

EMPLOYEE BENEFITS GUIDE

PLAN YEAR
JANUARY 1, 2024 -
DECEMBER 31, 2024





INTRODUCTION

Princeton Nassau Pediatrics offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options so that you can choose the best coverage for you and your family.

IN THIS GUIDE

IMPORTANT ENROLLMENT INFORMATION	3
MEDICAL/PRESCRIPTION DRUG PLAN	4
HEALTH REIMBURSEMENT ARRANGEMENT	5
DENTAL PLANS	6
EMPLOYEE CONTRIBUTIONS	7
BASIC LIFE AND AD&D	8
BENEFITS MEMBER ADVOCACY CENTER	9
BENEPORTAL	10
VALUE-ADDED SERVICES	11
CARRIER CONTACTS	12
LEGAL NOTICES	13

IMPORTANT ENROLLMENT INFORMATION

ELIGIBILITY

If you are a full-time employee at Princeton Nassau Pediatrics, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

HOW TO ENROLL

To enroll in benefits, you must complete an enrollment form. To obtain an enrollment form, visit the BenePortal (www.pnpbenefits.com). Completed forms should be sent to Priscilla Caracter (pcaracter@gmail.com).

ENROLLMENT TIMELINE

You will have 30 days from your date of hire to complete your benefits enrollment. If you do not enroll within this timeframe, you will not be able to enroll until our next Open Enrollment, unless you experience a Qualifying Life Event.

MAKING PLAN CHANGES

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify Human Resources within 30 days of experiencing a Qualifying Life Event.



MEDICAL & PRESCRIPTION DRUG PLAN: AETNA

Eligible employees may choose to enroll in the following medical plan, administered by Aetna. When you enroll in the Aetna medical plan, you are automatically enrolled in the corresponding prescription drug plan. Preventive Care services such as routine physicals and immunizations for adults and children, are covered 100% in-network - no copays, deductibles or coinsurance!

Princeton Nassau Pediatrics provides each subscriber with a Health Reimbursement Account (HRA) with a maximum reimbursement of \$1,250 toward your deductible. A Debit card is available to the subscriber.

However, if you choose to enroll in an HSA on your own, you will not have access to the HRA.

AETNA OPEN ACCESS MANAGED CHOICE POS (HSA QUALIFIED)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Out-of-Pocket Maximum	\$3,250 individual / \$6,500 family	\$6,500 individual / \$13,000 family
Office Visits/Exams		
Primary Care Physician (PCP)	30% after deductible	50% after deductible
Specialist	30% after deductible	50% after deductible
Maternity Visits	Covered 100%	50% after deductible
Preventive Care	Covered 100%	50% after deductible
Diagnostic X-ray/Imaging (MRI, CT-Scan)		
Lab	30% after deductible	50% after deductible
X-Ray	30% after deductible	50% after deductible
Complex Imaging (CT/PET scans, MRIs)	30% after deductible	50% after deductible
Hospital Services		
Inpatient (including maternity)	30% after deductible	50% after deductible
Outpatient Surgery/Facility	30% after deductible	50% after deductible
Mental Health/Substance Abuse Services		
Inpatient	30% after deductible	50% after deductible
Outpatient	30% after deductible	50% after deductible
Outpatient Physical Rehabilitation		
Speech Therapy	30% after deductible	50% after deductible
Physical & Occupational Therapy	30% after deductible	50% after deductible
Emergency Room	30% after deductible	50% after deductible
Maternity Care (Professional & Facility Services)	30% after deductible	50% after deductible
Prescription drug benefits	30-day supply	90-day supply
Generic	\$10 copay after deductible	\$20 copay after deductible
Preferred Brand	\$35 copay after deductible	\$70 copay after deductible
Non-Preferred Brand	\$60 copay after deductible	\$120 copay after deductible
Specialty Medications	Applicable cost as noted above for generic or brand drugs	Applicable cost as noted above for generic or brand drugs

* All copayment and after deductible costs shown in this chart are after your deductible has been met, if a deductible applies.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA): WEX

WHAT IS AN HRA?

A Health Reimbursement Arrangement (HRA) is an employer-funded account that is designed to pay for qualified medical expenses. The HRA works in conjunction with your Aetna medical plan and can be used to pay for out-of-pocket expenses incurred while you work to meet your plan deductible.

HRAs can serve as a way to pay for out-of-pocket health care expenses. An advantage of an HRA is that it is employer-funded, which means tax-free money.

BENEFITS OF HRA

An HRA is entirely employer-funded, essentially boosting an employee's salary with tax-free money for healthcare expenses. An employee can't choose how much money will be contributed to an HRA, however, they are still a great way to reduce out-of-pocket health expenses.

ELIGIBILITY

Employees who are enrolled in Princeton Nassau Pediatrics medical & prescription drug plan are automatically eligible to receive the HRA funding. However, if you choose to enroll in an HSA on your own, you will not have access to the HRA.

If eligible for an HRA, consider how it may help you and your family.

- Princeton Nassau Pediatrics provides each subscriber with a Health Reimbursement Account (HRA) with a maximum reimbursement of \$1,250 regardless of your coverage tier.



DENTAL PLANS: AETNA

Eligible employees and their eligible family members may choose to enroll in one of the following dental plans, administered by Aetna. Keep in mind, you will get the most value when seeing dental providers who participate in the Aetna network. To find in-network providers near you, visit www.aetna.com.

REMEMBER: Your plan includes 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.

	DMO	PPO	
BENEFITS	IN-NETWORK only	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	None	\$50 individual / \$150 family	\$50 individual / \$150 family
Calendar Year Maximum	None	\$1,500	\$1,500
Preventive & Diagnostic Services Exams, Cleanings, X-ray's	Covered 100%	Covered 100%	20% deductible does not apply
Basic Services Office Visit Fillings, Simple Extractions Endodontics (root canal)	\$5 copay 100% covered 100% covered	N/A 20% after deductible 20% after deductible	N/A 40% after deductible 40% after deductible
Major Services Crowns, Bridges, Dentures	40% after deductible	50% after deductible	50% after deductible
Orthodontia Services*	\$2,300 copay	50% after deductible	50% after deductible
Orthodontic Deductible	None	None	None
Orthodontia Lifetime Maximum (per patient)	24 months of comprehensive orthodontia treatment plus 24 months of retention	\$1,000	\$1,000

* Orthodontia is covered only for children (appliance must be placed prior to age 20).

Your Aetna portal is available to manage your benefits, handle claims, access perks and discounts, and so much more!

Get started by visiting your Aetna member website at www.aetna.com to create your account, or download the Aetna Health app on your mobile device.



EMPLOYEE CONTRIBUTIONS: BI-WEEKLY

MEDICAL & PRESCRIPTION DRUG PLAN BI-WEEKLY CONTRIBUTIONS

Tier	POS Plan
Employee	\$50.00
Employee + Spouse	\$560.00
Employee + Child(ren)	\$387.85
Family	\$877.08

DENTAL PLAN BI-WEEKLY CONTRIBUTIONS

Tier	DMO	PPO
Employee	\$6.32	\$16.11
Employee + Spouse	\$12.46	\$31.75
Employee + Child(ren)	\$18.18	\$41.45
Family	\$24.32	\$57.09



BASIC LIFE AND AD&D: USABLE

All active, full-time employees are eligible for the basic life and accidental death and dismemberment (AD&D) plan. This plan is available at no cost - Princeton Nassau Pediatrics pays 100% of the basic life and AD&D premium.

PHYSICIANS

- Full-time for Physicians means: 20 hours weekly
- Physician Waiting Period: You will be eligible for coverage on the first of the policy month following completion of the following period of continuous active work:
 - * If you are working for the employer on the policy effective date - 0 days
 - * If you start working for the employer after the policy effective date - 0 days

ALL OTHER EMPLOYEES

- Full-time for All Other Employees means: 32.5 hours weekly
- All other Employees Waiting Period: You will be eligible for coverage on the first of the policy month following completion of the following period of continuous active work:
 - * If you are working for the employer on the policy effective date - 90 days
 - * If you start working for the employer after the policy effective date - 90 days

BASIC LIFE AND AD&D

Benefit amount	
Physicians	\$50,000
Employees	\$20,000

Please Note: Benefits reduce, based on your age, to 65% at age 65, to 50% at age 70, and terminate when you are no longer eligible or your retirement, whichever occurs first.



BENEFITS MEMBER ADVOCACY CENTER

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

CONTACT THE BENEFITS MAC

You may contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929** (Monday-Friday, 8:30 am to 5:00 pm ET)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via fax: **856.685.2253**
- Via email: **cssteam@connerstrong.com**

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



BENEPORTAL

Beneportal is our virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to employees and their eligible dependents. Features include:

- Secure online access
- Mobile optimized site
- Direct links to specific websites
- Plan summaries
- Wellness resources
- Carrier contacts
- And more!

Simply go to www.pnpbenefits.com to access your benefits information today!



VALUE-ADDED SERVICES

BENEFIT PERKS

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more! Access the site and register and you can begin using it now.

Learn more at: <https://connerstrong.corestream.com>

GLOBALFIT GYM DISCOUNT PROGRAM

Get active with the Global Fit Gym Membership Program! GlobalFit offers discounts at more than 10,000 gyms nationwide. Members also get exclusive savings on home health and fitness products from top brands nationwide!

Learn more about GlobalFit by visiting:
<https://globalfit.com/connerstrong>

GOODRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: <https://connerstrong.goodrx.com>

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: <https://healthylearn.com/connerstrong>



CARRIER CONTACTS

Below is a list of important contacts for all of your employee benefits needs.

BENEFIT	contact	phone number	website
Medical & Prescription Drug & Dental	Aetna	888-802-3862	www.aetna.com
Health Reimbursement Arrangement (HRA)	WEX	866-451-3399	www.wexinc.com
Life/AD&D	USABLE	800-370-5856	www.usablelife.com
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy



LEGAL NOTICES

Newborns' and Mothers' Health Protection Act Notice

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 benefits. If you have any questions, please speak with Sharon Howarth in the Corporate Benefits Department at 856-797-4843.

Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

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

If you or your children are eligible for Medicaid or CHIP and you'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
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

LEGAL NOTICES

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

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

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

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

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

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

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

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health 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

FLORIDA – Medicaid

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

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

Healthy Indiana Plan for low-income adults 19-64

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

Phone: 1-877-438-4479

All other Medicaid

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

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

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

Medicaid Phone: 1-800-338-8366

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

Hawki Phone: 1-800-257-8563

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

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

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

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/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: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 617-886-8102

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

LEGAL NOTICES

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

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

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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>

Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 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. 61565



This benefit summary provides selected highlights of the employee benefits program at Princeton Nassau Pediatrics, PA. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Princeton Nassau Pediatrics, PA. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Princeton Nassau Pediatrics reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.