



2023 BENEFITS GUIDE





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WELCOME TO YOUR BENEFITS

Healthy and happy associates are the secret to our success. We appreciate your dedication and commitment to Mannington and our core values, and it's important that you and your family have the health and lifestyle benefits you need to be well both on and off the job.

Mannington is committed to providing you with a comprehensive suite of benefits, including the resources and support you need.

Enrolling in Your Benefits Is Easy

Your easy and streamlined enrollment experience is available online at mybenefits.mannington.com. For assistance enrolling, please call the Benefits Advocacy Center (BAC) at **844.781.8322** or email them at bac.mannington@ajg.com.

Support When You Need It – After Enrollment

Quantum Health is your dedicated team of nurses, benefit experts and claim specialists who advocate for your care by issuing/replacing ID cards, finding in-network doctors and hospitals, answering claims, billing and/or benefit questions and so much more! See page 3 for more information. Call Quantum Health at **844.539.1526**.

Questions about enrollment?
 Contact The Benefits Advocacy Center

Phone: **844.781.8322**

Email: bac.mannington@ajg.com

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.





QUANTUM HEALTH - CARE COORDINATORS

MyQHealth Care Coordinators

YOUR DEDICATED SUPPORT TEAM

Healthcare can be a difficult and costly journey that no one should have to navigate alone. We're with you every step of the way. Think of us as your confidential personal healthcare guide. We are nurses, clinicians and benefits specialists who take the time to get to know you and your family's unique health and wellness needs and then we work with your providers to ensure you get the best possible care.

MyQHealth Care Coordinators is your dedicated support team to provide:

Personalized Guidance From medical claims to treatment plans we are here to help provide a simpler, more affordable healthcare experience.

Benefits Expertise Figuring out what is or isn't covered can be confusing and we are here to help.

Claims Solutions We break down the most complex claims for you and if you believe a claim has been unfairly denied we will resolve on your behalf or explain why it was denied.

Contact MyQHealth Care Coordinators at [844.539.1526](tel:844.539.1526) or www.ManningtonCareCoordinators.com

(Monday-Friday 8:30 am-10 pm ET).

MyQHealth is ready to solve the most common issues for you:

- Receiving ID cards
- Finding in-network providers
- Managing a health condition
- Learning simple steps to improving your health
- Helping with medical needs- anything that makes the healthcare process easier for you

Hover your phone's camera to add Quantum Health to your contacts.





2023 BENEFITS OVERVIEW

Every year we review our benefit programs, ensuring that you are able to choose the right benefits for you and your family. We offer multiple options for Medical, Dental and Vision, provide Short & Long-Term Disability and Life Insurance, and an additional suite of benefits that allows you to tailor your benefit options to your lifestyle and needs.

Eligibility

ASSOCIATES

To be eligible for coverage under Mannington's benefits program, you must be employed as a full time associate.

When Can I Enroll?

Open Enrollment: Once a year opportunity to enroll in benefits for the upcoming year – unless you experience a Qualifying Life Event*.

- Enrollment for you 2023 benefits will occur October 31, 2022 through November 13, 2022

Your 2023 benefits coverage will be effective January 1, 2023 through December 31, 2023. Once selected, you cannot change the elections you made during Open Enrollment, except for changes to HSA contributions and for Qualifying Life Events.

New hires: Must enroll within 30 days.

Qualifying Life Event: You must make the benefits change within 30 days of a qualifying event.

*In order to add or remove your spouse or children from a particular plan, you must log on to mybenefits.mannington.com to process the change within 30 days of the event.

*You cannot switch plans during a life event. You can only add or remove dependents.

DEPENDENTS

Eligible dependents can be covered for Medical, Dental, Vision and some other plans:

- Legal spouse
- Dependent children up to age 26
- Unmarried, disabled children of any age; with proof of disability

Qualifying Life Events Include:

- Marriage or Divorce
- Legal separation
- Birth or adoption of a child
- Death of an eligible dependent
- A dependent losing eligibility for coverage
- Change to spouse's benefits during his/her employer's open enrollment
- A termination or commencement of employment by you, your spouse or dependent child(ren)



YOUR MEDICAL AND PRESCRIPTION OPTIONS

All plans are administered through Blue Cross Blue Shield of Alabama, and cover routine preventative care such as physicals and associated tests, as well as colonoscopies and mammograms*. All plans include prescription drug coverage through Prime Therapeutics.

PLAN FEATURES (In-network**)	PPO	CDHP LOW	CDHP HIGH
ANNUAL DEDUCTIBLE			
Associate only	\$1,250	\$1,750	\$2,750
Associate + Spouse, + Children or Family	\$2,500	\$3,500	\$5,500
ANNUAL OUT-OF-POCKET MAXIMUM			
Associate only	\$3,500	\$3,500	\$5,000
Associate + Spouse, + Children or Family	\$7,000	\$7,000	\$7,850
DOCTOR'S OFFICE VISITS / HOSPITAL SERVICES			
Primary Care	\$25 copay	20% after deductible	30% after deductible
Specialist	\$40 copay		
Teladoc	\$10	\$55	\$55
Preventative Care	Covered 100%	Covered 100%	Covered 100%
Inpatient Hospitalization/ Outpatient Surgery, Urgent Care, Hospital Emergency Room, Lab & X-ray	20% after deductible	20% after deductible	30% after deductible
PRESCRIPTION DRUGS			
RETAIL & SPECIALTY (30-Day Supply)			
Generic	\$10	20% after deductible	30% after deductible
Formulary Brand	20%		
Non-Formulary Brand	20%		

*Some of these tests are age dependent

**Out-of-network is subject to additional costs. Please refer to the Reference Center at mybenefits.mannington.com for more information.

NEED MORE INFORMATION ABOUT YOUR MEDICAL AND RX BENEFITS?

For additional information or help,
contact Quantum Health.
Call **844.539.1526** or visit

www.ManningtonCareCoordinators.com



An Independent Licensee of the Blue Cross Blue Shield Association

Do you know where to go?

It's important to understand your options when seeking medical care. Non-emergency care for a condition that is not life threatening is generally provided by your physician. Even after-hours care is generally coordinated by your physician who can instruct you on how to receive medical care outside of normal business hours, on weekends and on holidays. If you are in severe pain or your condition is life threatening, you can receive emergency care by calling 911 or visiting an emergency room.

TELADOC

Contact Teladoc for **non-life threatening** conditions.

Teladoc[®] is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Alabama members.



Conditions treated include:

- Allergies
- Bronchitis
- Cough
- Ear infection
- Flu
- Nasal congestion
- Pink eye
- Sinus problems

Average cost*
of a visit for
the flu

\$45

PRIMARY CARE PHYSICIAN

Go to your Primary Care Physician to help manage total care and to seek treatment for **non-life threatening** conditions.



Conditions treated include:

- Annual Wellness Visit
- Cold/flu symptoms
- Diabetes management
- Fever
- High blood pressure
- Minor sprains
- Skin rash
- Stomach ache

Average cost*
of a visit for
the flu

\$106

URGENT CARE

Go to an Urgent Care facility **after hours** or when your Primary Care Physician is otherwise **unavailable**.



Conditions treated include:

- Bladder infection
- Body aches
- Ear infection
- Excessive vomiting
- Headache
- Minor burns
- Pink eye
- Sore throat

Average cost*
of a visit for
the flu

\$127

EMERGENCY ROOM

Go to the ER immediately for **severe** and **life-threatening** conditions.



Conditions treated include:

- Broken bones
- Chest pain
- Head/neck injury
- Loss of consciousness
- Serious burns
- Symptoms of stroke
- Uncontrolled bleeding
- Vomiting blood

Average cost*
of a visit for
the flu

\$610

Examples provided are for illustrative purposes only. Some conditions that are severe enough may require you to go directly to the emergency room.

* Based on Blue Cross and Blue Shield of Alabama book of business average allowed amount (January-December 2018); does not necessarily present the portion members pay. Certain preventive services may be provided at no cost to the member. Blue Cross encourages you to consult with your physician regarding the appropriate care for your particular condition and not put cost as the first or sole reason for choosing a provider.

* This is an average cost and will vary based on the plan you have chosen.

Teladoc: 1-855-477-4549 or
Teladoc.com/Alabama

Quantum Health:
Contact MyQHealth Care Coordinators
at 844.539.1526 or
www.ManningtonCareCoordinators.com
(Monday-Friday 8:30 am-10 pm ET).





You've got **Teladoc**

Access to quality care at your fingertips



COSTS BELOW ARE FOR PPO PLAN PARTICIPANTS

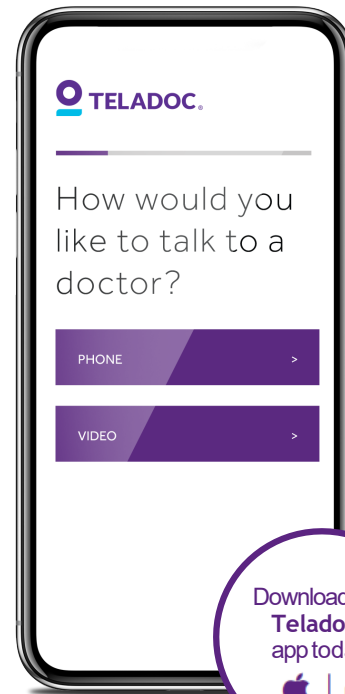
General Medical
 \$10 visit
 Talk to a licensed doctor for non-emergency conditions 24/7
 Flu • Sinus infections • Sore throats • And more

Mental Health
 \$10 therapist visit
 \$10 psychiatrist first visit
 \$10 psychiatrist ongoing visit
 Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

COSTS BELOW ARE FOR CDHP PLAN PARTICIPANTS. COSTS VARY BASED ON PLAN (CDHP HIGH OR LOW) AND IF DEDUCTIBLE HAS BEEN MET

General Medical
 \$55 or less/visit
 Talk to a licensed doctor for non-emergency conditions 24/7
 Flu • Sinus infections • Sore throats • And more

Mental Health
 \$85 or less/therapist visit
 \$200 or less/psychiatrist first visit
 \$95 or less/psychiatrist ongoing visit
 Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)



Set up your account or log in today

Visit Teladoc.com/Alabama

Call 1-855-477-4549 | Download the app



EMPLOYEE ASSISTANCE PROGRAM



From Prevention to Intervention, Carebridge Can Help.

Life Doesn't Stop When You're At Work.

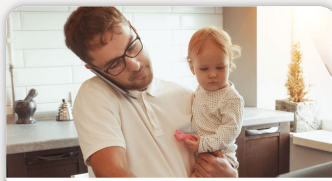
That's Why We're Here for You & Eligible Family Members with Free and Confidential Support.



Mental Health Support

Build resilience and overcome life's tough moments.

Get real support for anxiety, depression, conflict, grief, addiction, and more. We provide free consultations, short-term counseling with licensed clinicians, and referrals for long-term care.



Work-Life Services

You don't need to have it all figured out.

Let us help you through life's circumstances, such as childcare, eldercare, legal, and financial matters. We offer unlimited access to work-life specialists for guidance, referrals, and educational support.



Emotional Wellbeing & Behavioral Change

Reach your highest potential every day.

Make progress towards your goals with motivation, stress relief, mindfulness, and goal-setting assistance. We provide live training, life coaching, virtual groups, and digital tools for proactive support.

Use your Carebridge EAP to your advantage today!

800.437.0911

clientservice@carebridge.com
myliferesource.com

Access Code: 7SJAA



Download the Carebridge EAP App





KNOW WHERE TO TURN FOR... MENTAL HEALTH HELP

If you or one of your dependents needs mental health services, Mannington's benefits provide a range of options so you can get what you need, when you need it.

IN CRISIS?

- In a true emergency please call **911** or contact The National Suicide Prevention Lifeline (NSPL) by calling, texting or chatting the numbers **988**. This will connect you to trained counselors who are part of the NSPL network. You can also call the Lifeline phone number 1-800-273-TALK (8255). Services provided by the NSPL are available to anyone, anywhere in the United States.
- Carebridge is available 24/7/365. You can reach them in several ways: at 800-437-0911, clientservice@carebridge.com, help.mannington.com, or via the Carebridge EAP app. Mannington's access code is 7SJAA. Carebridge is a free resource that you can use, even if you are not on Mannington's medical plan.

NEED HELP FINDING A PSYCHIATRIST, COUNSELOR OR THERAPIST?

- **NEW!** Teladoc Behavioral Health. Associates and their covered dependents who participate in Mannington's Medical Plan can have a virtual visit with a psychiatrist or therapist either by phone or video call, seven days a week, 7 a.m. – 9 p.m. You can schedule regular, ongoing appointments with the same provider for the comfort of continuous care. See attached pages for information and details about copays.
- Carebridge offers up to five counseling sessions. This free benefit is available to you and your dependents even if you are not on Mannington's medical plan. You can contact Carebridge at 800-437-0911, clientservice@carebridge.com, help.mannington.com, or via the Carebridge EAP app. Mannington's access code is 7SJAA.
- You can locate a provider through Blue Cross Blue Shield of Alabama, using your Medical benefit. Visit www.BCBSAL.org to find one near you. Many providers offer in-person as well as virtual sessions.

Quantum Health is a good resource if you need more direction or have questions about your benefits, coverage, or even need advice about what type of counseling would suit you best.

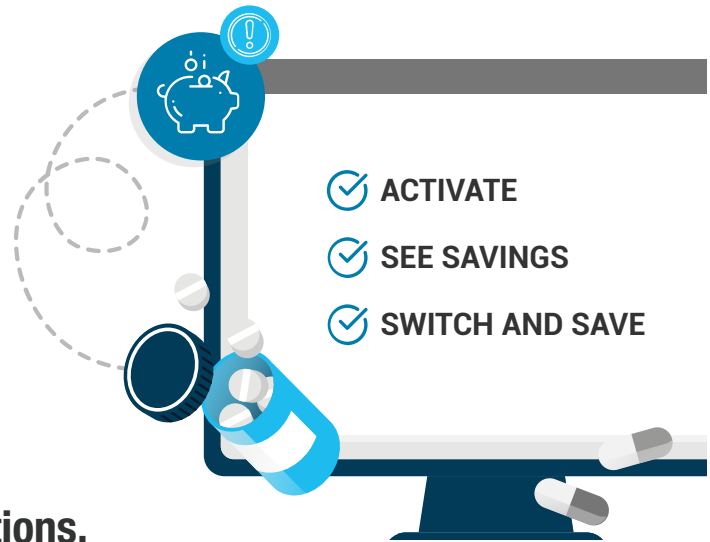
You can reach them at www.ManningtonCareCoordinators.com or 844-539-1526 from 8:30 a.m. until 10 p.m. (Eastern Time) Monday through Friday.



RX SOLUTIONS



Stop overpaying for your prescriptions

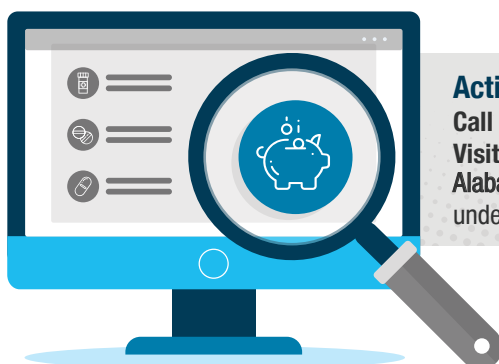


Introducing Rx Savings Solutions.

A new way to help lower your prescription drug costs.

How it Works

- 1 Rx Savings Solutions uses software connected to your health plan.** It looks at the medications you take and finds options that may save you money.
- 2 Your online account shows which lower-cost prescriptions are available and lets you compare prices.** It also automatically lists any medications you've filled so everything's in one place. It's like having your own personal pharmacist right at your side.
- 3 Rx Savings Solutions will contact you anytime you're spending too much on prescriptions you're currently taking or new ones you're prescribed in the future.**
- 4 Switching to a more affordable prescription is easy.** Rx Savings Solutions will consult with your doctor to get their approval on any changes and take care of all the other details—no effort required from you.



Activate your account now to pay less for prescriptions.

Call 1-800-268-4476

Visit myrxss.com/bcbsal or log in to your *myBlueCross* account at AlabamaBlue.com and click on the "Rx Savings Solutions" link found under the heading *Manage My Prescriptions*.

Rx Savings Solutions is an independent company working with Blue Cross and Blue Shield of Alabama to help members and lower price options for prescription medications. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.



Frequently Asked Questions

Check out these commonly asked questions to learn more about Rx Savings Solutions. For more information visit myrxss.com/bcbsal.

How does this work with my health insurance and pharmacy benefit?

Rx Savings Solutions offers a service, brought to you by Blue Cross and Blue Shield of Alabama, that helps lower your prescription drug costs. This service doesn't change anything about your current insurance plan, pharmacy preferences or other benefits. Rx Savings Solutions uses software that is linked to your health insurance plan to find customized ways to lower your out-of-pocket prescription drug costs.

How can Rx Savings Solutions save me money?

Rx Savings Solutions finds all the lower-cost medication options that treat your condition and are covered by your insurance. You and your doctor can decide what's best for your health and budget. Here are just a few ways you might be able to save money:

- Generic forms of name-brand drugs
- Better prices at different pharmacies or through mail-order
- Equally effective medications that treat the same condition but cost less than your current prescription

How does this service work with my doctor?

Rx Savings Solutions finds ways to save and provides information you can discuss with your doctor to help make more informed decisions. If you decide to switch to a lower-cost prescription, you can even have Rx Savings Solutions contact your doctor directly to get their approval.

Can dependents on my health plan use Rx Savings Solutions?

Yes! Your Rx Savings Solutions online account will automatically show prescription drug information for any minor-age dependents on your health plan. Adult dependents are required to activate their own Rx Savings Solutions account and can then give you access to view their information.

How is this different from a coupon or discount program for prescription drugs?

Since Rx Savings Solutions is linked to your health plan, everything is personalized for you. They know the details of your prescription drug benefits and use that information to find the lowest-cost options covered by your insurance plan.

How will I know if I can save money?

There are two easy ways to see if you can save money on your prescriptions.

1. Your Rx Savings Solutions account will always show any savings opportunities you may have on your current prescriptions. Anytime you start taking a new prescription that's covered by your insurance plan, it will automatically show up on your account with any options you might have to save. Plus, you can use your account to proactively search for pricing on any medication before your doctor gives you a prescription.
2. Rx Savings Solutions will contact you if there's a way to lower your prescription drug costs. You'll receive these messages—email, phone, text, letter—if there's a chance to save money on current prescriptions or new ones you start taking in the future.

How do I use Rx Savings Solutions when I'm prescribed a new medicine?

Anytime you start taking a new prescription that's covered by your insurance plan, it will automatically show up on your online Rx Savings Solutions account (unless you use a coupon card that takes you outside of insurance). You'll be able to see any options you might have to save money, and you'll receive a message if you're paying too much. Your account also has a search feature to compare pricing options on medications before your doctor writes a new prescription.

Real People. Real Savings.

“My new medication works just the same, and my savings (\$1,397 per fill) wouldn't have been possible without your help. Thanks Rx Savings Solutions.”

Curt
Rx Savings Solutions
member



Questions?

Call 1-800-268-4476
or email
support@rxsavingsolutions.com

Rx Savings Solutions has a team of certified pharmacy technicians ready to help. No robots. No phone mazes. Just real pharmacy experts.



WHICH PLAN IS RIGHT FOR ME?

Rates and payroll deductions are always available online and as a separate handout.

Plan Summary Description

Mannington offers three medical plans from which to choose. Below is a general summary of the types of plans, and things to consider.

CDHP High – This plan has the highest deductible and potential out of pocket costs, with the lowest paycheck deduction. This plan works well when coupled with a Health Savings Account (HSA) to pay for expenses using pre-tax dollars.

CDHP Low – This plan has a lower deductible and out of pocket costs, and a more moderate paycheck deduction. This plan works well when coupled with a Health Savings Account (HSA). As this plan has a lower deductible than the CDHP High, it may be a good choice if you want the benefit of an HSA, but you are concerned about the higher deductible.

PPO – This plan has the highest paycheck deductions, but the lowest deductible and potential out-of-pocket costs. This plan offers office visit copays for primary care physician and specialist visits. This plan can be coupled with a Flexible Spending Account (FSA) to pay for expenses using pre-tax dollars.

Smoking Cessation

Associates that use tobacco of any kind must pay a surcharge on their medical premiums. Take the first step towards quitting today! Mannington associates can enroll in the BCBS smoking cessation program. This program includes:

- 5 counseling sessions
- Self-help materials
- 12 months of unlimited calls
- Nicotine replacement therapy programs (patches, gum, lozenges, etc.)

Call **888.768.7848** or enroll NOW at www.quitnow.net/alabama





SPENDING ACCOUNTS

These accounts, administered by Businessolver MyChoice, allow you to contribute pre-tax dollars to an account to pay for eligible health care expenses. Expenses can be paid conveniently with the use of the Businessolver MyChoice debit card. Go to mybenefits.mannington.com for a full list of eligible and non-eligible expenses.

Flexible Spending Account (FSA)

Available to those in the PPO plan, an FSA account allows you to use tax free money to budget and save for medical, dental, vision and prescription drug expenses you may have during the year.

You can contribute up to \$3,050 to your Healthcare FSA in 2023 and can use your FSA money for claims incurred January 1, 2023 – March 15, 2024.

Limited Purpose Flexible Spending Account (FSA)

If you are enrolled in a CDHP, a Limited-Purpose FSA allows you to contribute up to \$3,050 in tax-free dollars to offset out-of-pocket dental and vision expenses as well as medical and prescription drug expenses after you have satisfied your medical plan deductible.

FSA “Use It or Lose It” Rule

It is important that you carefully plan the amount of money that you set aside. Any money left in your 2023 FSA after the claim submission deadline of March 15, 2024 is forfeited from your 2023 account. In other words, “use it or lose it.”

Did You Know?
Mannington will match your
HSA contributions per pay.
See chart for details.

ANNUAL HSA EMPLOYER MATCH PROVIDED	PPO	CDHP LOW	CDHP HIGH
Associate only	N/A	\$300	\$500
Associate + Spouse, Child(ren) or Family	N/A	\$600	\$1,000

*IRS FSA Limits are subject to change

Health Savings Account (HSA)

If you are enrolled in a CDHP, you can contribute to a tax-free HSA account to pay your eligible out-of-pocket healthcare expenses including dental, vision and prescriptions. Any money left over in your HSA remains yours, allowing you to grow your funds over time and better prepare for your retirement.

In 2023, you can contribute up to \$3,850 for individual and \$7,750 for families. If you are 55 or older you can deposit an additional \$1,000 per year.

Employees are not eligible to establish or contribute to an HSA if they are enrolled in Medicare. To be eligible for an HSA, you must be enrolled in a CDHP medical plan, cannot be enrolled in Medicare, and cannot be covered by another health plan that is not a High-Deductible Health Plan (CDHP).

If you enroll in the CDHP medical plan + HSA, your healthcare FSA will be a Limited-Use FSA as required by law. Only medical expenses that exceed your medical plan deductible can be reimbursed through the FSA, along with dental and vision.

HSA ELIGIBILITY

To be eligible and qualify for an HSA, you must meet the following requirements:

- You must be covered by a qualified CDHP.
- You cannot be covered by another medical plan such as TRICARE or Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- You, or your spouse, through his or her employer, cannot be enrolled in a general-purpose healthcare flexible spending account (FSA).

If you were enrolled in a general-purpose FSA for 2022, you must have a zero (\$0.00) balance in your FSA prior to January 1, 2023, in order for 2023 HSA contributions to begin in January 2023. Otherwise, contributions cannot be made until April 2023.



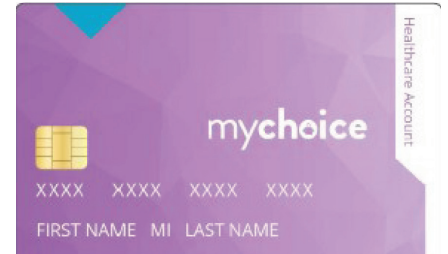


SPENDING ACCOUNTS

FSA/HSA Debit Card

The Businessolver MyChoice debit card is issued to all FSA and HSA participants and allows you to pay for your eligible expenses by swiping your card at the register and paying bills online making it easy to manage eligible expenses.

Associates should keep receipts for expenses paid for with HSA or FSA dollars, as the IRS may audit these expenses.



How Can You Use Your Spending Account

	HSA	FSA	Limited Purpose FSA
CDHP Plans	Yes	No	Yes
PPO Plan	No	Yes	No
Able to submit expenses for 2023 through 3/15/24	Yes	Yes	Yes
Eligible for rollover year to year	Yes	No	No
Use for medical & prescription expenses	Yes	Yes	after deductible
Use for dental & vision expenses	Yes	Yes	Yes
Can be withdrawn for any reason (tax penalty applies)	Yes	No	No
Change deduction during year without qualifying life event	Yes	No	No
Company Match	Yes	No	No

Did You Know?

Many over the counter medications and menstrual-care products are eligible for FSA and HSA.

FOR A FULL LIST OF ELIGIBLE EXPENSES GO TO:

mybenefits.mannington.com

FOR RESOURCES TO HELP YOU SAVE ON ELIGIBLE EXPENSES GO TO:

HSAstore.com or FSAstore.com



DENTAL PLANS

Mannington offers two dental plans, administered through MetLife.

Standard Dental Plan

This plan has lower paycheck deductions. The Standard Plan does not cover orthodontia. You can use your Flexible Spending Account or Health Savings Account to cover your dental expenses.

Enhanced Dental Plan

This plan is more robust and has higher paycheck deductions. You can use your Flexible Spending Account or Health Savings Account to cover your dental expenses.

PLAN FEATURES	STANDARD	ENHANCED
Deductible	\$50 individual; \$150 family	\$50 individual; \$150 family
Preventive Services (exams, cleanings, x-rays)	100%	100%
Basic Services (fillings, simple extractions)	80%	80%
Major Services (crowns, dentures, root canals)	50%	50%
Annual Maximum Per Person	\$1,500	\$2,000
Orthodontia	Not covered	50%
Orthodontia Lifetime Maximum	Not covered	\$2,500

With MetLife, you receive discounted rates by staying in the dental network. Network dental providers are required to accept MetLife's agreed upon rate for treatments. If you do not stay in the network, the out-of-network provider may charge more than the plan allowance. If they do, you will be required to pay the difference. Note: All rates are available online and as a separate handout.



Did You Know?

If you visit an out of network provider, you will be responsible to pay the difference between what the provider charges and the covered fee for an in-network provider.

NEED MORE INFORMATION ABOUT YOUR DENTAL BENEFITS?

For additional information or help contact
Quantum Health.

Call **844.539.1526** or visit
www.ManningtonCareCoordinators.com



VISION PLANS

Mannington offers two vision plans, administered through VSP.

Standard Vision Plan

This plan has lower paycheck deductions. The Standard Plan does not cover progressive lenses, only allows for new frames every 24 months, and has a lower allowance for frames and contact lenses. You can use your Flexible Spending Account or Health Savings Account to cover your vision expenses.

Enhanced Vision Plan

The enhanced vision plan offers more options and a lower out-of-pocket expense, but requires a higher paycheck deduction. This plan covers standard progressives as part of the copay, has higher allowances for frames and contact lenses, and covers new frames every 12 months.

FEATURES	STANDARD	ENHANCED
Eye Exam (every 12 months)	\$10 copay	\$10 copay
Frames (20% off any amount over allowance)	\$25 copay up to \$130 (every 24 months)	\$10 copay up to \$175 (every 12 months)
Standard Progressive Lenses	Not covered in copay	Covered in copay
Contact Lenses (in lieu of frames)	\$60 copay up to \$130	\$60 copay up to \$175
LASIK	15% off regular price or 5% off promotion price	

Note: All rates are available online and as a separate handout.





SHORT-TERM & LONG-TERM DISABILITY

Short-Term Disability (STD) Insurance

This plan provides coverage for short-term disabilities. Coverages vary by site. If located in one of the states with mandatory STD (New Jersey, California, New York, Rhode Island, Hawaii or Puerto Rico) you pay a disability tax but no additional deduction. Although this plan is optional outside of the mandated states, we strongly recommend all associates sign up for this plan.

Long-Term Disability (LTD) Insurance

This plan provides coverage for long-term disabilities. The plan provides 60% of your pay up to \$5,000 per month, less any social security or workers compensation disability payments. The plan is designed so that any amount paid to you as long-term disability is not taxable. Mannington funds 100% of the premium for its associates.

Long-Term Disability Buy-Up

This optional plan provides an additional 6 2/3 % of pay for long-term disabilities, with a total benefit not to exceed \$7,000 per month. Please note that this plan is not available to some highly compensated associates.



QUESTIONS ABOUT DISABILITY?

For short-term disability,
contact your local HR Department.

For long-term disability,
contact New York Life at
www.myNYLGBS.com.



LIFE AND AD&D INSURANCE

Mannington provides company paid basic term life and accidental death & dismemberment (AD&D) coverage to each full time associate. Associates leaving employment have the ability to convert their insurance to private coverage. Coverage is guaranteed, but the cost for the insurance is not.

Basic Term Life

Associates receive a company-paid life insurance benefit of one times salary, up to a maximum of \$50,000.

Supplemental Life

Associates can purchase additional coverage from one to five times their annual salary, up to a limit of \$1,000,000. In order to increase your coverage, you may be required to provide evidence of insurability.

Spouse Life

Associates can purchase spousal life insurance of \$25,000, \$50,000, \$75,000 or \$100,000. In order to increase this coverage, you may be required to provide evidence of insurability.

Child Life

Associates can purchase child life insurance of \$10,000 per child.

Accidental Death and Dismemberment (AD&D)

AD&D provides an additional benefit if you are dismembered or die in an accident. Mannington covers all associates at the same level as basic life insurance. Associates can purchase supplemental AD&D for themselves as well as their spouse and child(ren).

Universal Life

Associates are able to purchase an additional Universal Life insurance policy through Allstate. Universal Life builds cash value as well as provides a death benefit. Coverage and cost will vary by individual. In order to sign up for Universal Life, you may be required to provide evidence of insurability.





VOLUNTARY BENEFITS

Accident Insurance

Accidents can happen to anyone and are, by nature, unplanned. Even with medical coverage, out-of-pocket expenses can quickly add up. Accident insurance can help with these unplanned expenses. In the event of an accidental injury, payment is made to the covered associate and can be used as you see fit. There are no copays, deductibles, coinsurance or network requirements. You can choose between two levels of coverage, offered through Cigna.

Hospital Indemnity Insurance

A hospital stay can result in out-of-pocket cost share to you under your medical insurance to cover a deductible, coinsurance, or any number of other associated expenses. Hospital Indemnity Insurance can help fill that gap. If you are admitted to the hospital, the Hospital Indemnity Insurance will pay out a lump sum to the covered associate to be used as you see fit. Two levels of coverage are offered through Cigna from which to choose.

Critical Illness

Provides coverage when you are diagnosed with a critical illness, including cancer, kidney failure, heart attack or stroke. The amount is paid as a lump sum. You can use the money to cover out-of-pocket medical expenses or for any other purpose. The plan also provides a small benefit when you receive preventive care. You can choose between two levels of coverage, offered through Cigna.

Identity Theft Protection from Allstate

Allstate Identity Protection provides identity and credit monitoring as well as internet and social media monitoring. It provides \$25,000 in identity theft protection and reduces mail solicitation. Allstate Identity Protection can also keep track of your credit cards and replace them quickly and easily if they are lost or stolen.

You can contact Allstate Identity Protection at **800.789.2720**.

MetLaw from Hyatt Legal

Hyatt Legal provides various legal services to you and your family, including:

- Estate planning documents, including Wills and Trusts
- Real estate matters
- Identity theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family Law, including adoption and name change
- Advice and consultation on personal legal matters You can contact Hyatt Legal at **800.821.6400**.

Farmers GroupSelect (formerly Metlife Auto)

Farmers GroupSelect offers discounted home and auto insurance for Mannington associates. Find out more at www.myautohome.farmers.com or by calling **800.438.6381**.

Purchasing Power

Purchasing Power allows associates to buy travel, appliances, electronics, iPhones and more. You pay for your items via payroll deduction, with no interest and no credit check. Find out more at manningtonmills.purchasingpower.com

Pet Insurance from Nationwide

Through Nationwide, Mannington provides coverage for your other loved ones. You can choose from three levels of insurance for dogs and cats. Cost varies by pet. Find out more at petinsurance.com



FREE RESOURCES & DISCOUNTS

Malloy Medicare Advisors

Need help understanding Medicare and don't know where to start? This free resource will teach you the ins and outs and assist with insurance placement as well.

Go to malloymedicare.com or call **800.933.8129**.

Tru Hearing Discount

Mannington associates who participate in either the Medical or Vision plan have access to hearing aid discounts through TruHearing. To find out more about this benefit go to vsp.com/truhearing or go to Blue365 on the Blue Cross Blue Shield of Alabama website- www.bcbsal.org

Identity Theft Protection through Experian from BCBS

Identity Theft Protection through Experian is a free benefit to all associates enrolled in Mannington's medical plan. This benefit provides credit monitoring and fraud detection and resolution.

You can sign up for Identity Theft Protection through Experian at AlabamaBlue.com/IDProtection

New York Life Group Benefit Solutions for Financial, Legal and Estate Support.

Stressful financial challenges can affect emotional well-being and workplace productivity. We offer professional services that include unlimited financial support on a broad range of issues like debt management, family budgeting, estate planning, law and tax consultations, and much more.

Assistance also includes identity-theft support with legal specialists and as well as fraud-resolution services, interactive online tools, calculators, and in-depth financial assistance.

To learn more, call **800.344.9752**.

Survivor Assurance

Losing a loved one is difficult. That's why our Survivor Assurance service can help ease the burden on beneficiaries by managing their insurance benefits in free, interest-bearing accounts for claim payments of \$5,000 or more and beneficiary access to our Employee Assistance & Wellness and Financial, Legal & Estate support programs.

To learn more, call **800.344.9752**.

AT&T Associate Discount

AT&T offers Mannington associates a discount on their monthly bill. To take advantage of this offer go to att.com/discounts or visit your local AT&T store with your proof of employment.

Verizon Associate Discount Program

Verizon offers Mannington associates an 18% discount on their monthly bill. To take advantage of this offer go to verizonwireless.com/discounts

Travel Assistance

New York Life Group Benefit Solutions (NYL GBS) Secure Travel provides toll free, emergency assistance to you, your spouse and your dependents traveling with you 100 miles or more from home. The plan can also provide general travel information, medical assistance and evacuation, help with lost documents, credit cards, luggage and identity theft. Concierge assistance with flight, hotel and dining reservations are an added bonus under this plan!

To learn more, call **888.226.4567**.



NYL GBS Secure Travel

From the United States and Canada, call **(888) 226-4567**

From other locations, call collect **(202) 331-7635**

Fax: **(202) 331-1528**

Email: ops@us.generaliglobalassistance.com

Emergency services must be coordinated through Generali Global Assistance. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group#57



CONTACT INFORMATION

BENEFIT	CARRIER	WEBSITE	PHONE
Care Coordinator	Quantum Health	www.manningtoncarecoordinators.com	844.539.1526
Medical	BCBS AL	www.bcbsal.org	888.311.3941
Teladoc	Teladoc	Teladoc.com/alabama	855.477.4549
Prescription Drugs	Prime Therapeutics	www.myprime.com	888.311.3941
Prescription Savings	Rx Savings Solutions	myrxss.com/bcbsal	800.268.4476
FSA, HSA	Businessolver MyChoice	mybenefits.mannington.com	844.746.6610
Dental	MetLife	mybenefits.metlife.com	800.942.0854
Vision	Vision Service Plan (VSP)	www.vsp.com	800.877.7195
Employee Assistance Program (EAP)	Carebridge	help.mannington.com or www.myliferesource.com	800.437.0911
401(k) Retirement Plan	Empower	401k.mannington.com	877.778.2100
Universal Life	AllState	www.allstate.com	800.521.3535
Identity Theft Protection	ID Protection (Experian)	Alabamablue.com/IDprotection	866.926.9803
	Allstate Identity Protection	www.infoarmor.com	800.789.2720
Long Term Disability	New York Life	www.myNYLGBS.com	888.842.4462 or 866.562.8421 (español)
Life and AD&D			
Critical Illness, Accident Insurance, Hospital Indemnity	Cigna	www.mycigna.com	800.754.3207
Medicare	Malloy Advisors	malloymedicare.com	800.933.8129
Travel Assistance	New York Life	www.myNYLGBS.com	888.226.4567
Legal Plan	MetLaw Legal	www.legalplans.com	800.821.6400
Pet Insurance	Nationwide	www.petinsurance.com	877.738.7874
Home & Auto Insurance	Farmers Insurance	www.myautohome.farmers.com	800.438.6381
Associate Purchases	Purchasing Power	manningtonmills.purchasingpower.com	866.670.3479
	Carebridge Employee Discounts	carebridge.benefithub.com	N/A
	AT&T Discounts	www.att.com/discounts	N/A
	Verizon Discount	verizonwireless.com/discounts	N/A

QUANTUM HEALTH

For all other questions, please call

844.539.1526 or

www.ManningtonCareCoordinators.com





LEGAL NOTICES

Notice of Creditable Coverage

IMPORTANT NOTICE FROM MANNINGTON ABOUT 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 Mannington 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. Mannington has determined that the prescription drug coverage offered by the medical 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 15 to December 7.

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 Mannington coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Mannington coverage, be aware that you and your dependents may be or may not be able to get this coverage back, provided you are still eligible to participate in the Mannington Medical Plan.

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 Mannington 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 Mannington 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 **800.MEDICARE (800.633.4227)**. TTY users should call **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 **800.772.1213** (TTY **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: **January 1, 2023**
Name of Entity/Sender: **Mannington**
Contact: **Benefits Department**
Address: **75 Mannington Mills Road
Salem, NJ 08079**
Phone Number: **856.935.3000**



Women's Health & Cancer Rights Act

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. Therefore, the following deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your plan administrator or contact your HR Department.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Notice of Privacy Practices Reminder

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

Mannington is committed to the privacy of your health information. The administrators of the Mannington's benefits program (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the Benefits Department.

HIPAA Special Enrollment Rights

MANNINGTON'S BENEFITS PROGRAM NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the Mannington's benefits program (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

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 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 employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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.

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 after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under 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 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.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, the Benefit Advocacy Center if you need help.



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 **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 **866.444.EBSA (3272)**.

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

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	MAINE – Medicaid Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
	NEBRASKA – Medicaid http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
	NEVADA – Medicaid http://dhcfp.nv.gov 800.992.0900

**NEW HAMPSHIRE – Medicaid**

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
609.631.2392
CHIP: <http://www.njfamilycare.org/index.html>
800.701.0710

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov/>
919.855.4100

NORTH DAKOTA – Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid>
844.854.4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888.365.3742

OREGON – Medicaid

<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
800.699.9075

PENNSYLVANIA – Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
800.692.7462

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
888.549.0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888.828.0059

TEXAS – Medicaid

<http://gethipptexas.com>
800.440.0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>
CHIP: <http://health.utah.gov/chip>
877.543.7669

VERMONT – Medicaid

<http://www.greenmountaincare.org>
800.250.8427

VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>
<https://www.coverva.org/hipp/>
Medicaid and Chip: 800.432.5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
800.562.3022

WEST VIRGINIA – Medicaid

<https://dhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid: 304.558.1700
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800.362.3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
800.251.1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

Paperwork Reduction Act Statement

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

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



Marketplace Notice

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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 November for coverage starting as early as January 1.

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 9.61% 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.¹

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.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact the HR Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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