



**Greater
Opportunities**
of the Permian Basin, Inc.

Building Families Across the Permian Basin



2023 -2024 Benefits Guide

Effective October 1, 2023

TABLE OF CONTENTS



Page:

3	Carrier Contacts
4	Eligibility
5	Enrollment Information
6	Qualifying Event/COBRA
7	Medical Insurance
9	Medical Rates
15	Dental Insurance & Rates
18	Vision Insurance
20	Life Insurance
22	Long Term Disability
25	Colonial Products
27	Important Notices

INTRODUCTION

Whether you are a new employee enrolling into your benefits for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process.

Greater Opportunities of the Permian Basin is proud to offer you a broad range of benefit options. You may choose from a number of plans including medical, dental, vision, voluntary life and voluntary supplemental plans.

Please take the time to read this information and ask questions so you can make the best benefit decisions for both you and your family.



QUESTIONS

If you should have any questions:

1. Contact the carrier directly. Phone number and website information is on page 3.
2. Contact Delma Lozano, HR Manager at 432-337-1352 ext. 224 or delma.lozano@gopb.org

CARRIER CONTACTS

Refer to this list when you need to contact one of your benefit carriers or the number on the back of your ID card. For general information, contact Human Resources.

MEDICAL

BlueCross BlueShield of Texas

800-521-2227

www.bcbstx.com

DENTAL

BlueCross BlueShield of Texas

800-521-2227

www.bcbstx.com

VISION

BlueCross BlueShield of Texas

844-323-8302

www.dearbornnational.com/vision

LONG TERM DISABILITY

BlueCross BlueShield of Texas

800-348-4512

www.dearbornnational.com

LIFE INSURANCE

BlueCross BlueShield

800-348-4512

www.dearbornnational.com

EMPLOYEE ASSISTANCE PROGRAM

BlueCross BlueShield of Texas

866-899-1363

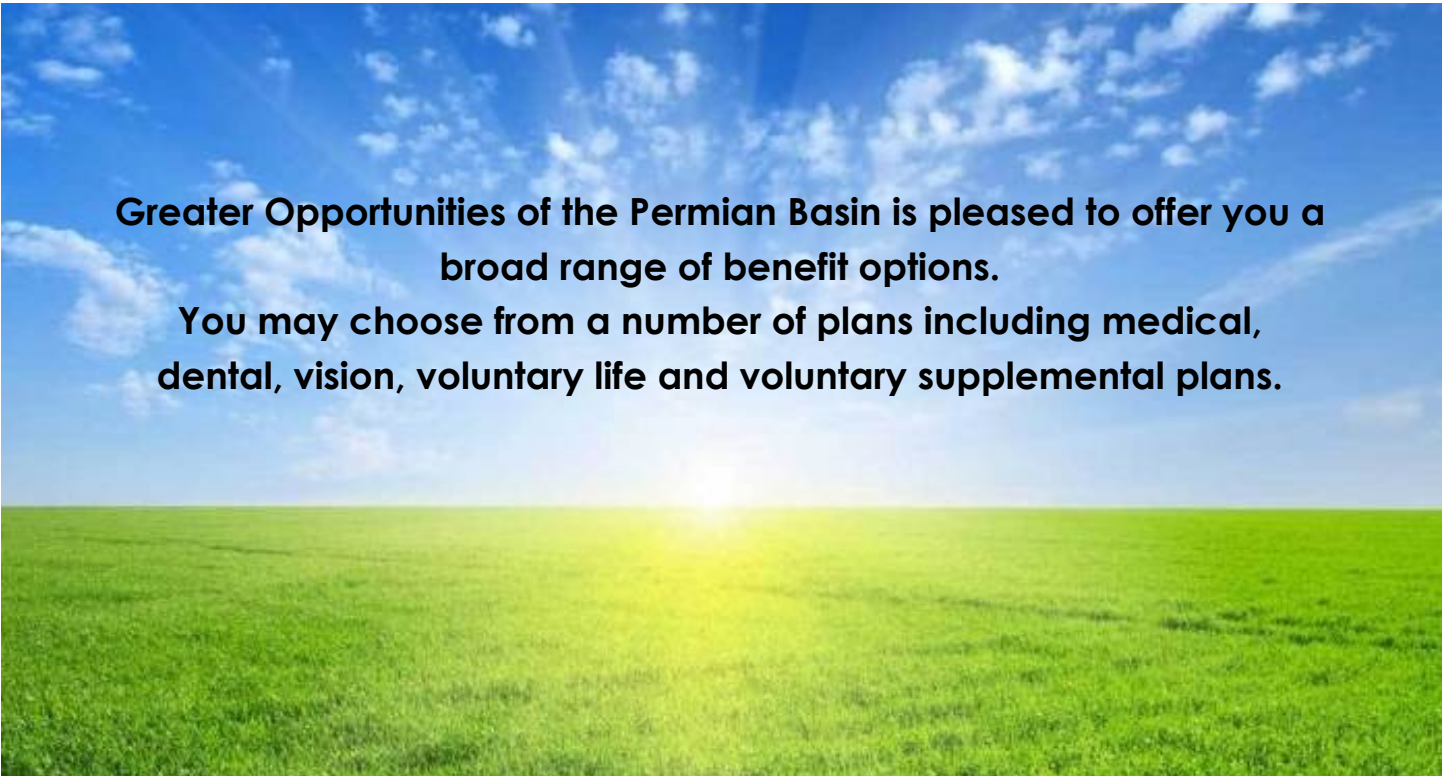
www.guidanceresources.com

ADDITIONAL VOLUNTARY PRODUCTS

Colonial Life

800-325-4368

www.coloniallife.com



Greater Opportunities of the Permian Basin is pleased to offer you a broad range of benefit options.

You may choose from a number of plans including medical, dental, vision, voluntary life and voluntary supplemental plans.

ELIGIBILITY

All Greater Opportunities of the Permian Basin employees hired as full-time or permanent part-time and are working 25 or more hours per week are eligible to enroll in benefits. Medical benefits will begin the first day of the month following 60 days from your date of hire. Dental, vision, voluntary life and voluntary supplemental plans will also begin the first of the month following 60 days from date of hire.

Your dependents are eligible to enroll also. These include:

- Your legal spouse;
- Dependent children under the age of 26. These include natural, adopted and step-children;
- Your Domestic Partner and dependent children.

This booklet highlights important features of Greater Opportunities of the Permian Basin benefits for it's benefit eligible employees. While every effort has been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, please contact Human Resources.

ENROLLMENT INFORMATION

OPEN ENROLLMENT

This is your one time per year to make changes. Please review your current benefits, verify all of your personal information and make any updates. The decisions you make during open enrollment can have a significant impact on your life and finances. Once open enrollment closes you will **not** be able to make any changes until next open enrollment unless you experience a life-changing, qualifying event. An enrollment counselor will be at your location during open enrollment to assist you with your elections or changes. You **must** visit with an enrollment counselor to confirm your benefits or make changes. You can also get your benefit questions answered.

All employees MUST re-enroll by visiting with an enrollment counselor.

Failure to re-enroll will result in loss of coverage.

If you do not visit with an enrollment counselor during open enrollment, you will be required to wait until next **Open Enrollment** period or until a **Qualifying Event** occurs.

NEW EMPLOYEES

As a new GOPB employee you are eligible to enroll in your benefits within the first 60 days after your date of hire. These benefits will become effective the first day of the month following 60 days from your date of hire. You will be required to enroll through your ADP WorkForce Now login. **It is imperative that you make your elections before the end of the 60 days. If you do not, you will be considered waiving all benefits offered and will not be allowed to enroll until next open enrollment period or if you experience a qualifying event.**



QUALIFYING LIFE EVENTS

The elections you make during Open Enrollment or during your initial benefits eligibility period will remain in effect for the plan year October 1, 2023 - September 30, 2024. During that time, if your life or family status changes according to the recognized events below, you are permitted to revise your benefit elections to accommodate your new status.

IRS regulations govern under what circumstances you may make changes to your benefits, which benefits you can change and what kinds of changes are permitted.

It is your responsibility to notify HR within 30 days of your life-changing event to make changes to your benefits.

Qualifying Events Include:

- Marriage, divorce, death of spouse
- Spouse gains or loses coverage from another source
- Spouse's Open Enrollment
- Birth or adoption of a child
- Death of dependent child
- Dependent becomes ineligible for coverage

COBRA

In most cases, if your employment ends, benefits will terminate on the last day of the month in which you worked. Only medical, dental and vision plans will terminate at the end of the month. These are the COBRA eligible plans. All other benefits will terminate on your date of termination.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative fee of 2%.

Each individual who is covered by a Greater Opportunities of the Permian Basin medical, dental or vision benefit plan, may be eligible to continue his or her medical, dental or vision coverage through COBRA.

The right to continuation is coverage ends at the earliest of the date:

- You, your spouse or dependents become covered under another group health plan; or
- You become entitled to Medicare; or
- Your COBRA Continuation Period expires

MEDICAL INSURANCE

Staying healthy means regular check-ups with your medical provider. To help you achieve good health, all Greater Opportunities of the Permian Basin full-time employees and permanent part-time employees (working 25 hours or more per week), medical insurance will be available through BlueCross and BlueShield of Texas. This plan use the broad BlueChoice network. Please refer to the Summary of Benefits and Coverage for a more detailed description of plan details.

- The BlueCross BlueShield of Texas MTBCB035 plan is a PPO with a \$4,000 individual deductible. You will have flat copays for your office visits, prescriptions and urgent care. All other coverage is subject to deductible and coinsurance.
- **Beginning October 1, 2023, labs and x-ray performed in the provider's office will now be covered at 20% after deductible and no longer part of your office visit copay. Your Wellness visit will still cover preventive labs at no charge.**

PLEASE NOTE: This plan is a PPO (Preferred Provider Organization) that does not require a designated Primary Care Provider (PCP) nor does it require a referral to see a specialist. This plan also includes out-of-network coverage, although the deductible is larger as is the coinsurance.

We strongly encourage you to set-up your personal account at www.bcbstx.com. From there you can see your Explanation of Benefits (EOBs), price a prescription or find a provider. You can also download the BCBSTX app and access your information via your smartphone or tablet.



MEDICAL INSURANCE

BlueCross BlueShield of Texas - MTBCB035 - 4000 80/50

This chart below is a **BRIEF** overview of benefits provided under this plan. Please refer to your Benefit Plan Summary for more detailed descriptions of the benefits covered.

BCBSTX - MTBCP035 Network: BlueChoice	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible	\$4,000 Single \$12,000 Family	\$10,000 Single \$20,000 Family
Coinsurance - Member Pays	20% after deductible	50% after deductible
Out-of-Pocket Maximum	\$8,150 Single \$16,300 Family	Unlimited Single Unlimited Family
Office Visit - Deductible Does Not Apply	Primary: \$35 copay/visit Specialist: \$70 copay/visit	50% after deductible 50% after deductible
Preventive Care	No charge	50% after deductible
Diagnostic X-Ray and Lab Services	20% after deductible	50% after deductible
Major Diagnostic Tests CT/PET scans MRIs	20% after deductible	50% after deductible
Virtual Visits - Teledoc	\$35 copay	50% after deductible
Urgent Care	\$75 copay; deductible does not apply	
Emergency Room Care	\$500 copay plus 20% after deductible	
Outpatient Surgery		
Facility Fees	20% after deductible	50% after deductible
Physician/Surgeon Fees	20% after deductible	50% after deductible
Inpatient Hospital		
Facility Fees	20% after deductible	50% after deductible
Physician/Surgeon Fees	20% after deductible	50% after deductible
Prescription Drug Coverage - 30 day supply		
Retail: Preferred/Non-Preferred	\$0/\$10/\$20/\$50/\$70/\$100/\$120	Copay + 50%
Preferred Specialty and Non-Preferred Specialty	\$150/\$250	Copay + 50%
Mail-Order	3 times copay	Not covered

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary 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 Benefits Summary and the 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 this summary, contact Human Resources.

MEDICAL RATES

Semi - Monthly - 24 Paychecks

BCBSTX - MTBCPB035 - \$4000 80%/50%	
MEDICAL	EE Cost per 24 paychecks
Employee Only	\$72.14
Employee/Spouse	\$447.26
Employee/ Child(ren)	\$302.98
Family	\$678.07



Looking for the right doctor?

Provider Finder® is the quick and easy way to make better health care decisions for you and your family.



Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for MembersSM (BAM) you can use Provider Finder to:

- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if Blue Distinction Center® (BDC), BDC+ or Blue Distinction Total Care is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure — and available at bcbstx.com.

You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to know what feedback other patients had on a provider?

The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find a doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and use your member ID card

Text* **BCBSTXAPP** to
33633 to get the app.

* Message and data rates may apply. Terms and conditions and privacy policy at bcbs.com/mobile/text-messaging



bcbstx.com/mobile



BlueCross BlueShield of Texas



VIRTUAL VISITS:

Powered by
MDLIVE

**Speak with a doctor —
anytime, anywhere**

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

With virtual visits, you get:

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app or telephone
- If necessary, e-prescription sent to your local pharmacy

Virtual visits doctors can treat a variety of health conditions, including:

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma and loss or relationship problems.

Activate your account or schedule a virtual visit

- Go to Blue Access for MembersSM or **MDLIVE.com/bcbstx**.
- Download the MDLIVE app from Apple's App StoreSM or Google PlayTM.
- Call MDLIVE at **(888) 680-8646**.
- Text **BCBSTX** to **635-483**. (MDLIVE's online assistant Sophie will help you activate your account.)



Get connected today!
To register, you'll need to provide your BCBSTX member ID number.

Virtual visits may not be available on all plans. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association.

731392-0918

24/7 Nurseline

Nurses available
anytime you
need them



**BlueCross BlueShield
of Texas**



**Call the 24/7 Nurseline with
any health questions.**

Toll-free: **800-581-0393**

Hours of Operation: **Anytime**

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Back pain
- Diabetes
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat
- And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Note: For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

A Division of Health Care Service Corporation, a Mutual Legal
Business Company, an Independent Licensee of the Blue Cross
and Blue Shield Association

Blue Care Connection®

729699.0216

DENTAL INSURANCE & RATES

BlueCross BlueShield of Texas - BlueCare Dental

For dental health, dental insurance is available for all Greater Opportunities of the Permian Basin full-time and permanent part-time employees and their dependents through BlueCross BlueShield of Texas on a voluntary basis. You will be responsible for the full cost of coverage through payroll deductions.

The dental plan is a PPO plan (Preferred Provider Organization) and has both in-network and out-of-network benefits. However, if you plan to use an out-of-network provider, you will incur a larger expense than if you were to use an in-network provider. The PPO plan does pay your out-of-network provider at the Usual and Customary 90th percentile. This will reduce your maximum out-of-pocket if you do use an out-of-network provider.

On the following page is a brief summary of the Dental plan that will take effect October 1, 2023. Please refer to your BlueCross BlueShield of Texas dental benefit summary for a more detailed list of coverages. Once enrolled, you can contact BCBSTX's customer service department with any questions related to your benefits or claims. You will also have availability to the BlueCross BlueShield of Texas website which allows easy access to all of your dental benefit information, including a list of network providers. We strongly encourage you to register and create a user ID and password at www.bcbstx.com.

BlueCross BlueShield of Texas - DPPO	
DENTAL	<u>EE Cost per 24 paychecks</u>
Employee Only	\$15.00
Employee + Spouse	\$29.44
Employee + Child(ren)	\$35.51
Employee + Family	\$55.01



DENTAL INSURANCE

BlueCross BlueShield of Texas - BlueCare Dental

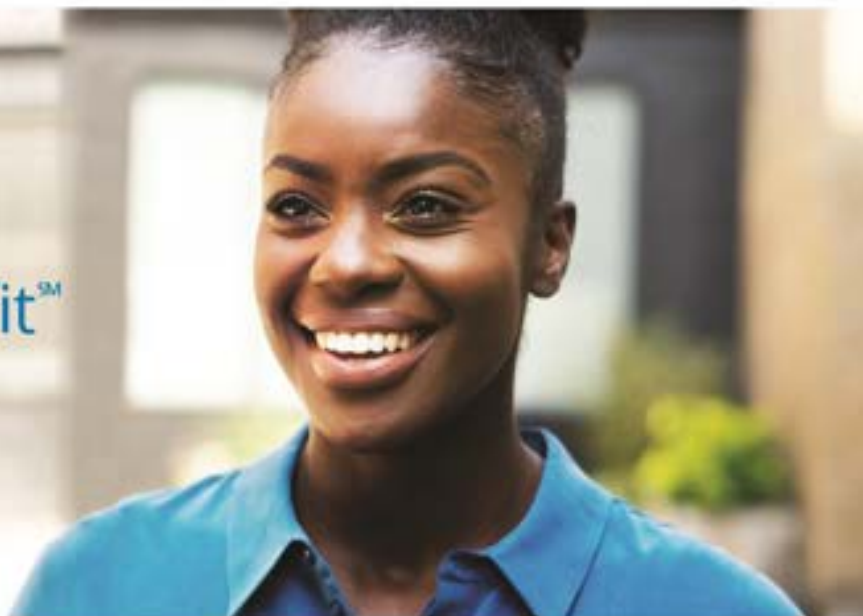
BlueCare Dental	Benefits	In-Network Provider	Out-of-Network Provider
Deductible	Calendar Year (Annual) deductible. Waived for : In Network - Preventive and Out-of-Network Preventive	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Maximum Benefit	Calendar year maximum for Preventive, Basic, and Major services	\$1,500	\$1,500
Diagnostic and Preventive	<ul style="list-style-type: none"> • Periodic Oral Evaluations • Problem focused oral evaluations • Full-mouth and Panoramic X-rays • Bitewing films • Periapical films • Routine Cleanings • Topical Fluoride Treatments • Space Maintainers For • Sealants 	100%	100%
Basic	<ul style="list-style-type: none"> • Amalgams • Resin-based composite restorations • Removal of retained coronal remnants • Removal of erupted or exposed tooth • Periodontal scaling and root planing • Full-mouth debridement • Periodontal maintenance procedures • Emergency treatment • Deep sedation/general anesthesia • Root canal therapy • Surgical tooth extractions 	80%	80%
Major	<ul style="list-style-type: none"> • Single crown restorations • Inlay/onlay restorations • Crowns placed over implants • Complete and removable partial dentures • Denture reline/rebase procedures • Fixed bridgework • Prosthetics placed over implants • Implants • Miscellaneous restorative and prosthodontic services 	50%	50%
Orthodontics	<ul style="list-style-type: none"> • Adult coverage and dependent children to age 19 • Lifetime maximum per participant 	50% \$1,500	50% \$1,500



BlueCross BlueShield of Texas

BlueCare Dental Enhanced BenefitSM

**Enhanced Dental Benefits
for Special Health Issues**



Do you have heart disease or diabetes? Or are you pregnant? Poor dental health can complicate these conditions...and evidence shows that unmanaged diabetes can also worsen an existing periodontal condition. Blue Cross and Blue Shield of Texas (BCBSTX) offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

What Does the Program Offer?

The program helps reduce financial barriers to receiving additional dental care. If you have heart disease, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

ROUTINE CLEANING

PERIODONTAL MAINTENANCE CLEANING

PERIODONTAL SCALING AND ROOT PLANING



**SIMPLE DENTAL SERVICES CAN HELP
MANAGE YOUR MEDICAL CONDITION
AND SAVE MONEY, TOO.**

BlueCare Dental ConnectionSM

The Enhanced Benefit program works with BlueCare Dental Connection, providing tips and information to help you learn about dental health.

BlueCare Dental Connection provides:

- Targeted mailings/emails to teach you about the link between gum disease and other health problems
- 24/7 use of the online Dental Wellness Center[®], which provides facts and tools to help you learn about oral care*

To access the Dental Wellness Center, log in to Blue Access for MembersSM at bcbstx.com and click on the **My Health** tab.

The Dental Wellness Center lets you:

- Ask dental questions through **Ask a Dentist**
- Find a dentist using **Provider Finder[®]**
- Search the **Dental Dictionary** to find the definitions of common dental terms

Call the number on the back of your ID card to learn more about the BlueCare Dental Enhanced Benefit program.

*The Dental Wellness Center is a service provided by Dental Network of America, a separate and independent company from Blue Cross and Blue Shield of Texas. Dental Network of America is solely responsible for the products or services it offers.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

VISION INSURANCE

BlueCross BlueShield - EyeMed Network

To help keep your eyes healthy, vision insurance is available for all Greater Opportunities of the Permian Basin full-time and permanent part-time employees and their dependents through BlueCross BlueShield on the EyeMed network. This is on a voluntary basis. You will be responsible for the full cost of coverage through payroll deductions. As with the medical and dental plans, the vision plan uses a network of vision providers. Your cost will be less if you use a network vision provider.

On the next page is a summary of the benefits that will take effect October 1, 2023. Once enrolled, you can contact BlueCross BlueShield's customer service department with any questions related to your benefits or claims. You will also have availability to the BlueCross BlueShield website at www.eyemedvisioncare.com/bcbstxvis which allows easy access to all of your vision benefit information, including a list of network providers.

BlueCross BlueShield - Vision	
Vision	<u>EE Cost per 24 paychecks</u>
Employee Only	\$4.56
Employee + Spouse	\$8.65
Employee + Child(ren)	\$9.11
Employee + Family	\$13.38



VISION INSURANCE

BlueCross BlueShield of Texas - EyeMed Network

Vision Plan	In-Network	Out-of-Network Reimbursement
Routine Vision Exam With dilation as necessary	\$10 copay	Up to \$30
Lens (per pair) Single Vision Bifocal Trifocal	 \$10 copay \$10 copay \$10 copay \$10 copay	 Up to \$25 Up to \$40 Up to \$55 Up to \$55
Frames	\$0 copay; \$130 allowance plus	Up to \$58
Contacts Conventional Disposable Medically Necessary	 \$0 copay, \$130 allowance, 15% off balance \$0 copay, \$130 allowance, plus balance over \$130 \$0 copay; Paid in Full	 Up to \$104 Up to \$104 Up to \$210
Frequencies	Exam: Every 12 months Lenses (In lieu of contacts): Every 12 months Contact Lenses (In lieu of lenses): Every 12 months Frames: Every 24 months	



LIFE AND AD&D INSURANCE

BlueCross BlueShield of Texas

Greater Opportunities of the Permian Basin provides all full-time and permanent part-time employees with \$25,000 group life and accidental death and dismemberment (AD&D) at no cost to you.

PLEASE NOTE: Your Basic Life amount will reduce at age 65 and older as follows:

Age 65 reduces to 65% (\$16,500)

Age 75 and up reduces to 50% (\$12,500)

You also have an opportunity to purchase additional life coverage for you and your dependents through BlueCross BlueShield of Texas. The premiums will be payroll deducted if you choose to purchase additional coverage. **PLEASE NOTE: Any increase above the Guaranteed Issue Amount will require an Evidence of Insurability** form to be completed and approved by BlueCross BlueShield before receiving any amount over the Guarantee Issue.

To make sure your benefits are paid to those you want to receive them, it is important to update your beneficiaries after marriage birth, adoption of a child or after the death of a named beneficiary.

	Supplemental Voluntary Life and AD&D	Guaranteed Issue Amount
Employees:	Increments of \$10,000 up to a maximum of lesser of 5 times annual earnings or \$500,000	\$100,000
Spouse:	Increments of \$5,000 up to a maximum of \$100,000 Dependent life may not exceed 100% of the Employee amount in force	\$30,000
All Dependent Children:	Increments of \$1,000 up to a maximum of \$10,000 Dependent life may not exceed 100% of the Employee amount in force	\$10,000

Age	Employee (Monthly) Per \$1,000	Spouse * (Monthly) Per \$1,000
Under 25	\$0.037	\$0.037
25-29	\$0.044	\$0.044
30-34	\$0.059	\$0.059
35-39	\$0.088	\$0.088
40-44	\$0.136	\$0.136
45-49	\$0.220	\$0.220
50-54	\$0.347	\$0.347
55-59	\$0.514	\$0.514
60-64	\$0.699	\$0.699
65-69	\$1.851	\$1.851
70-74	\$1.851	\$1.851
75+	\$5.510	\$5.510

AD&D	\$0.020 per \$1,000 of Coverage (Monthly)
Child Life and AD&D	\$0.190 per \$1,000 of Coverage (Monthly)

***Spouse's age is calculated based on the employee's age.**



DearbornCaresSM

Support for Life Insurance Beneficiaries When They Need It

Losing a loved one can be emotionally and financially overwhelming.

DearbornCares provides an advance payment of the life insurance benefit to help beneficiaries cover their immediate expenses, such as funeral costs and medical bills.

- Pays up to \$10,000 per beneficiary of employer-paid basic life insurance claims
- Applies to claims with 1, 2 or 3 named beneficiaries
- Available for covered employees and retirees
- No death certificate required
- Employer is required to submit the claim form with all required information

DearbornCares Claim Process¹

1. **Employer** submits the completed claim form.
2. **Employer** provides current beneficiary designation information.
3. We confirm that the deceased employee qualifies for the DearbornCares benefit.
4. We then mail the payment check within 48 hours of confirmation of eligibility. Any remaining basic life benefit, if available, will be handled using our standard processes.

While we know this service won't fix everything, we hope it makes a difficult time a little easier.

Advance Payment of up to **\$10,000** in 48 hours². **Why? Because we care.**

Contact your sales representative to learn more.

¹TPA Groups are not eligible for the DearbornCares program. ²Pays up to \$10,000 per beneficiary (to max. of 3 beneficiaries) of employer-paid basic life insurance claims in 48 hours of confirmation of eligibility. For broker/employer use only. This information is only a product highlight. DearbornCares has exclusions and limitations. The service may be canceled by the insurer at any time.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS[®], BLUE SHIELD[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

LONG-TERM DISABILITY

BlueCross BlueShield of Texas

Greater Opportunities of the Permian Basin provides all full-time and permanent part-time employees with long term disability income benefits and pays the full cost for this benefit. In the event that you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. In most cases, you are not eligible to receive long term disability benefits if you are receiving Workers' Compensation benefits.

Eligibility	All Active Full-Time Employees scheduled to work at least 25 hours per week
Group LTD Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100 or 10% of gross monthly earnings, whichever is greater
Elimination Period	90 days
Maximum Period Payable	Social Security Normal Retirement Age (SSNRA)
Social Security Offset Method	Primary and Family Integration
Mental Disorder Limitation	24 Months
Substance Abuse Limitation	24 Months
Special Conditions Limitation	No limitation
Pre-Existing Condition Limitation	3/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Rehabilitation Incentive Income (RII)	RII is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed predisability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. Includes Day Care Expense Benefit.
Disability Resource Service	In addition to the resource services available on-line at GuidanceResources.com, Disability Resource Services provides a 24-hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling - Up to three face-to-face counseling sessions per year to address appropriate behavioral health issues.
Additional Features	Work Incentive Benefit, Survivor Benefit
Total Disability	Total Disability means that during the first 24 consecutive months of benefits due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (60%).



Disability Resource Services™

Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees who are covered by our long-term disability (LTD) policy and their immediate family. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.



Disability Resource Services™

In the U.S. and Canada, call

866-899-1363

TDD: 800-697-0353

GuidanceResources.com

Enter Your Company ID: DISRES



Face-to-Face Sessions

Disability Resource Services provides three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling

Disability Resource Services also provides unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services



Call: 866-899-1363

- You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.



Online: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

Your Guide to GuidanceResources® Online

GuidanceResources.com

What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. GuidanceResources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life's little details and the issues my family may face?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com

1. On the **GuidanceResources.com** home page, click on the tab at the top labeled **"Register."**
2. Enter your **company ID: DISRES**. Create a **username and password**. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the "Submit" button** at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing.

Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.



ONLINE ACCESS: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **877-595-5289**.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. ComPsych® Corporation is solely responsible for the products and services described in this flyer.

For employee use only. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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**BlueCross BlueShield
of Texas**

Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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ADDITIONAL PRODUCTS

Colonial Life



COLONIAL LIFE COVERAGE

ACCIDENT PLAN ON AND OFF JOB COVERAGE

Sample Benefits Paid	Preferred	Premier
Treatment	\$125 Initial + \$55 Follow-up	\$150 Initial + \$65 Follow-up
Dislocations & Fractures	\$100 - \$6,000	\$125 - \$7,500
Medical Imaging	\$200	\$250
Ambulance	\$200 Ground/ \$2,000 Air	\$300 Ground/ \$2,000 Air
Burns	\$1,000 - \$12,000	\$2,000 - \$18,000
Lacerations	\$30 - \$600	\$30 - \$600
Hospitalizations	\$1,000 Admission + \$250 Daily	\$1,500 Admission + \$300 Daily
Accidental Death	\$40,000	\$50,000
Annual Wellness	\$50	\$50
Election	Payroll Deduction	Payroll Deduction
Employee only	\$10.85	\$13.53
Employee & Spouse	\$16.32	\$20.32
Employee & Child(ren)	\$18.48	\$22.42
Family	\$23.72	\$28.90

SHORT TERM DISABILITY

Maximum Monthly Benefit		Lesser of 60% of monthly earnings or \$6500			
Benefit Elimination/ Duration		0 day Accident, 7 day Sickness/ up to 3 months			
Coverage		Off-Job Injuries, Illnesses, Pregnancy			
Issue Age	\$800 Per Month	\$1000 Per Month	\$1200 Per Month	\$1500 Per Month	\$2000 Per Month
17-49	\$12.76	\$15.95	\$19.14	\$23.93	\$31.90
50-64	\$15.60	\$19.50	\$23.40	\$29.25	\$39.00
65-74	\$18.88	\$23.60	\$28.32	\$35.40	\$47.20

INDIVIDUAL MEDICAL BRIDGE

Benefits	Option 1 Payouts	Option 2 Payouts
Hospital Confinement (1 x annual)	\$1,500	\$1,500
Inpatient Rehabilitation Unit (following hospital confinement)	\$100 per day (up to 30 days)	\$100 per day (up to 30 days)
Outpatient Surgical Procedure (max of \$2500 annual)	N/A	\$750/\$1500
Wellness Benefit	\$50 annual	\$50 annual

Option 1 Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-49	\$10.45	\$19.63	\$13.70	\$22.88
50-59	\$14.08	\$26.48	\$17.33	\$29.73
60-64	\$18.75	\$35.35	\$22.00	\$38.60
65-74	\$24.50	\$46.28	\$27.75	\$49.53

Option 2 Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-49	\$15.33	\$28.88	\$20.08	\$33.63
50-59	\$21.21	\$40.03	\$25.96	\$44.78
60-64	\$27.45	\$51.88	\$32.20	\$56.63
65-74	\$34.85	\$65.96	\$39.60	\$70.71

CANCER PLAN

Sample Benefits Paid	Level 2	Level 3
Radiation/Chemotherapy (medical personnel assisted)	\$500 per week	\$750 per week
Radiation/Chemotherapy (self-injected, pump, topical)	\$200 per week	\$300 per week
Surgical Procedures	Up to \$3,000 per procedure	Up to \$5,000 per procedure
Outpatient Surgical Center	\$200 per day	\$300 per day
Hospital Confinement	\$150 per day (30 days or less) \$300 per day (31 days or more)	\$250 per day (30 days or less) \$500 per day (31 days or more)
Experimental Treatments	\$250 per day	\$300 per day
Ambulance	\$250 per trip (ground) \$2,000 per trip (air)	\$250 per trip (ground) \$2,000 per trip (air)
Medical Imaging	\$125 per study	\$175 per study
Lodging/ Transportation	\$50 per day/ Up to \$1,000 per trip	\$75 per day/ Up to \$1,200 per trip
Skin Cancer Initial Diagnosis	\$300	\$400
Annual Wellness	\$75	\$75
Election	Payroll Deduction	Payroll Deduction
Employee only	\$9.88	\$12.38
Employee & Spouse	\$15.45	\$20.73
Employee & Child(ren)	\$10.03	\$12.60
Family	\$15.60	\$20.95

CRITICAL ILLNESS PLAN

Diagnosis		Benefit Amount		
Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Kidney Failure, Permanent Paralysis due to covered accident, Coma, Blindness, Occupational Infectious HIV or Hepatitis B, C, D		\$15,000 Employee \$7,500 Spouse \$3,750 Child(ren)		
Coronary Artery Bypass Graft Surgery		\$3,750		
Annual Wellness		\$50		
Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-24	\$2.88	\$4.35	\$2.88	\$4.35
25-29	\$3.41	\$5.25	\$3.41	\$5.25
30-34	\$4.01	\$6.23	\$4.01	\$6.23
35-39	\$5.81	\$8.93	\$5.81	\$8.93
40-44	\$7.01	\$10.73	\$7.01	\$10.73
45-49	\$9.26	\$14.18	\$9.26	\$14.18
50-54	\$11.96	\$18.38	\$11.96	\$18.38
55-59	\$14.88	\$22.80	\$14.88	\$22.80
60-64	\$18.56	\$28.50	\$18.56	\$28.50
65-70	\$22.61	\$34.73	\$22.61	\$34.73

LIFE INSURANCE – (rates available upon request)

Employee Benefits	
Term Life	10, 15, 20, or 30 year terms available
Whole Life	Paid off at either 70 or 100 years of age. Accumulates cash value that can be used for policy loans.
<i>Both Plans Included:</i>	<ul style="list-style-type: none"> * Fixed Rates - rate does not change * Level Death Benefit – death benefit amount does not change * Coverage is portable with no increase in rates, no decrease in benefit amount, and no health questions * Plans available for dependents

IMPORTANT NOTICES

Important Notice from Greater Opportunities of the Permian Basic, Inc. (GOPB)

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with GOPB, Inc. 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. GOPB has determined that the prescription drug coverage offered by the GOPB Group Health 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.

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current GOPB coverage will not be affected. [See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

Date: October 1, 2023

Name of Entity/Sender: Greater Opportunities of the Permian Basin

Contact: Delma Lozano, Human Resources

Address: 206 West 5th Street, Odessa, TX 79761

Phone Number: 432-337-1352

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complication of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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 after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

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)**.

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

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

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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OMB Control Number 1210-0137 (expires 1/31/2026)

HEALTH INSURANCE MARKETPLACE

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment through the Marketplace for health insurance coverage begins November 1, 2023 and ends December 15, 2023 for coverage starting as early as January 1, 2024.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any members of your family) is more than 9.61 percent of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Administrator. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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