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Benefit Guide
2023

Welcome To Your 2023 Employee Benefits

As a valued Troon Associate, you are eligible and have access to a variety of benefit plan options which include group and voluntary plans. This enrollment guide has been designed to provide you with information about the benefit choices available to you. To enroll in benefits, visit UKG self-service at https://n35.ultipro.com/Login.aspx

Inside, you will find highlights of each of the benefit plans available. We hope you will use this information to make informed decisions that make the most sense for you and your family.

For Your Health and Welfare

- ✔ Medical Insurance
- ✔ Dental Insurance
- ✔ Vision Insurance
- ✔ Basic Life and AD&D Insurance
- ✔ Supplemental Life Insurance
- ✔ Flexible Spending Accounts & Health Savings Accounts
- ✔ Disability Insurance
- ✔ **NEW** Hospital Care Insurance
- ✔ Accidental Injury Insurance
- ✔ Critical Illness Insurance
- ✔ Pre-paid Legal Plan

Benefit Eligibility

Regular, full-time Associates, and certain part-time Associates meeting annual hours requirements, may enroll in coverage. See the Troon Associate Handbook for eligibility requirements posted in UKG under documents.

Your eligible dependents include:

- Your legal spouse (as defined by federal and state laws)
- Your children under age 26*
- Your unmarried children over age 26 who are not able to support themselves due to a physical or mental disability

*Coverage for children turning age 26 will cease at the end of their birth month.

Changing Your Coverage...

Initial elections and changes in coverage or dependents are limited to annual Open Enrollment or the occurrence of a Qualified Life Event (which must be consistent with IRS Section 125 regulations regarding a Qualifying Event).

If you experience any of the following life events, you are eligible for a special enrollment period:

- Marriage, divorce, or legal separation
- Birth, adoption of a child, or qualified state child support orders
- Involuntary loss of benefits coverage
- Death of an enrolled dependent
- Change in employment status of you, your spouse or child
- Significant change in health coverage or cost

If you experience a Qualified Life Event, you must initiate a Life Event in UKG self-service within 31 days of the event and, in some cases, provide supporting documentation. **If you do not contact Human Resources within 31 days, you will have to wait until the next annual Open Enrollment period to make changes to your benefit plan. To initiate a Life Event, go to https://n35.ultipro.com/Login.aspx.**

Medical Insurance

Troon offers four comprehensive medical plans, the HDHP with HSA (Health Savings Account) plan, Choice Plus Low Deductible plan, the Choice Plus High Deductible plan, and the Bronze HDHP with HSA. The HDHP (High Deductible Health Plan) plans provide coinsurance coverage after satisfying the deductible, and provide 100% coverage for certain preventive prescription medications. These plans are eligible to be offered with a Health Savings Account (HSA). See Page 4 for information about the HSA. Under the Choice Plus Low and High Deductible plans, physician office visits, urgent care and emergency room visits are covered with a copay. Other services are covered with coinsurance. The deductibles and out-of-pocket maximums are the primary difference between the two options.

These plans are administered by UnitedHealthcare (UHC). You can find in-network providers at **www.whyuhc.com/troon**, or through your **www.myuhc.com** account after you are enrolled. Where UHC Premier Providers (Tier 1) are available, you will pay a lower copay or coinsurance amount for Doctor Office visits.

	HDHP with HSA		Bronze HDHP with HSA		Choice Plus Low Deductible		Choice Plus High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$2,000 / $4,000	$6,000 / $12,000	$5,000 / $10,000	$15,000 / $30,000	$1,500 / $3,000	$4,500 / $9,000	$3,000 / $6,000	$9,000 / $18,000
Annual Out-of-Pocket Maximum (Individual/Family) (Includes Annual Deductible)	$4,500 / $9,000	$13,500 / $27,000	$6,250 / $12,500	$18,750 / $37,500	$5,000 / $10,000	$15,000 / $30,000	$6,250 / $12,500	$18,750 / $37,500
What you pay								
Preventive Care Services	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	50% after deductible
Physician's Office Visits* Primary Tier 1 / Tier 2 Specialist Tier 1 / Tier 2	10% / 20% after deductible 10% / 20% after deductible	40% after deductible	20% after deductible	40% after deductible	$30 / $60 visit $60 / $120 visit	40% after deductible	$30 / $60 visit $60 / $120 visit	50% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	$75 per visit	40% after deductible	$75 per visit	50% after deductible
Emergency Room	20% after deductible		20% after deductible		$300 copay per visit		$300 copay per visit	
Hospital Care Inpatient Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Diagnostic Procedures Lab, X-ray, Imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20%after deductible	50% after deductible
Mental Health Services								
Inpatient/Outpatient Facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Outpatient Office, Professional	10% after deductible	40% after deductible	20% after deductible	40% after deductible	$30 per visit	40% after deductible	$30 per visit	50% after deductible

*Tier 1 benefit levels will apply to all office visits in these areas: AK, ME, MT, VT, WY, Northern California

Prescription Drug Plan

Included with the medical plan you elect is prescription drug coverage administered through the **CVS/Caremark Pharmacy Program**. The CVS/Caremark retail network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,700 CVS/pharmacy locations. While all four plans offer discounted prescription medications, choosing the HDHP with HSA for your medical insurance includes 100% coverage for preventive prescription medications on CVS's Preventive Drug List. Specialty medications are only available through CVS pharmacies.

	HDHP with HSA*		Bronze HDHP with HSA*		Choice Plus Low Deductible		Choice Plus High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail (Up to 30 day supply) Generic Brand Non-preferred brand Specialty	20% after deductible*	Not covered	20% after deductible*	Not covered	$15 copay $45 copay $75 copay $75 copay	Not covered	$15 copay $45 copay $75 copay $75 copay	Not covered
Mail Order (31 - 91 day supply)	20% after deductible*	Not covered	20% after deductible*	Not covered	Mail order 2.5x retail	Not covered	Mail order 2.5x retail	Not covered

Certain medications may require clinical prior authorization. Contact CVS/Caremark with any questions.
Note: Your prescription drug plan is determined by which medical plan you elect.
The HDHP with HSA and Bronze HDHP with HSA plans cover preventive/maintenance medications at 100%. Please check the CVS HDHP document for a list of medications or contact CVS/Caremark for a list of medications.

Health Savings Account (HSA)

Associates who enroll in the HDHP with HSA and Bronze HDHP with HSA plans will have the opportunity to contribute to a Health Savings Account (HSA) administered by **Optum Bank** (UnitedHealthcare). Contributions are deducted from your paycheck on a before-tax basis, and funds can be used to offset eligible out-of-pocket medical, dental, and vision expenses, or be saved for future use. If you leave Troon, the balance is yours to keep. If enrolled in an HDHP with HSA, you cannot participate in the Health Care Flexible Spending Account (FSA) but can still participate in the Dependent Care FSA.

Refer to the IRS Publication 969 for eligible covered medical expenses at irs.gov.

How the Health Savings Account (HSA) Works

1. When you enroll in the HDHP with HSA or Bronze HDHP with HSA plans, you are eligible to make pre-tax contributions to your HSA. Associates must be actively enrolled in one of the HDHP plans and actively employed.
2. You will receive an HSA debit card from Optum Bank to be used to cover eligible expenses, or you can submit a claim for reimbursement.
3. Any funds deposited into the HSA are yours to keep.
4. Any unused 2023 HSA funds can be utilized for future health expenses. The HSA account is owned by the Associate, applicable interest and earnings are tax free, and withdrawals are also free of tax if used for eligible expenses.

If any of the following apply, you are not eligible to participate and enroll in a Health Savings Account:

- Not enrolled in a qualified HDHP plan
- Enrolled in Medicare
- Claimed as a dependent on another person's tax return
- Enrolled in TRICARE
- Receiving Veterans medical benefits

HOW MUCH CAN YOU CONTRIBUTE ANNUALLY?*	
Individual Coverage	$3,850
Family Coverage	$7,750

*Individuals age 55 or older may make an additional $1,000 annual contribution to their HSA.

Critical Illness, Accidental Injury & Hospital Care Insurance

The following voluntary benefit offerings are available through Cigna. Each provides an additional cash benefit for specific situations, that can help to offset medical claims costs and other expenses you may have. Premiums are paid from your paycheck (after-tax).

Group Critical Illness Insurance*

Group Critical Illness Insurance is designed to help you offset the financial effects related to the diagnosis of a covered critical illness with a lump sum benefit. While major medical insurance may pay a portion of the medical bills, many out-of-pocket expenses may not be covered. Guaranteed Issue benefit amounts: $30,000 for employee and $15,000 for spouse.

Plan Benefits Include:

- Lump Sum Benefits
- Optional Benefit Rider
- Up to $3,000 COVID/ICU Rider
- $250 Skin Cancer Benefit
- $50 Health Screening Benefit
- Alzheimer's, Parkinson's and MS covered at 100%
- Progressive Diseases Rider
- Additional Diagnosis & Re-occurrence Benefits

Plan Highlighted Features:

- Portable
- No pre-existing condition limitations
- No waiting period
- Benefits do not reduce as you get older
- Dependent children covered at 50% of the employee's amount at no additional charge

Accidental Injury Insurance*

When an accident occurs, you may have trouble finding room in your budget to cover the charges that can accumulate. Accidental Injury Insurance can help with those unexpected costs.

Accidental Injury Insurance pays benefits if you are injured in a covered accident on or off-the-job. The cash benefits can be used any way you choose. This plan helps address out-of-pocket expenses that add up as a result of a covered accident. There are no medical questions asked to be eligible. The plan is portable and you can take the coverage with you. Additionally, coverage is available for you and your dependents.

Plan Highlighted Features:

- Guaranteed Issue Coverage
- $50 Health Screening Benefit
- No limit on the number of claims an insured can file
- Catastrophic Accident Benefits
- Family Lodging Benefit
- Accident Death & Dismemberment
- Sickness Benefits
- Portable
- Hospital Admissions & Confinement

NEW! Hospital Care Insurance*

Even with medical insurance, a hospital stay can cost you thousands of dollars in deductibles and coinsurance. Hospital Care Insurance pays a benefit directly to you if you or a covered family member receives hospital care including for childbirth. You can receive a **$1,000** cash benefit for being admitted to the hospital and then **$200** for each day you're confined. Additional benefits are paid based on the type of services you receive including emergency room, intensive care unit, an in-patient procedure, or the birth of a child.

Plan Highlighted Features:

- Portable and no pre-existing condition limitations
- Flexible so you can use the money however you want: medical bills, rent, groceries
- Benefits are paid in addition to other coverage you may have

**The coverages described in this booklet are subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this booklet is intended to provide a general summary of the coverages. These overviews are subject to the terms, conditions, and limitations of the plans.*

FSA & Dental Insurance

Flexible Spending Accounts

Troon offers two types of Flexible Spending Accounts — a **Health Care Flexible Spending Account** and a **Dependent Care Flexible Spending Account**. These accounts allow you to set aside pretax dollars to pay for certain out-of-pocket health care or dependent care expenses. These plans are administered by **UnitedHealthcare**. Associates enrolled in the HDHP with HSA and Bronze HDHP with HSA plans cannot enroll in the Health Care FSA but are eligible to enroll in the Dependent Care FSA.

Refer to IRS Publications 502 and 503 for a complete list of covered expenses at irs.gov.

How Flexible Spending Accounts Work

1. You must actively re-enroll each year. You are **not** automatically re-enrolled.
2. Each year, you decide how much to set aside for health care and/or dependent care expenses.
3. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
4. As you incur health care or dependent care expenses throughout the year, use your Health Care FSA debit card to pay for eligible expenses at the point of sale or submit a claim form for reimbursement.

Important Note: Troon allows up to $610 of Health Care FSA dollars to carry over to 2024. Any monies in excess of the $610 at the end of the plan year will be forfeited. The Dependent Care FSA account is still treated as a "use it or lose it" account - if you do not incur eligible expenses by the end of the plan year, you will forfeit the Dependent Care funds remaining in your account.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	$3,050	Copays, deductibles, orthodontia, prescription medication copays, etc.*
Dependent Care Flexible Spending Account	$5,000 ($2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*
** See IRS Publications 502 and 503 for a complete list of covered expenses.*		

Dental Plan

Troon offers a comprehensive Dental Plan through **Delta Dental of Arizona** that helps you pay for preventative care, basic care, restorative care, major services, and orthodontic treatment for both adults and children. If you need extensive dental work, ask your dentist to submit a pre-determination of benefits to the plan. This will ensure that you know in advance what your expected charges will be. If your property resides in TX, LA, or MS, your Out-of-Network coinsurance will be equivalent to the In-Network coinsurance. To locate a participating dental provider, please visit **www.deltadentalaz.com**. Group #5326

	Delta Dental of Arizona	
	In-Network*	Premier Dentist and Out-of-Network Dentist**
Plan Year Deductible (Individual/Family)	$50 / $150	$50 / $150
Plan Year Benefit Maximum	$1,500 per member	
Preventive and Diagnostic Services	100%, no deductible	100%, no deductible
Basic Services	10% after deductible	20% after deductible
Major Services	40% after deductible	50% after deductible
Orthodontic Services	50% after deductible	50% after deductible
Orthodontic Lifetime Benefit Maximum Deductible does not apply	$1,500 per member	

*The in-network percentage of benefits is based on the discounted fee negotiated with the provider.
**Premier Dentist - These in-network dentists accept discounted reimbursements for services.
**Out-of-Network Dentist - These dentists have not agreed to discount their rates for services and members could be subject to balance billing.

Vision Plan

Our Vision Plan is offered through VSP. It helps pay the cost of periodic vision examinations, and necessary lenses and frames, if prescribed. The plan covers services from any licensed provider, but benefits are paid at a higher level when you use an in-network provider. To search for in-network providers, visit **www.vsp.com**.

	VSP Vision Care	
	In-Network	**Out-of-Network**
Eye Exam Copay (once every 12 months)	$10 copay	Up to $45
Prescription Glasses	$25 copay	
Frames (once every 12 months) • $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $150 Walmart® /Sam's Club frame allowance • $80 Costco® frame allowance	Included with Prescription Glasses	Up to $70
Lenses (once every 12 months) • Single vision, lined bifocal, lined trifocal lenses • Impact-resistant for dependent children	Included with Prescription Glasses	Single Vision Lenses ..... $30 Lined Bifocal Lenses ..... $50 Lined Trifocal Lenses $65
Lens Enhancements (once every 12 months) • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 30% savings on other lens enhancements	$0 copay $95 – $105 copay $150 – $175 copay	Up to $50
Contacts (instead of glasses) (once every 12 months) • $150 allowance for contacts; copay does not apply • Contacts lens exam (fitting and evaluation)	Up to $60	Up to $105
VSP EasyOptions (choose one of these upgrades)	• An additional $100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional $50 contact lens allowance • Every 12 months	
Extra Savings		
Glasses and Sunglasses	• Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. • 40% off additional pairs of prescription glasses purchased the same day as the exam at all VSP doctor locations • 50% off additional pairs of prescription glasses purchased the same day as the exam at all Visionworks locations	
Routine Retinal Screening	• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.	
Laser Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

Life & Disability Insurance

Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if you support others. Troon provides core basic life and AD&D coverage to all eligible associates at no cost, and offers you the ability to purchase additional coverage for yourself, your spouse, or your children.

Benefits enrollment is a good time to review your life insurance beneficiaries to ensure they reflect your intensions. You can view or elect your beneficiaries in UKG self-service.

Basic Term Life and Accidental Death & Dismemberment Insurance

Through **New York Life** Insurance, Troon provides eligible full-time Associates with Basic Term Life and Accidental Death and Dismemberment coverage at no cost to you and enrollment is automatic. Full-time hourly associates are eligible for base salary up to $30,000. Full-time salaried associates are eligible for base salary up to $100,000.

Supplemental Life Insurance

You may choose to purchase additional life insurance coverage in addition to the company-paid basic life. You pay the total after-tax cost of this benefit through convenient payroll deductions. Benefits begin reducing at age 65 and again at 70.

Associate: Elect up to $300,000 in increments of $10,000. During initial enrollment, there is a Guaranteed Issue up to $300,000 and up to age 65.

Spouse: Elect up to $75,000 in increments of $5,000 not to exceed 50% of the Associate's elected amount. During initial enrollment, there is a Guaranteed Issue up to $30,000 and up to age 60 for your spouse.

Children: Elect $2,500, $5,000 or $10,000

**Evidence of Insurability (EOI) may be required when electing or increasing coverage. During Open Enrollment, Associates can increase their life insurance up to $20,000 each year. More than $20,000 requires an EOI. It is also required for all Associates age 65+ and their spouses age 60+. No EOI is required for children.*

Disability Insurance

Voluntary Short Term Disability Insurance

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, your income is protected, relieving you of the anxiety of depleting your savings to pay your bills.

You may purchase Short Term Disability Insurance with **New York Life** to replace up to 60% of your weekly base salary up to the plan maximum in the event an injury or illness forces you out of work for an extended period of time. The pre-existing condition exclusion will apply to you if your disability is due to a pre-existing condition and you become disabled within the first 12 months of becoming covered under the plan.

If you become unable to work due to a non-work related injury or illness in California, Hawaii, New Jersey, New York or Rhode Island, the state-mandated Short Term Disability Insurance will provide you with a benefit.

Additional Benefits

Legal Plan

The **MetLife** Legal Plan provides you with telephone and office consultations for an unlimited number of personal legal matters with a network attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action. Legal services are generally paid in full if you select a network provider, with some plan benefits for out-of-network providers.
Visit **www.metlife.com/insurance/legal-plans/**.

If you decide to participate, you must participate for the full year when you sign up. You pay the cost of this benefit via payroll deductions. The cost of this benefit is **$16.50 monthly**.

Full representation for these services

- Estate Planning Documents
- Defense of Civil Lawsuits
- Real Estate Matters
- Minor Traffic Offenses
- Family Law
- Immigration Assistance
- Document Preparation
- Document Review
- Financial Matters
- Elder Law Matters

Extra Benefits

Troon offers extra benefits at no additional cost to full-time Associates. Participation in these valuable programs can mean long-term protection and wellness for you and your family.

Employee Assistance & Wellness Support

Troon cares about your total well-being - both physical and emotional, and offers you and your eligible dependents access to the Employee Assistance & Wellness Support program through New York Life. Resources are available 24/7 for confidential support and guidance, as well as assistance with referrals for further services.

Call Anytime, Any Day - Help is just a phone call away whenever you need it, at no extra cost to you. An advocate can help you assess your needs and develop a solution, as well as direct you to community resources and online tools.
All conversations are strictly confidential.

Visit A Specialist - You have three face-to-face sessions with a behavioral counselor available to you and your household members. Call New York Life to request a referral.

Starting in January 2023, the Employee Assistance & Wellness Support program can be reached at **(800) 344-9752** or at **www.guidanceresources.com**.

Identity Theft

New York Life's Identity Theft Program provides our Associates with access to personal case managers who give step-by-step assistance and guidance to individuals who have had their identity stolen. This program provides valuable resolution services, including real-time support all over the world, assistance with credit card fraud, and help with emergency travel arrangements. Contact New York Life for details or access it through Guidance Resources.

NYL GBS Secure Travel

New York Life's Secure Travel is available to Associates covered under New York Life's Accident Death & Dismemberment plan. New York Life Secure Travel provides special assistance for emergency medical, financial, legal and communication assistance when you travel. This program gives covered individuals access to a travel assistance customer service center from anywhere in the world when traveling at least 100 miles from home. **To access program benefits from the United States and Canada, call (888) 226-4567. From all other locations, call collect at (202) 331-7635. Please indicate you are a member of the NYL GBS Secure Travel Program and Group #57.**

Extra Benefits & Contacts

Will Preparation

New York Life's Will Preparation Program helps you and your family create and execute state-specific wills, power of attorney and a variety of other important legal documents online, and use your legal consultation benefits to obtain a qualified attorney's review. Contact New York Life for details or access it through Guidance Resources.

Survivor Assurance Program

If the unexpected happens, the survivor assurance program can help. This program provides financial, bereavement and legal support for your beneficiaries during their time of need. Visit **www.nylgbssurvivorassurance.com** for more information.

Business Travel Insurance

Troon provides Business Travel Insurance coverage at no cost to you. This benefit covers you when you are traveling on company business. The plan includes a life insurance and AD&D component.

Contacts

	Contact	Telephone	Web Address
Enrollment	Benefit Call Center	855-252-0702	N/A
Medical	UnitedHealthcare	866-547-0849	Pre-member: www.whyuhc.com/troon Members: www.myuhc.com
Pharmacy	CVS Pharmacy	866-425-0050	www.caremark.com
Health Savings Account (HSA)	Optum Bank (UHC)	866-547-0849	www.myuhc.com
Flexible Spending Accounts (FSA)	UnitedHealthcare	866-547-0849	www.myuhc.com
Dental	Delta Dental of AZ	800-352-6132	www.deltadentalaz.com
Vision	VSP	800-877-7195	www.vsp.com
Critical Illness Insurance, Accidental Injury Insurance & Hospital Care Insurance	Cigna	800-754-3207	www.cigna.com
Basic Life and AD&D	New York Life	800-362-4462	www.newyorklife.com
Supplemental Life	New York Life	800-362-4462	www.newyorklife.com
Short Term Disability	New York Life	800-238-2125	www.newyorklife.com
Long Term Disability	New York Life	800-238-2125	www.newyorklife.com
Employee Assistance & Wellness Support (effective Jan. 2023)	New York Life	800-344-9752	www.guidanceresources.com
Legal	MetLife Legal	800-821-6400	www.legalplans.com
401(k) Retirement Plan	Empower	844-465-4455	www.empowermyretirement.com
Healthcare Reform Exchange	Marketplace Exchange	800-318-2596	www.healthcare.gov
Free Medicare Assistance	Strategic Growth Insurance Associates	888-284-3314	www.retireesupportcenter.com

NOTE: This statement is intended to summarize the benefits you receive from Troon Golf. The actual determination of your benefits is based solely on the plan documents provided by the carrier for each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Troon Golf reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Troon Golf Troon Golf Flexible Benefit Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the Troon Golf Flexible Benefit Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Troon Golf, LLC

Attn: Jay McGrath, Chief Administration Officer

15044 N. Scottsdale Road, Suite 300

Scottsdale, AZ 85254

If you have any questions, please contact the Troon Human Resources Office at (480) 606-1000.

Women's Health and Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan. If you would like information on WHCRA benefits, call your plan administrator at Troon Benefits Department (480) 477-0455.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 12 weeks 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Troon Benefits Department (480) 477-0455 for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

This guide contains information about the creditable status of the Rx coverage.

Please note: Notices on Medical Part D coverage appears later in this document.

Medicare Part D Notice of Creditable Coverage

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Troon Golf 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. Troon Golf has determined that the prescription drug coverage offered by theTroon Golf Flexible Benefit Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Troon Golf coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current you and your dependents may 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 Troon Golf 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 Troon Golf 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: October 1, 2020

Name of Entity/Sender: Troon Golf
Contact: Benefits Department
Address: 15044 N. Scottsdale Road, Suite 300

Scottsdale, AZ 85254

Phone Number: (480) 477-0455

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).

Your ERISA Rights

As a participant in the Troon Golf benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or 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 this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
  - You lose coverage under the plan;
  - You become entitled to elect COBRA continuation coverage;
  - You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance with Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor at the following address:

U.S. Department of Labor
333 Greenway Drive
Lawrence, KS 66046-1290
Tel: 1-886-463-3278

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at: 1-866-275-7922. You may also visit the EBSA's web site on the Internet at: http://www.dol.gov/ebsa.

Continuation Coverage Rights Under Cobra

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Troon Golf Benefits Department.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Continuation Coverage Rights Under Cobra

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by calling Troon Golf Benefits Department at (480) 477-0455.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Troon Golf Benefits Department

15044 N. Scottsdale Road, Suite 300

Scottsdale, AZ 85254

(480) 477-0455

Grandfathered Health Plan Status

If you are enrolled in the Blue Cross Blue Shield of AL option, the plan believes that your medical option is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). A grandfathered health plan generally is not subject to all of the requirements of the Affordable Care Act and therefore is able to preserve certain basic health plan coverage and designs that were in place on the date the Affordable Care Act was enacted (March 23, 2010). Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. For example, the requirement for the provision of preventive health services without cost sharing is not required under grandfathered plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

If you have any questions or complaints regarding which protections apply and which protections do not apply to grandfathered health plans or regarding the status of your medical option, you may submit them in writing to the Plan Administrator, Attn: Health Care Reform Notices. You can also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a link to a table summarizing which provisions of the Affordable Care Act do and do not apply to grandfathered health plans.

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 October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
ARKANSAS - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
FLORIDA – Medicaid Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268 GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
IOWA – Medicaid Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
KENTUCKY – Medicaid Website: https://chfs.ky.gov Phone: 1-800-635-2570	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, 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

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.

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

Notes