



Employee Benefits Guide

Handel Behavioral Health Services

Plan Year 2021



Choose the best benefits for you and your family.

Handel Behavioral Health Services strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that's why we have put together this Benefits Guide.

Open enrollment is a short time period each year when you can make changes to your benefits. This Benefits Guide will outline all the benefits Handel Behavior Health Services offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on June 1, 2021. **If you have questions about any of the benefits outlined in this guide, please don't hesitate to reach out to Human Resource Coordinator, Liz Handel.**

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Who is eligible?

If you're a full-time employee at Handel Behavioral Health Services, you're eligible to enroll in the benefits outlined in this guide. Full-time status will be operationally defined as a weekly average of 30 sessions or more per week over a four-week period, maintained for three months (12 weeks). Eligible employees may also elect to cover their eligible dependents on health, dental and vision benefits.

How to Enroll

If you would like to enroll in either health, dental or vision please make the appropriate elections on your Blue Cross Blue Shield Enrollment form. Please do not forget to include your Primary Care Physicians name and his or her PCP number.

If you are a full-time employee and you are not enrolling in the company benefits, please fill out a Blue Cross Blue Shield Waiver Form. Additionally, if you would like to enroll in HSA, be sure to include your election amount on the enrollment form. Please communicate all enrollments/changes to Liz Handel by Friday, May 21, 2021.

When to Enroll

Open enrollment ends on May 21, 2021. The benefits you choose during open enrollment will become effective June 1, 2021. **Unless you are an eligible new hire you have 30 days to enroll or waive coverage.**

How to Make Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

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



Health Insurance

The chart below is a highlight of our health insurance benefits with Blue Cross Blue Shield (BCBS). The plan is called the HMO Blue New England Saver \$2000. Health plan participants have access to Blue Cross Blue Shield's full network in all the New England states. This health plan is a High Deductible Health Plan, so it is compatible with Health Savings Account (HSA). All eligible employees have the option to contribute to the HSA with pre-tax dollars to assist with paying for qualified medical expenses. There is more information on how an HSA can be helpful on pages 9-10 of this benefits guide.

The following chart highlights the current health benefits effective June 1, 2021.

HMO	
Services	In-Network
Annual Physical	No Charge
Physician Visit	Deductible then \$25 Copay
Specialist Visit	Deductible then \$45 Copay
Deductible (Individual/Family)	\$2,000/\$4,000
Out-of-pocket Maximum (Individual/Family)	\$6,900/\$13,800
Inpatient Hospital Stay	Deductible then \$250 Copay
Outpatient Hospital	Deductible then \$250 Copay
Emergency Room Copay	Deductible then \$250 Copay
Urgent Care	Deductible then \$45 Copay
Outpatient Behavioral Health	Deductible then \$25 Copay
Prescription Drugs -Retail - Generic - Preferred - Non-preferred	Deductible then \$10/\$45/\$175/\$250 Copay

Your Cost in 2021

We are pleased to announce we are offering Health, Dental and Vision benefits from Blue Cross Blue Shield. **We are also contributing 80% of the cost of these benefits for all eligible employees.** Listed below is our contribution as your employer and your contribution as an employee. The cost is biweekly to illustrate payroll deduction amounts for Health, Dental and Vision.

HEALTH BENEFIT BIWEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Employer	\$283.78	\$567.56	\$524.99	\$808.77
Employee	\$70.94	\$141.89	\$131.25	\$202.19

DENTAL BENEFIT BIWEEKLY DEDUCTIONS		
	Employee Only	Employee & Family
Employer	\$29.86	\$55.05
Employee	\$7.46	\$13.76

VISION BENEFIT BIWEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Employer	\$2.31	\$3.93	\$4.04	\$6.35
Employee	\$.58	\$.98	\$1.01	\$1.59

Dental Insurance

Our dental benefit is with Blue Cross Blue Shield. The name of the plan is Dental Blue Pediatric + Adult. In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and x-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

This dental benefit also includes a rollover feature. You may be eligible to roll over a portion of unused dental benefits from year to year.

The following chart is a highlight of the dental benefits.



Type of Service	Amount You Pay
Preventive Services	Exams, cleanings, X-rays—100%
Deductible	Applies to basic and major services only— \$50 Per Member/\$150 Per Family Calendar-Year Deductible
Basic Services	Fillings, simple extractions—80% Coverage
Major Services	Oral surgery, root canal, crowns—30% Coverage
Annual Maximum	\$1,000

Vision Insurance

The Vision benefits is with Blue Cross Blue Shield and is administered through EyeMed. The name of the plan is Exam-Plus Standard Vision Plan: Access Network. Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Handel Behavioral Health Services' vision benefit entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

- Comprehensive eye exam for a \$10 copay.
- Preferred pricing on a large selection of designer frames, lenses and lens options.
- Frames \$130 allowance, then additional 20% off balance
- Contact lenses \$130 allowance then additional 20% off balance
- Frequency: Exam once every 12 months, Lenses for frames or one order of contact lenses once every 12 months and Frames once every 12 months.



Massachusetts Paid Family & Medical Leave (PFML)

ELIGIBLE EMPLOYEES

Most employees working in Massachusetts are eligible for PFML. Generally, PFML coverage is available to all workers with a form W-2 who work in Massachusetts, whether full-time, part-time or seasonal.

EMPLOYEE NOTIFICATION REQUIREMENTS

Employees must provide their employer at least 30 days' notice of the intent to take paid family or medical leave. The employee's notice should include the anticipated start date of leave, the anticipated length of leave and the employee's anticipated date of return. If the employee cannot provide 30 days' advance notice due to reasons beyond his or her control, the employee must notify the employer as soon as practicable.

HOW MUCH & AMOUNT OF LEAVE BENEFITS

While on family and medical leave, employees will be paid certain percent of their salary, up to the state's maximum per week. These amounts may be adjusted annually per state of Massachusetts.

Weekly benefit payments begin after an initial **seven-day waiting period**. Employees may use other accrued paid leave, such as sick leave or vacation, during this seven-day waiting period.

Starting January 1, 2021

- To bond with child during the first 12 months following the birth or adoption
- A family member is on active duty or has been notified of impending call or order to active duty in Armed Forces
- To care for a family member who is a covered service member with serious injury or illness incurred or aggravated in line of duty
- Due to your own serious health condition

Starting July 1, 2021

- To care for a family member with a serious health condition

Serious Health Condition: Massachusetts PFML defines serious health condition similarly to the federal Family and Medical Leave Act (FMLA). In general, it refers to an illness, injury, impairment, or physical or mental condition that involves (1) inpatient care in a hospital, hospice or residential medical care facility; or (2) continuing treatment by a health care provider.

IF YOU HAVE ANY QUESTIONS ABOUT MASSACHUSETTS PAID FAMILY AND LEAVE PROGRAM CONTACT YOUR HUMAN RESOURCE REPRESENTATIVE, LIZ HANDEL, HANDEL BEHAVIORAL HEALTH SERVICES BENEFIT BROKER, TROY BENEFITS CONSULTING OR DEPARTMENT OF PFML AT 833-344-7365 OR WEBSITE <https://www.mass.gov/orgs/department-of-family-and-medical-leave>.

Health Savings Accounts

We offer a health saving account through BCBS preferred provider **HealthEquity**. Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance begins to pay for services).

What are the benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2021 is \$3,600 for individual coverage and \$7,200 for family coverage. **In 2022, it increases to \$3,650 for individual coverage and \$7,300 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA CASE STUDY

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1		→	Year 2	
HSA Balance	\$1,000		HSA Balance	\$1,850
Total Expenses:			Total Expenses:	
- Prescription drugs: \$150	(-\$150)		- Office visits: \$100	
			- Prescription drugs: \$200	(-\$300)
			- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 2	\$850		HSA Rollover to Year 3	\$1,550
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.				Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.

Health Savings Accounts Continued

The products and services listed below are examples of qualified medical expenses that may be eligible for payment under your HSA on a tax-free basis.

Examples of Qualified Medical Expenses		
Acupuncture	Breast pumps and supplies	Laboratory fees
Ambulance	Chiropractor	Operations
Annual Physical Examination	Contact lenses	Optometrist
Bandages	Crutches	Pregnancy test kit
Birth Control Pills	Diagnostic Devices	Premiums for COBRA
Body Scan	Eyeglasses	Psychologist

For a comprehensive list please see link to the IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans. Please note this list is updated annually.

<https://www.irs.gov/publications/p969>

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

Questions & Answers

What forms must be completed?

- Enrollment of individual and/or dependent coverage in a Health, Dental or Vision plan please fill out BCBS enrollment/change form.
- Enrollment or change HSA plan fill out HealthEquity form.

Where do I find these forms?

- Contact Human Resource Coordinator, Liz Handel for these forms.

When are the forms due and where do I return them?

- All forms are due by May 21, 2021, and must be returned to Human Resources. Unless you are a new hire, you have 30 days to complete your enrollment or waiver form.

Other Information:

- You can change your pre-tax contribution amount for your health saving account at any time. However, please note Human Resources may need up to five business days before the next payroll to process your request.

Disclosure Notices

This section contains notices that are required to be provided by your employer.

- Notice of Patient Protections (To choose doctor)
- Notice of Special Enrollment Rights
- Notice of Newborns' and Mothers' Health Protection Act
- Notice of Women's Health and Cancer Rights Act (WHCRA)
- General Notice of COBRA Continuation Coverage Rights
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Part D Credible Coverage Disclosure Notice

Patient Protection Model Disclosure Notice (to choose doctor)

The HMO Blue New England plan from Blue Cross Blue Shield of Massachusetts requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of Massachusetts at 1-800-821-1388 or visit <https://myfindadoctor.bluecrossma.com>. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Blue Cross Blue Shield of Massachusetts or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield of Massachusetts at 1-800-821-1388 or visit <https://myfindadoctor.bluecrossma.com>.

Notice of Special HIPAA Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing toward the other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the marriage, birth*, adoption, or placement for adoption. To request special enrollment or obtain more information please contact the employer designee listed on the last page of this notice.

Notice of Women's Health and Cancer Rights (WHCRA)

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

Notice of Newborn's and Mothers' Health Protection 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 the Medical Plan.

Notice of COBRA Rights

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). You may have the right to continue group health coverage for yourself, your spouse or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the plan for the rules governing your COBRA continuation coverage rights or contact the HR department for more information.

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 January 31, 2019. Contact your State for more information on eligibility.

Medicare Part D Credible Coverage Disclosure Notice

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 Handel Behavioral Health Services 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.

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. Handel Behavioral Health Services has determined that the prescription drug coverage offered by the Blue Cross Blue Shield HMO Plans 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 Handel Behavioral Health Services coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Handel Behavioral Health Services coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Handel Behavioral Health Services 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 Handel Behavioral Health changes. You also may request a copy of this notice at any time.

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).

State	Premium	Website	Phone
Alabama	Medicaid	http://myalhipp.com/	855-692-5447
Alaska	Medicaid	http://myakhipp.com/ and http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx Email: customerservice@MyAKHIPP.com	866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	855-692-7447
Florida	Medicaid	http://flmedicaidtplecovery.com/hipp/	877-357-3268
Georgia	Medicaid	www.medicaid.georgia.gov Click on Health Insurance Premium Payment (HIPP)	404-656-4507
Indiana	Medicaid	For low-income adults 19-64: http://www.in.gov/fssa/hip/ For all other Medicaid: http://www.indianamedicaid.com	877-438-4479 800-403-0864
Iowa	Medicaid	http://dhs.iowa.gov/hawk-i	800-257-8563
Kansas	Medicaid	http://www.kdheks.gov/hcf/	785-296-3512
Kentucky	Medicaid	http://chfs.ky.gov	800-635-2570
Louisiana	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html Maine Relay 711	800-442-6003
Massachusetts	Medicaid & CHIP	http://www.mass.gov/eohhs/gov/departments/masshealth/	800-862-4840
Minnesota	Medicaid	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp	800-657-3739 or 651-431-2670
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
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	855-632-7633 Lincoln Phone: 402-473-7000 Omaha Phone: 402-595-1178
Nevada	Medicaid	http://dhcfp.nv.gov	800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/oi/hipp.htm	603-271-5218 800-852-3345 x 5218
New Jersey	Medicaid CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	609-631-2392 800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	800-541-2831
North Carolina	Medicaid	https://dma.ncdhrs.gov/	919-855-4100

North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	844-854-4825
Oklahoma	Medicaid 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	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm	800-692-7462
Rhode Island	Medicaid	http://www.eohhs.ri.gov/	855-697-4347
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 CHIP	https://medicaid.utah.gov/ http://health.utah.gov/chip	877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org/	800-250-8427
Virginia	Medicaid CHIP	http://www.coverva.org/programs_premium_assistance.cfm http://www.coverva.org/programs_premium_assistance.cfm	800-432-5924 855-242-8282
Washington	Medicaid	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	800-562-3022 ext. 15473
West Virginia	Medicaid	http://mywvhipp.com/	855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/	307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, 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

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).

Important Contact Information

HANDEL BEHAVIORAL HEALTH SERVICES

EMPLOYER CONTACT

Human Resource Coordinator: Liz Handel

Phone: 413.695.4187

Email: elizabethh@thriveworks.com



HEALTH PLAN CONTACT INFORMATION

Carrier: Blue Cross Blue Shield of Massachusetts

Member Service: 800.358.2227

Website: <https://www.bcbsma.com>

Employee Access: <https://www.bluecrossma.com/membercentral>

Behavioral Health and Substance Abuse: 800.444.2426

24 Hour Nurse Care Line: 888-247- 2583

Find a Doctor and Estimate Costs: 1.800.821.1388

Plan: HMO Blue NE Saver \$2,000

Account Number: 8103196

Health Group Number: 006951546

DENTAL PLAN CONTACT INFORMATION

Carrier: Blue Cross Blue Shield of Massachusetts

Dental Member Service: 800.262.2583

Network: Dental Blue

Group Number: 006951547

VISION PLAN CONTACT INFORMATION

Carrier: Blue Cross Blue Shield of Massachusetts - Administered by EyeMed

Network: Exam- Plus Premium Vision Plan: Access Network

Vision Member Services: 855-875-6948

Website: blue2020ma.com

Group Number: 20902



HEALTHEQUITY

Health Savings Account (HSA)

Carrier: HealthEquity

Member Support: 866.346.5800

Website: <https://HealthEquity.com>



Massachusetts Department of Family & Medical Leave

Website: <https://www.mass.gov/DFML>

Phone: 833.344.7365



INSURANCE BROKER

Troy Benefits Consulting

Principal: Adrienne Politis

Phone: 781-472-2288

Email: APolitis@TroyBC.com