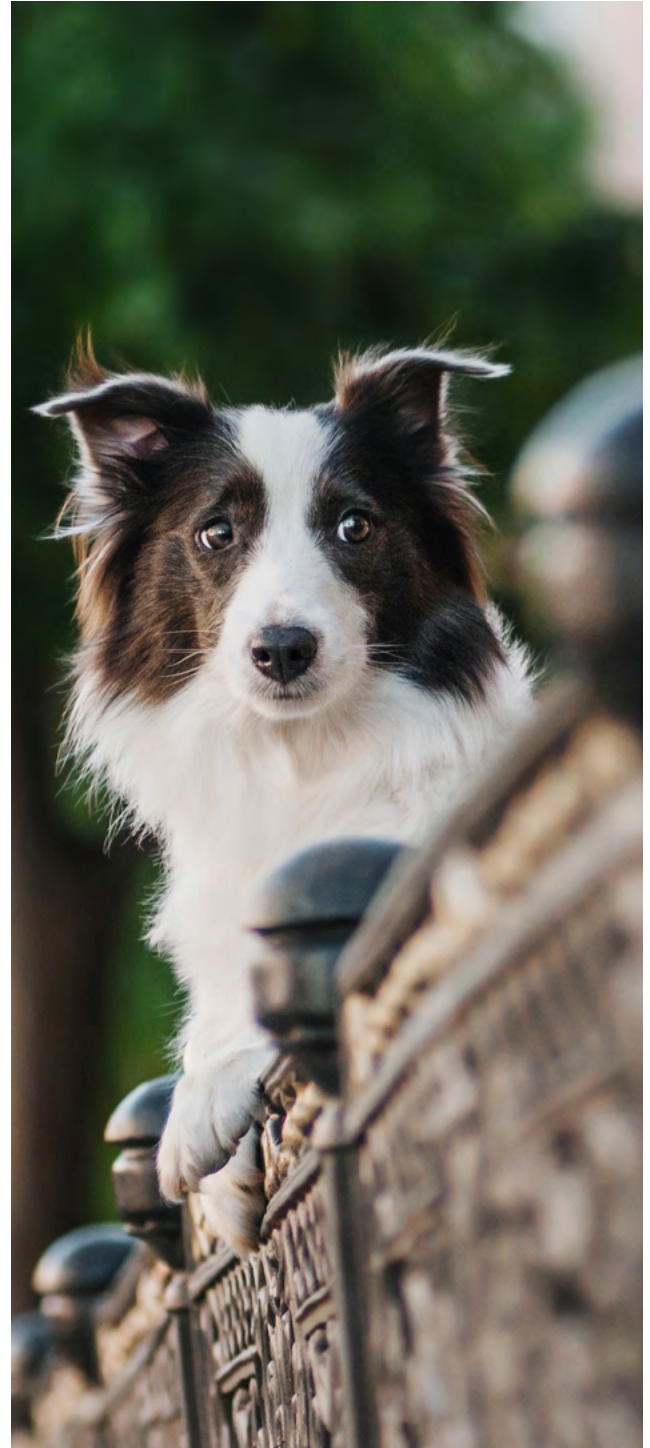
Problems such as an upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is \$424. Here's how My Pet Protection would cover the bill:



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

For cost and additional information visit:
petinsurance.com/CSMcorp

Call (877) 738-7874 to obtain a quote!



401(k) Retirement Savings Plan

The 401(k) plan allows employees to save between 1% and 75% of eligible compensation through 401(k) pre-tax and/or Roth 401(k) after-tax payroll deductions.

Eligibility Criteria: All regular full-time, regular part-time, and on call employees age 21+ are eligible the first of the month following one month of service.

401(k) Employer Match: CSM provides a safe harbor matching contribution on pre-tax and/or Roth after-tax contributions. CSM will match \$1.00 for every \$1.00 you save, up to 3% of your pay, and \$0.50 for every \$1.00 you save on the next 2% of your pay. Save at least 5% in order to take advantage of the entire safe harbor matching contribution! Employer match contributions will begin on the first paycheck of the month following 90 days of service. Employer match contributions are fully vested immediately.

The 401(k) plan is administered by Milliman Benefits.

Employees can contact a representative at Milliman to enroll, to ask questions, or to make election changes, by phone **(866) 833-5584** or online at millimanbenefits.com.

Financial Planning: A benefit provided by CSM to all 401(k) eligible employees is access to a Financial Planner through SageView Advisory Group. SageView is the investment fiduciary to the CSM 401(k) Plan and can help you with:

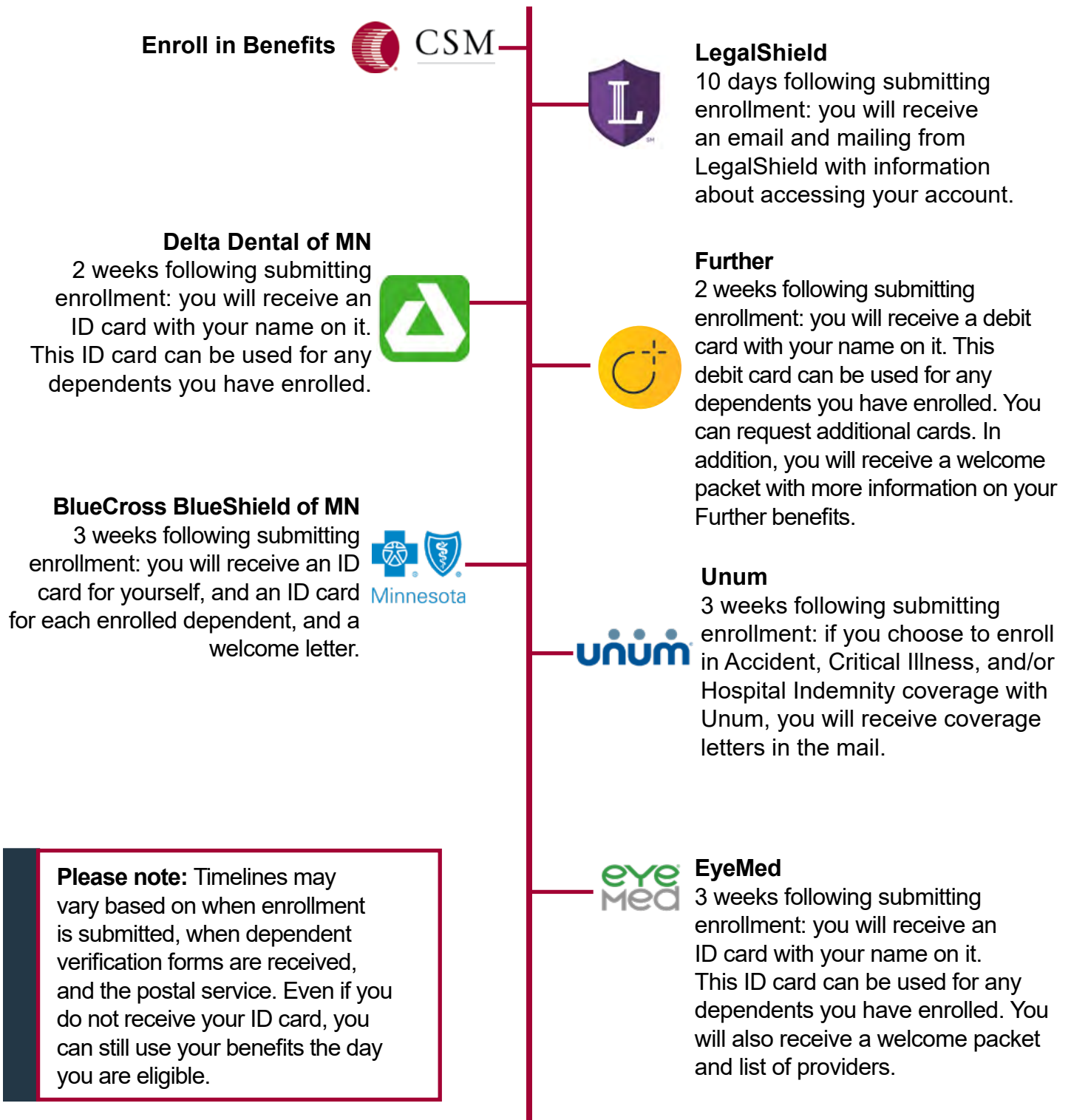
- > Investments
- > Retirement Income Projections
- > Tax Strategies
- > Estate Planning
- > Additional fee-based wealth management and financial planning

Schedule time with a SageView Financial Planner online at <https://calendly.com/sageviewcolson> or by phone **(952) 221-0492**.



What to Expect After You Have Enrolled 26

After you enroll in benefits, you will receive communication from providers such as BlueCross BlueShield of MN, Delta Dental, EyeMed, etc. Communication will come in the mail to your home address and/or to the email address you provided during enrollment. To help you keep track of what to expect, review the timeline below.



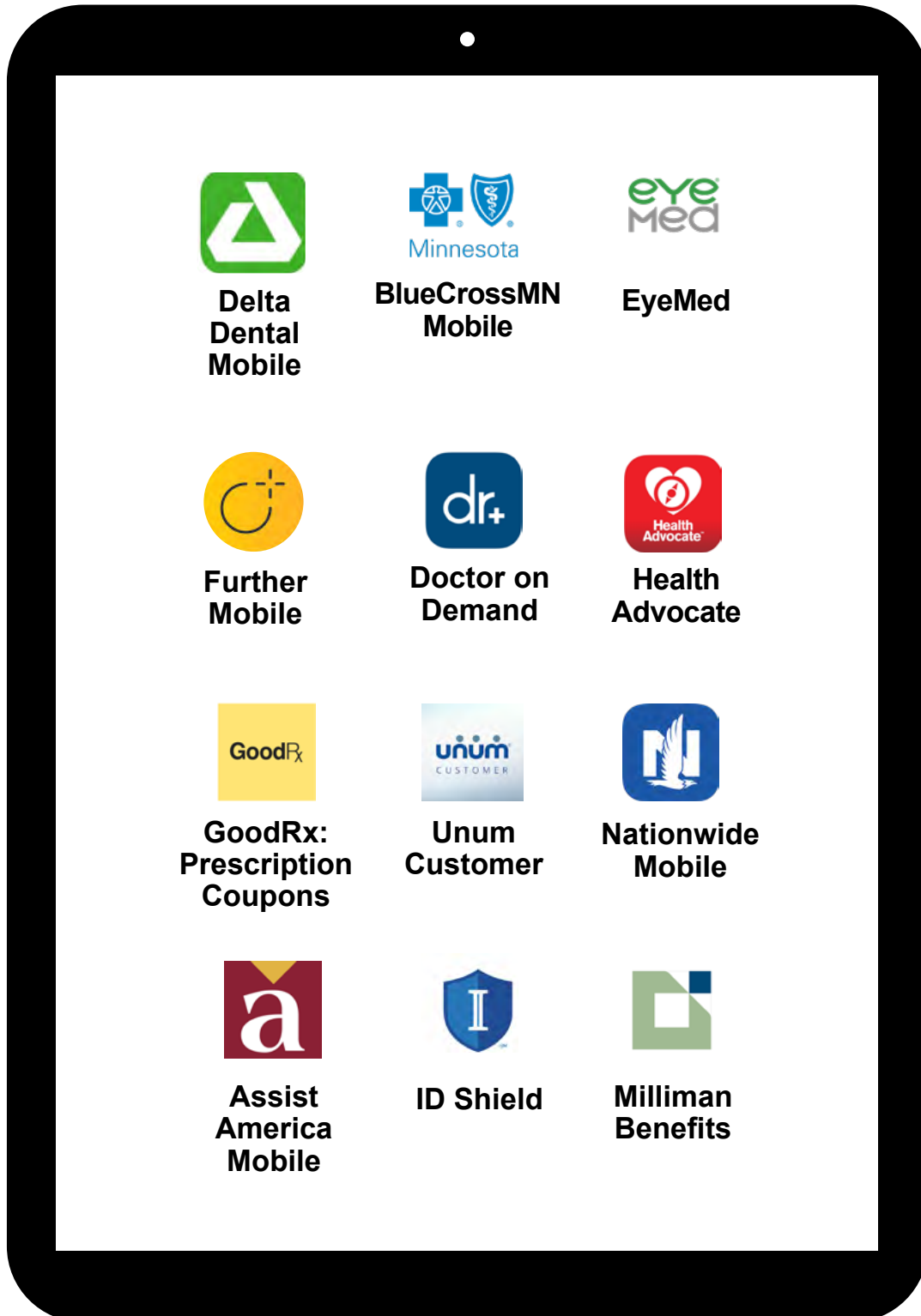
Please note: Timelines may vary based on when enrollment is submitted, when dependent verification forms are received, and the postal service. Even if you do not receive your ID card, you can still use your benefits the day you are eligible.

Below is a table of contact information for the different partners and providers of CSM Benefits.

Benefit	Group Number	Phone Number	Website
Assist America	N/A	(800) 872-1414	Email: medservices@assistance.com
BlueCross BlueShield of MN Medical	10203994	(800) 531-6676	www.bluecrossmnonline.com
Delta Dental of MN Dental	50964	(800) 448-3815	www.deltadentalmn.org
Employee Assistance Program Expanded Counselor Network Medical Bill Saver Health Advocate	N/A	(800) 854-1446	unum.com/lifebalance
EyeMed Vision	9890864	(866) 939-3633	www.eyemedvisioncare.com
Further FSA - Medical and Dependent	3242	(800) 859-2144	www.hellofurther.com
ID Shield ID Protection	CSM	(888) 494-8519	http://benefits.legalshield.com/csm
Medicare Advocacy	N/A	(833) 830-2386	
Milliman Benefits 401k	N/A	(866) 833-5584	www.millimanbenefits.com
Nationwide Pet Insurance	N/A	(877) 738-7874	petinsurance.com/CSMcorp
Omada	N/A		go.omadahealth.com/omadaforbcbsmn
Unum Leave of Absence and Disability	N/A	(866) 868-6737	portal.unum.com
Unum Vol Life and AD&D	948945	(800) 445-0402	www.unum.com
Unum Accident, Critical Illness, Hospital	948945	(800) 635-5597	www.unum.com
WEX Online Benefits Enrollment	N/A	(833) 395-7447	https://n12.UKG Pro.com
General Benefits Questions For general benefit and enrollment questions, contact WEX	N/A	(833) 395-7447	Email: help@mybenefitexpress.com
CSM HR For Company Benefits	N/A	(612) 395-7040	Email: Benefits@csmcorp.net

As a reminder, you can review all benefits included within this guide on the CSM Benefits Website:
CSMcorp.mybenefitsapp.com

Go to the CSM Benefits Website CSMcorp.mybenefitsapp.com and click Contact Information to download apps from the different partners and providers of CSM Benefits.



Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CSM Corporation 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. CSM Corporation has determined that the prescription drug coverage offered by your 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 CSM Corporation coverage will not be affected. You may keep your current CSM Corporation coverage and this will coordinate with your Medicare drug plan.

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

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CSM Corporation, 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).

Date: 01/01/2024

Name of Entity/Sender: CSM Corporation

Contact--Position/Office: HR Department

Address: 500 Washington Ave. S, Suite 3000

Minneapolis, MN 55415

Email: Benefits@csmcorp.net

Statement Regarding CSM Plan Electronic Disclosures

Individuals entitled to receive benefits under the CSM Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. CSM intends to provide the following documents to you by electronic delivery (as described below):

The Summary Plan Description (SPD);

Any required Summaries of Material Modifications (SMMs);

The Summary Annual Report (SAR); and

Any documents required to be furnished under ERISA § 104(b)(4) ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2) ERISA § 104(b)(2).

Electronic Delivery Method to Be Used: These ERISA-required documents will be furnished to you in each case as a link to the document(s) by accessing the WEX online benefit enrollment system. To access the document(s), you must have (1) a computer with internet access; and (2) the application program Adobe Acrobat installed on your computer allowing you to open and read the attached document. To retain a copy of the e-mail and attached document for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy in electronic form onto a backup system external to your computer’s hard drive (e.g., on a zip drive).

If any of these requirements change in a way creating a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide an additional consent form to receive documents electronically.

Your Right to a Paper Copy: You have the right to request and obtain a paper version of any electronically transmitted document at no charge. Contact a member of the Benefits Team at CSM Corporation, who acts on behalf of the plan administrator, at **612-395-7040** or email us at Benefits@csmcorp.net to request a paper copy.

Newborns and Mothers Health Protection Act

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

Women's Health and Cancer Rights Act 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). 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. Refer to your SBC for deductibles and coinsurance based on your plan selection. If you would like more information on WHCRA benefits, call your Plan Administrator 612-395-7040.

Health Insurance Marketplace Coverage

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2023 for coverage starting as early as January 1, 2024.

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

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

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

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

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

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://mvakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.hhs.texas.gov/es/servicios/finanzas/programa-de-pago-de-las-primas-del-seguro-medico Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://dvha.vermont.gov/members.medicaid/hipp-program Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

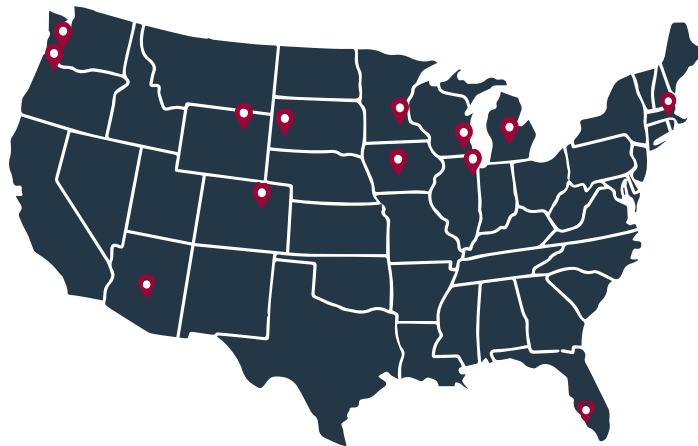
Commercial



Hotels



Residential



CSM

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