



maximus

ARE YOU IN?

YOUR 2024 BENEFITS GUIDE

At Maximus, we thrive on teamwork. We are all in and we hope you are too! We know that joining forces gives us all the best chance for success.

Your benefits reflect this philosophy – we provide you with options and information to help support you along your life journey.

By investing in your **physical health, financial wellbeing,** and **work/life balance,** we aim to give you the support you need for all the moments that matter. When you thrive, we all win.

This guide outlines the benefits available to you in 2024 along with information to help you choose what options are best for you and your family. Are you in? Then, take the time to review your options carefully, think about your needs, and make the selections that best suit you.



**ARE
YOU
IN?**

Your benefits at Maximus



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Maximus is dedicated to the health and financial wellbeing of our employees. We know that our benefits program is an important part of the total compensation package that helps us attract and retain a talented group of team members.

Our benefits program:

- Gives you choices, flexibility, and comprehensive coverage.
- Is competitive and generous with many benefits covered at 100% by Maximus.
- Provides you with high-quality provider networks so you and your family have access to the best available care.

INFORM YOURSELF. To make the best decisions about your benefits coverage:

- Carefully review this guide and our online materials on the [Maximus Benefits Center](#).
- Understand and evaluate your options.
- Think about your needs and goals as well as those of your family.
- Use the many available materials and tools to help you get the most out of your benefits.

This guide is intended as a summary of plans and coverages offered as part of your benefits package. In the event of disputed plan information, the plan documents govern.



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- **New enrollment portal.** Enroll for benefits in our new enrollment portal for 2024.
- **Enhanced eligibility.** All employees are now able to enroll same- and opposite-sex domestic partners as well as their eligible dependents for all plans that offer spousal coverage.
- **Lower in-network deductibles in the Core medical plan.** Individual deductibles will be \$1,800 instead of \$2,000 and family deductibles will be \$3,600 instead of \$4,000.
- **Free LiveHealth Online telehealth visits in the Anthem medical plans.** Copays, coinsurance, and deductibles will not apply.
- **New health savings account (HSA), health reimbursement account (HRA), and commuter benefits administrator.** Anthem/HealthEquity will administer these accounts instead of Anthem/Alegeus.
- **New healthcare flexible spending account (FSA).** Those enrolled in the PPO plan or who have opted out of medical coverage will now have the option to enroll in a healthcare FSA that will be administered by HealthEquity. This account allows you to put money aside pre-tax to pay for services not covered by your medical, dental or vision plan.
- **Two vision plan options.** The Base vision plan will feature an enhanced network, added KidsCare and Computer Vision features, and increased materials discounts. In addition, we will be offering an Enhanced vision plan option.
- **Tuition reimbursement.** Annual reimbursement of up to \$2,500 for eligible programs and certificates. Full-time, regular employees with a minimum of one year of service are eligible to apply.



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Full-time employees

If you are scheduled to work 30 hours per week or more, you are eligible for the following benefits:

Maximus pays:

- Employee-only Core HSA plan medical coverage coverage
- Employee Assistance Program (EAP)
- Basic life insurance
- Short-term disability (STD)
- Long-term disability (LTD)
- Sick leave (when needed)
- Paid time off (PTO)
- Dependent care reimbursement account
- Maximus GSA Retirement Plan
- 401(k) matching
- Health coaching
- Headspace and Wellbeats
- Wellbeing incentives

You pay:

- The difference between the Core plan premiums and the PPO plan premium
- Dental
- Vision
- Your HSA contributions
- Your Healthcare FSA contributions
- Supplemental life insurance
- Dependent medical coverage
- Dependent life insurance
- Legal plan
- Personal purchased time (if eligible)
- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance
- Commuter benefits
- 401(k) contributions

Part-time employees

If you are scheduled to work less than 30 hours per week, you are eligible for the following benefits:

Maximus pays:

- Basic life insurance
- Sick leave (when needed)
- Paid time off (PTO)
- Dependent care reimbursement account
- Maximus GSA retirement plan
- 401(k) matching
- Employee Assistance Program (EAP)
- Health coaching
- Headspace and Wellbeats

You pay:

- Dental
- Vision
- Supplemental life insurance
- Dependent life insurance
- Legal plan
- Personal purchased time (if eligible)
- Critical illness insurance
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As a new employee, you will be given 14 days* from your date of hire to select your benefits.

Your medical, dental, vision, life insurance, and voluntary coverages will become effective on the first of the month following 30 days of employment. For example, if your start date is February 8, your benefits will be effective April 1.

Short- and long-term disability are available to employees working at least 30 hours per week on the first of the month following six months of employment with Maximus.

*If you require more than 14 days to make your new hire election, you must contact GSA National and request an extension. Extension requests for longer than 30 days following hire date will not be considered.

GET INSURED! To enroll in (or view) your benefits:

Navigate to [MyApps](#) and select the Benefits Portal app. Or, visit the [Maximus Benefits Center](#).

- The first time you log in, you will be required to create a new username and password.
- For subsequent logins, you can access the site through the [MyApps](#) single sign on.

Save as you go

Your elections are saved as you enroll, so you can always come back later to finish. If you don't finish, your elections will be automatically completed for you.

If you have any questions, please visit the [Maximus Benefits Center](#) or call 800.250.2741.



Making mid-year benefits changes

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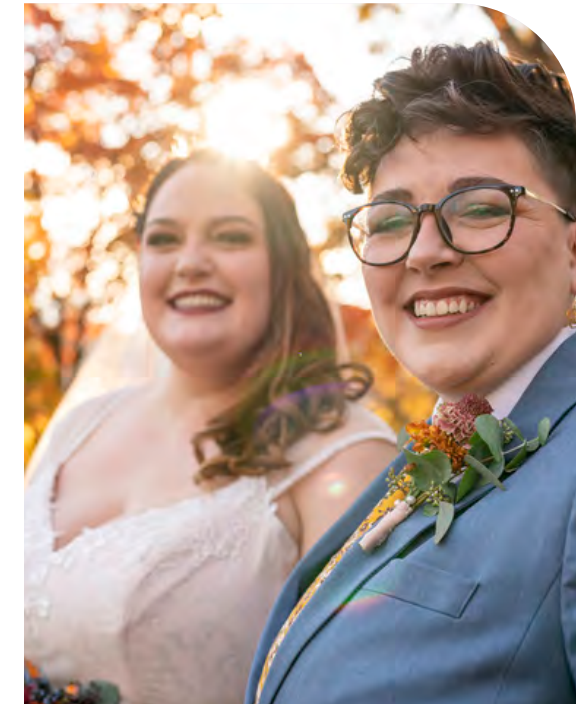
Need to enroll in benefits or make changes mid-year?

You may be able to update your benefit elections if you have certain changes in your circumstances, also known as a qualifying life event (QLE), as defined by the IRS.

Approved benefits changes typically become effective on the first day of the month following the QLE date, except for a birth where coverage is effective on the date of birth. Please be aware that the changes you can make are limited by IRS guidelines and will vary depending on your situation.

You must request changes to your benefits within 31 days of a QLE by:

1. Visiting the [Maximus Benefits Center](#) and logging into your account.
2. Select "Change Benefits" to request a change and submit supporting documentation.
3. If you need assistance, contact GSA National at [800.250.2741](tel:800.250.2741).



How to enroll in your benefits

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Save as you go

Your elections are saved as you enroll, so you can always come back later to finish. If you don't finish, your elections will be automatically completed for you.

If you have any questions, please visit the [Maximus Benefits Center](#) or call 800.250.2741.




GET YOUR HEAD *IN* THE GAME using this enrollment checklist:

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- Read about your benefits in the guide.

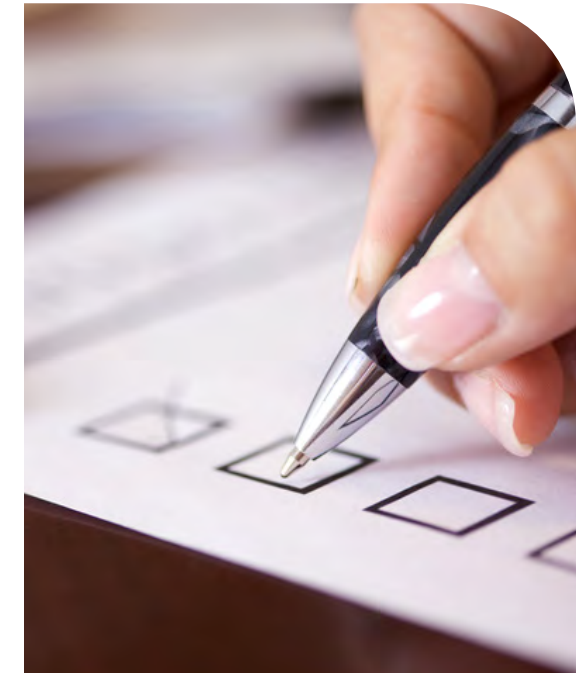
- Enroll in your benefits in the [Maximus Benefits Center](#) during open enrollment or within 14 days of your date of hire.*

-  If opting out of medical coverage, submit your proof of other acceptable coverage annually to [GSA National](#) within 14 days of your enrollment window.

- If enrolling dependents, you must provide proof of dependent status and upload your documentation to the [Maximus Benefits Center](#) within 30 days of your enrollment window.

- If you wish to make voluntary 401(k) contributions, go to [401k.com](#). 401(k) contributions can be changed at any time.

*Note: Although new hires have up to 30 days to elect benefits and submit documentation, we encourage you to submit your elections promptly, within 14 days, to avoid any delay in coverage. If you need additional time beyond 14 days, please notify GSA National via email or chat.



Questions? Contact GSA National
 Monday - Friday
 8:30 a.m. to 7:00 p.m. ET
 800.250.2741
[gsanational.com](#)
customersupport@gsanational.com

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What happens if I don't enroll?

- If you do not complete your enrollment within your new hire or open enrollment window, **you will be automatically enrolled in employee-only medical coverage in the Anthem Core plan.**
- All employees receive basic life insurance, the Employee Assistance Program (EAP), as well as short-term disability (STD) and long-term disability (LTD) coverage after meeting service requirements.
- For those currently enrolled in the Buy-up medical plan, you will be automatically enrolled in the Anthem Core medical plan if you choose not to make any elections during open enrollment.

When will my deductions start?

Benefits are pre-funded. For example, hours paid and deductions from January's paychecks will pay for benefit coverage in February.

- **For new hires**, deductions will start the calendar month before your benefits become effective.
- **For open enrollment elections**, deductions for the new plan year will begin in December of the previous year.

Based on the timing of payroll deadlines and when benefit elections are submitted, deductions may not be taken out of your paycheck when expected. In those situations, those deductions will be deducted from the next pay cycle as arrears deductions.



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Can I opt out of medical coverage?

You will only be able to opt out of medical coverage if you have acceptable medical coverage that pays primary to Medicare from another source or person, such as your spouse.

- You must provide documentation showing coverage is current and effective on your start date **as well as yearly during benefits open enrollment**. You are required to select a medical plan during your online enrollment until you have provided proof of other coverage, at which time your medical plan election will be canceled. Upload proof of other coverage to [GSA National](#) for secure transfer. New hires have 14 days from date of hire to submit the documentation.
- If you opt out of medical coverage and paperwork is not processed before your first month of coverage, the funds deducted from your Premium Reserve Account (PRA) will be corrected in the following month.

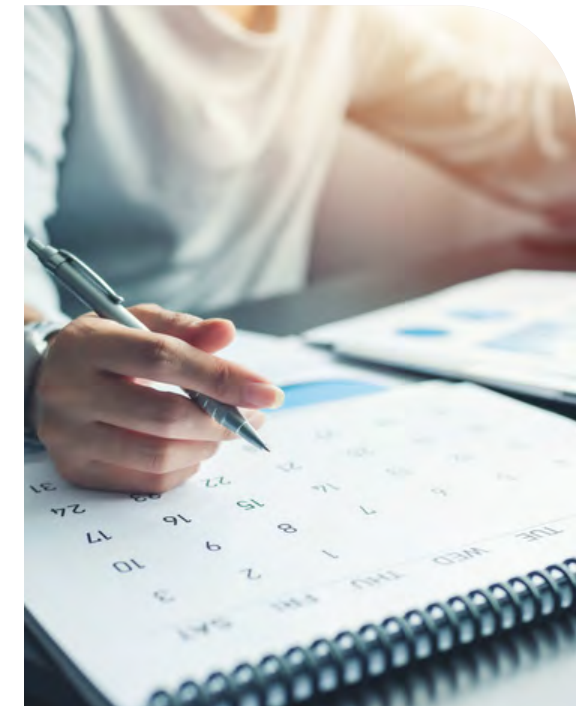
Acceptable proof:

- ✓ Current premium bill or current letter stating that your coverage is in effect
- ✓ TRICARE coverage
- ✓ CHAMPVA/VA insurance
- ✓ Letter from spouse's employer
- ✓ Indian Health insurance card

Note: If you have coverage through Indian Health Service, you are only required to provide proof of coverage during your initial enrollment period.

Unacceptable proof:

- ✗ Medicare, Medicaid, or Arizona Health Care Cost Containment System (AHCCCS) coverage
- ✗ Insurance ID cards (additional proof required)
- ✗ Discount (non-insurance) cards
- ✗ Short-term (gap coverage) insurance
- ✗ Insurance applications or temporary ID cards



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How do I enroll my dependents?

If you wish to enroll dependents in our benefit programs, you will need to upload the following documents to the [Maximus Benefits Center](#):

- **For your legal spouse:** marriage certificate or last year's tax return verifying your marital status (financial data can be redacted).
- **For your domestic partner:** an attestation and proof of cohabitation will be required.
- **For child(ren) under 26 years of age:** birth certificate, adoption paperwork, or proof of legal guardianship.

Note: Dependent child(ren) can be covered on the medical, dental, and vision plans up to age 26. A child who is incapable of self-support due to developmental, mental, or physical disability will be eligible for coverage beyond the limiting age of 26 subject to terms and conditions.

Submit your documentation to the [Maximus Benefits Center](#).

Don't forget

You will need to submit your benefit elections within your enrollment window. You must also provide any necessary dependent documentation (such as birth or marriage certificates) within the enrollment window. Failure to complete the above will result in your dependents not being covered in any Maximus insurance plans. Outside of an eligible enrollment window, the only time you may make changes is during the next annual open enrollment period, unless you experience a qualifying life event.



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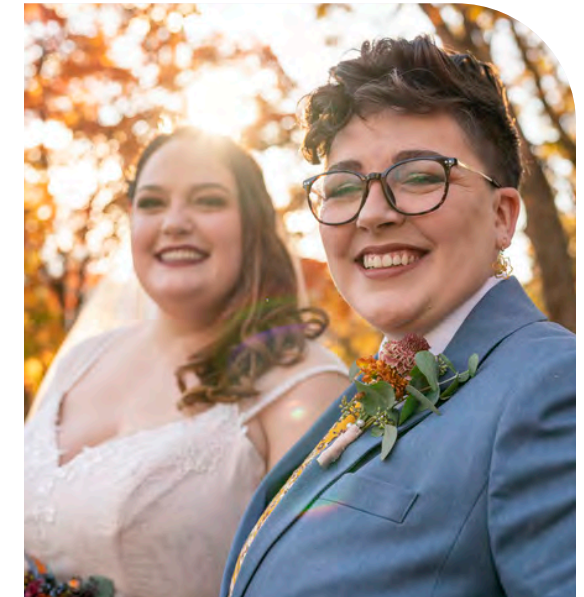
Domestic partners

Maximus extends domestic partners and their dependent children the same benefits and privileges afforded to spouses and dependent children of benefits-eligible employees.

A domestic partner is a person with whom the member shares a committed relationship, provided the partner and the member are jointly responsible for each other's welfare and financial obligations; the partner is at least 18 years of age and mentally competent to consent to a contract; the partner and the member are not related by blood to a degree that could prohibit marriage in the state where they legally reside; the partner and the member share the same residence; the partner is not covered under this plan as a member; and neither the partner nor the member is married to or legally separated from anyone else.

To be eligible for domestic partner coverage, the employee and the domestic partner must meet the conditions outlined in the "Affidavit of Domestic Partnership." The Affidavit of Domestic Partnership further requires a declaration of domestic partnership along with certain acknowledgments and affirmations before eligibility is determined.

Under federal tax law, if your domestic partner does not qualify as a tax dependent, then the portion of the premiums the state pays for the coverage of the domestic partner will be included in the employee's gross income, subject to federal income tax withholding and employment taxes.



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How are my benefits funded?

Your benefits are funded in full or in part by Maximus through an account set up just for you called a Premium Reserve Account (PRA).

- GSA National manages your PRA, which works like a bank account.
- Maximus makes contributions on your behalf and you “buy” benefits with the money deposited into your PRA.
- You also make your own contributions through payroll deductions to the PRA when you select benefits that cost more than what Maximus contributes (such as the PPO plans) or to fund other elected benefits.
- The funds in your account are used to pay monthly premiums not covered by Maximus. Depending on your account balance, PRA funds can also be used to contribute to dependent care reimbursement accounts or to fund your retirement plan.

What if I have surplus funds?

Surplus funds in your Premium Reserve Account (PRA) are transferred to your retirement account on a quarterly basis if you meet all of the following criteria:

- Your individual PRA balance exceeds six months of insurance premiums based on your current elections. You can access your retirement account at netbenefits.com.
- You have been hired, rehired, or transferred to a position with GSA-administered benefits by the first day of the second month of the quarter.
- You are an active employee on the last day of the quarter.

If your employment is terminated, funds remaining in your PRA are forfeited.





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Maximus has partnered with Anthem Blue Cross Blue Shield to provide our medical insurance coverage.

Employees may choose from two Anthem medical plans:

 **The Core plan**

 **The PPO plan**

Both Anthem plans cover the same services and use the same provider network.


The main differences between the plans are:

1. What you pay out of pocket for your medical services through your deductible and coinsurance (if applicable).
2. The funding method used to pay for your out-of-pocket expenses, including the deductible.
3. What you pay each pay period in premiums.


Maximus medical plans provide the coverage, tools, and resources to help you take control of your health and spending by offering:

- Preventive care covered at 100% under all health plans for eligible services when using in-network providers.
- Real-time health support from a nurse advocate, when you call the Anthem Nurseline, available 24/7/365.
- Support from an Anthem Health Guide by phone or chat, Monday - Friday, 8:00 a.m. to 8:00 p.m. ET.
- Cost savings when using in-network providers.
- Access to 24/7 virtual care through LiveHealth Online telemedicine and virtual second opinion through My Medical Ally.
- Access to various health and wellbeing support programs.
- **NEW!** Wellbeing Coach Total: Support for lifestyle behavior changes, specifically weight loss and tobacco cessation (at no cost).

Note: The Core plan offers affordable medical coverage with at least the minimum benefit value (called essential benefits) required under the Patient Protection and Affordable Care Act. You may also enroll in health plans through the Marketplace at [healthcare.gov](https://www.healthcare.gov). However, while some individuals with low incomes may qualify for subsidized coverage, Maximus employees generally will not qualify because of the cost and benefit value of our health plans.



[Video: Types of health plans at Maximus](#)



[Video: Understanding key terms](#)

Check out more ways to *INVIGORATE YOUR LIFE* with the [Maximus wellbeing program](#).

Compare your medical plans

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	Core plan		PPO plan	
	IN-NETWORK	Out-of-network	IN-NETWORK	Out-of-network
Annual company contribution • Individual • Family	N/A		N/A	
	You pay:			
Annual deductible • Individual • Family	Aggregate deductible \$1,800 \$3,600	Aggregate deductible \$6,000 \$12,000	Embedded deductible \$700 \$1,400	Embedded deductible \$2,000 \$4,000
Coinsurance	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Annual out-of-pocket (OOP) limit (Includes deductible) • Individual • Family	\$6,000 \$12,000	\$10,000 \$20,000	\$3,000 \$6,000	\$7,000 \$14,000
Telehealth visits • LiveHealth Online (LHO) • Non-LiveHealth Online (Non-LHO)	\$0 20% after deductible	Not covered 50% after deductible	\$0 copay PCP: \$30 copay Specialist: \$60 copay	Not covered 40% after deductible
Preventive care services	\$0	50% after deductible	\$0	40% after deductible
PCP, non-preventive office visit	20% after deductible	50% after deductible	\$30; deductible doesn't apply	40% after deductible
Specialist office visit	20% after deductible	50% after deductible	\$60; deductible doesn't apply	40% after deductible
Urgent care	20% after deductible	50% after deductible	\$75; deductible doesn't apply	40% after deductible
Inpatient hospital/ outpatient surgical facility	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Emergency care	20% after deductible		\$500 copay	

Terms to know

Aggregate deductible and OOP limit: With an aggregate deductible or OOP limit, one family amount applies to everyone. When one or a combination of family members has expenses that meet the family deductible or out-of-pocket limit, it is considered to be met for all of you. Then, the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.

Embedded deductible and OOP limit: With an embedded deductible or OOP limit, each person only needs to meet the individual deductible and out-of-pocket limit before the plan begins paying its share for that individual. (And, once two or more family members meet the family amounts, the plan begins paying its share for all covered family members.)

Out-of-network: Most providers are in-network. While most out-of-network services are covered, you will pay substantially more when you see a provider who is not in the Anthem network.

Out-of-pocket maximum: The most you will pay for covered services during the plan year before the plan begins to pay 100% of the allowed amount. Once you reach the out-of-pocket maximum, the plan will pay for 100% of your healthcare services for the rest of the year.

When and where to get care

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Virtual care



Retail health clinic



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	Primary care physician		24/7 Nurseline		Anthem LiveHealth Online		Telehealth with a doctor		Retail health clinic		Urgent care center		Emergency room			
Medical plans	Usually available during normal business hours and may also provide medical advice by phone after hours.		24/7/365 access to a nurse to triage health issues and answer health concerns		MEDICAL Access to LiveHealth Online doctors from the comfort of your home		BEHAVIORAL HEALTH Access to LiveHealth Online behavioral health therapists from the comfort of your home		Virtual visits with your provider using visual and audio (computer, smart phone, tablet)		Walk-in care clinics located in certain drugstores and major retailers		Urgent care centers are for serious but non-life-threatening issues. Many are open 7 days a week with extended hours, and they usually offer X-ray and lab services.		ERs are open 24/7/365 and are for life-threatening emergencies only. Using the ER for non-life-threatening issues can cost you a lot in time and money.	
Compare your medical plans	COST \$\$	AVG WAIT 20 min	COST FREE	AVG WAIT 0 min	COST FREE*	AVG WAIT 10 min	COST FREE*	AVG WAIT Psychology: 7 days Psychiatry: 28 days	COST \$\$	AVG WAIT 20 min	COST \$	AVG WAIT 30 min	COST \$\$\$	AVG WAIT 30 min	COST \$\$\$\$	AVG WAIT 90 min
When and where to get care	<ul style="list-style-type: none"> Allergies Cold, flu and COVID-19 symptoms Sinus issues Ear and eye infections Headaches or migraines Sore or strep throat Urinary tract infections Preventive exams and vaccination Ongoing care support 		Questions about: <ul style="list-style-type: none"> Medical conditions Pre- or post-op care Symptoms you're experiencing Where to get care 		<ul style="list-style-type: none"> Allergies Cold, flu and COVID-19 symptoms Sinus issues Ear and eye infections Sore or strep throat 		<ul style="list-style-type: none"> Anxiety Depression ADD/ADHD 		<ul style="list-style-type: none"> Allergies Cold, flu and COVID-19 symptoms Sinus issues Ear and eye infections Sore or strep throat Behavioral health visits 		<ul style="list-style-type: none"> Allergies Cold, flu and COVID-19 symptoms Sinus issues Ear and eye infections Headaches or migraines Sore or strep throat Urinary tract infections 		<ul style="list-style-type: none"> Back and neck pain Sprains and fractures Minor allergic reactions Cuts, scrapes, and minor burns Respiratory issues Infections 		<ul style="list-style-type: none"> Chest pain or trouble breathing Severe abdominal pain Uncontrollable bleeding Symptoms you think may put your life at risk 	

* All LiveHealth Online services \$0 cost share for 2024 on all Anthem health plans

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Maximus partners with Express Scripts Inc. (ESI) to provide your prescription drug benefit. Express Scripts ensures that you have access to high-quality, cost-effective medicines through a network of retail pharmacies. Your copayments are based on the type of prescription you have filled, where you have it filled, and the medical plan you are enrolled in. After your plan deductible has been satisfied, prescription drug coverage is as follows.

	Core plan	PPO plan
	<i>IN-NETWORK</i>	<i>IN-NETWORK</i>
Deductible • Individual • Family	Aggregate deductible \$1,800 \$3,600	None
Generic	\$20	\$10
Formulary	\$60	\$30
Non-formulary	\$100	\$60
Mail order - generic	\$40	\$20
Mail order - formulary	\$120	\$60
Mail order - non-formulary	\$200	\$120
Mail order - specialty • 1- to 30-day supply • 31- to 90-day supply	\$80 \$160	N/A

You can enjoy additional savings by using ESI’s medication home delivery service. In most cases, your prescriptions are covered only if they are filled at a participating retail pharmacy or through our home delivery pharmacy service. To find an in-network pharmacy, visit express-scripts.com/maximus. For out-of-network benefits, contact Express Scripts using the toll-free number on the back of your member ID card or call 800.282.2881.



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Maintenance medication – Smart90 Program

Smart90 Program members are allowed 2 maintenance medication fills from a 30-day retail pharmacy (for example, drugs used to treat high blood pressure or diabetes). With Smart90, a member can choose to fill a 90-day supply at a CVS pharmacy or through the Express Scripts mail order pharmacy. Members continuing to use 30-day supplies of maintenance medication, or filling out-of-network, pay 100% of prescription cost.

Preventive pharmacy program

Members receive free or discounted preventive medications for many conditions including diabetes, heart disease, and high blood pressure. This program helps you adhere to your medication regimen and stay healthy. Be sure to speak with your doctor about this benefit and discuss choosing the most cost-effective option for you. Sign in at express-scripts.com to see all of the medications included in the preventive medication list that are not subject to your deductible. All preventive generic drugs are available at no cost to you.

Specialty pharmacy – Accredo

Accredo, the full-service Express Scripts specialty pharmacy, provides personalized care to patients with chronic, complex health conditions. Accredo offers several comprehensive disease-specific patient care management programs:

- **Patient counseling and education:** convenient access to highly trained specialty experts, including pharmacists, nurses, and patient care coordinators who provide support to manage your condition.
- **Convenient medication delivery:** coordinated delivery to your home, doctor's office, or any other approved location.
- **Refill reminders:** ongoing refill reminders from a patient care coordinator.
- **Language assistance:** translation services for non-English-speaking patients.
- **Mobile app:** makes it easy for your to refill medications.

For additional information about the services available to you through Accredo, please call [800.987.5254](tel:800.987.5254).

Contact Express Scripts

Register today at express-scripts.com or call [800.224.5513](tel:800.224.5513). To access TTY service for hearing-impaired members, call [800.899.2114](tel:800.899.2114).

All services listed are available 24 hours a day, 7 days a week.

Your doctor may fax your prescriptions to the Express Scripts Pharmacy at [800.837.0959](tel:800.837.0959).

Your medical and prescription drug plan contributions

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Under the Core HSA plan, the employee-only medical premium is fully paid by Maximus with no additional cost to you. If you wish to add your dependents to your medical plan or if you wish to elect the PPO plan, the applicable premium below will be deducted from your paycheck each pay period.

	Bi-weekly payroll deductions	
	Core plan	PPO plan
Employee	\$0.00	\$65.00
Employee + spouse/ domestic partner*	\$206.00	\$332.85
Employee + child(ren)	\$152.00	\$255.53
Employee + family*	\$335.00	\$512.10

*Working spouses who have access to medical/prescription drug insurance through their employer are not eligible for coverage under the Maximus medical/prescription plans. They remain eligible for dental, vision, and other benefits available to spouses.



Note

If you go out-of-network your expenses may exceed the coinsurance amount because the doctor may bill you for the charges not covered under the plan.

Health savings account

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A health savings account (HSA) is a powerful tool that allows you to pay for qualified health expenses (as determined by the IRS) during the year.

The money in your HSA is yours to keep and use forever, even if you leave the company or are no longer enrolled in the Core plan.

You must enroll in the Core plan to contribute to an HSA, but you can use the funds regardless. You are not eligible to contribute or receive employer funds if you are enrolled in Medicare or TRICARE.

Maximus' HSA wellbeing *INCENTIVE* contributions

- **You can earn up to \$500 by completing different wellbeing incentives.**

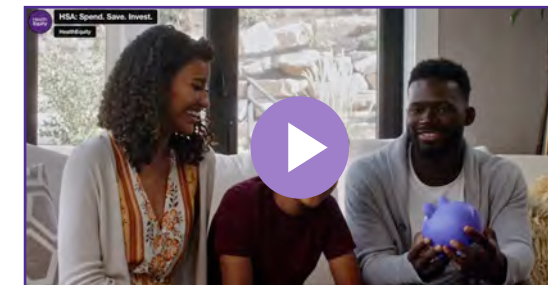
Any earned wellbeing incentives will be deposited into your HSA account.

Your HSA contributions

Contributions to your HSA (up to the 2024 IRS maximum, minus any Maximus HSA wellbeing incentive contributions) can be made via pre-tax payroll deductions and can be changed at any time.

INVEST! For 2024, you can contribute:

- **\$4,150 per year for single coverage** (inclusive of wellness incentive).
- **\$8,300 per year for family coverage** (inclusive of wellness incentive). Dependents must be approved via dependent verification process in order to elect the family HSA contribution.
- **\$1,000 per year catch-up contribution** option for employees age 55+.



[Video: HSA: Spend. Save. Invest.](#)

How your HSA works

1. Enroll in the Core plan.
2. Elect payroll contribution amount.
3. Get tax breaks.
4. Pay for qualified health expenses with your HSA debit card, or online payment options.
5. Let your money grow.
6. Roll contributions over year to year.
7. Retire with more.

Health savings account

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Transferring your 2023 HSA to HealthEquity

The following actions are required by you to initiate the transfer:

- Complete eConsent: You must authorize the transfer of your HSA to HealthEquity when you are enrolling online for your 2024 benefits.
- If you've made investments through your current HSA account, you'll need to liquidate those investments and turn off any automatic reinvestment options before your account can successfully transfer.
- If you do not complete the eConsent, liquidate your investments or turn off any automatic reinvestment options, your existing HSA will NOT be transferred.
- If you elect to transfer your account, all funds will be transferred and available in your new HealthEquity account by February 19, 2024.

Note about the transfer period:

The transfer period begins the process of closing your HSA with the current provider, which includes freezing the existing account until the transfer date. The transfer period for your account will be from February 4, 2024, through February 16, 2024. You will have access to the funds in your HealthEquity HSA to pay for any qualified medical expenses you may have during this time. You may also reimburse yourself from your HealthEquity HSA after the transfer period ends if you pay out of pocket for any expenses incurred during this time.

For information about your HealthEquity account or to confirm your balance transfer after February 19, 2024, log into your HealthEquity member portal at myhealthequity.com or call HealthEquity Member Services at 866.346.5800.

Key Dates

- **October 23 - December 31, 2023:** Complete the eConsent online via Alight.
- **January 19, 2024:** Take action to liquidate any investments by this date. Investment balances must be \$0 by January 24, 2024 in order to transfer funds and the transfer can take up to 48 hours to liquidate investments.
- **February 4, 2024:** Last day to access funds in your current HSA prior to the balance transfer.
- **February 19, 2024:** Funds transfer complete and available in your HealthEquity HSA.

¹ Invested HSA funds will not be auto-liquidated and any members who do not liquidate their HSA funds will not be transferred to the HealthEquity platform.

² The blackout period begins the process of closing your HSA with your prior HSA administrator, which includes freezing the existing account until the transfer date. Please make other arrangements to pay for any qualified expenses you may have in the interim.

³ Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, you should carefully consider the investment objectives, risks, charges, and expenses of any mutual fund before investing. A prospectus and, if available, a summary prospectus containing this and other important information can be obtained by visiting the fund sponsor's website. Please read the prospectus carefully before investing.

Health reimbursement account

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Maximus funds your health reimbursement account (HRA) by providing financial incentives for your healthy habits as identified by our wellbeing program.

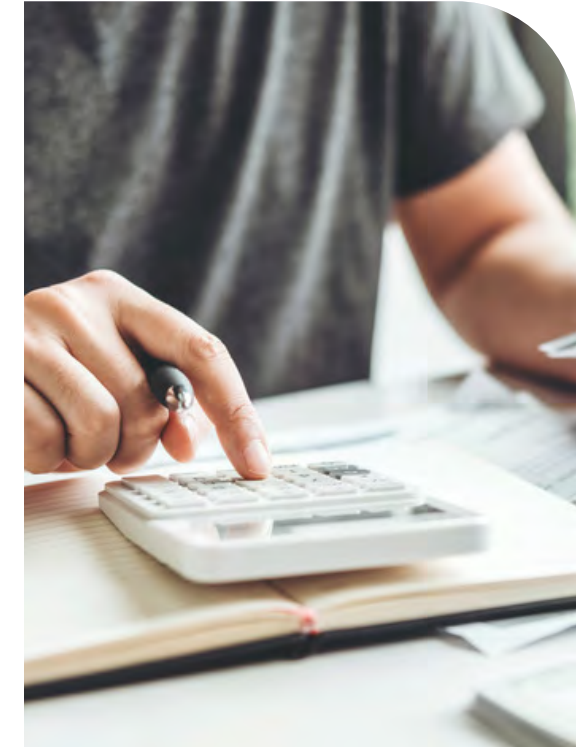
You will receive a debit card with this plan that allows flexibility in the way your earned HRA dollars are used. You may use the debit card to pay your cost share at the point of service at a doctor’s office or the pharmacy. You may also pay up front using another source of payment and then request reimbursement through the [anthem.com](https://www.anthem.com) portal or [Engage](#).



The funds up to your out-of-pocket maximum are yours to keep the following year if you re-enroll in the PPO plan.

How your HRA works

1. Enroll in the PPO plan.
2. Maximus makes contributions to the account when you complete wellbeing activities.
3. Once you have a balance from completing activities, you will receive your HRA debit card.
4. Pay for qualified medical or prescription expenses by using your HRA debit card or through a reimbursement request.
5. Get reimbursed.



Healthcare flexible spending account

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If you enroll in the PPO plan or do not elect medical coverage through Maximus, you can enroll in a healthcare flexible spending account (FSA).





A healthcare flexible spending account (FSA) allows you to set aside pre-tax funds from your paycheck to pay for eligible expenses (as determined by the IRS) during the year. You can change your pre-tax payroll contributions at open enrollment or if you experience a qualifying life event. FSAs also reduce your taxable income since your contributions are subtracted from your gross pay.



Any unused money remaining in your account at the end of the year will be forfeited, so plan your contributions carefully. This is known as the “use-it-or-lose-it” rule and it is governed by IRS regulations.

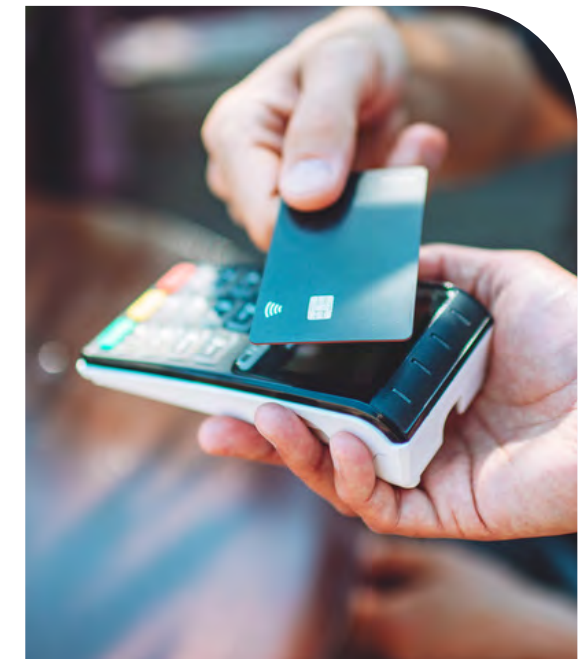
INVEST! For 2024, you can contribute up to \$3,200 on a pre-tax basis to your healthcare FSA.

How your FSAs work

-  1. Enroll in the PPO plan or elect no medical coverage.
-  2. Elect your payroll contribution amount (the full amount is available on day 1).
-  3. Save on taxes.
-  4. Pay for eligible healthcare expenses.



[Video: FSA: Surprising tax savings](#)

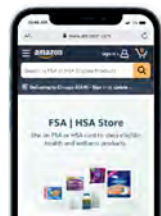


HSA, HRA, and FSA compared

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		Health savings account (HSA)	Health reimbursement account (HRA)	Flexible spending account (FSA)
	Purpose	Long-term savings account for healthcare	Maximus-funded savings account that reimburses you for healthcare expenses	Short-term savings account for healthcare
	Eligibility	Must be enrolled in the HSA health plan	Must be enrolled in the PPO health plan	Must be enrolled in the PPO health plan or have waived coverage
	Ownership	You own the account	Maximus owns the account	Maximus owns the account
	Opening the account	Automatic opening when enrolling in the Core Plan.	Maximus opens the account for you	Enroll during Open Enrollment
	Funding the account	Both you and Maximus fund this account	Funded by Maximus	You fund the account
	Using the account	HSA debit card or reimbursement	HRA debit card or reimbursement	FSA debit card or reimbursement
	Eligible expenses	Eligible healthcare expenses such as doctor visits, prescriptions, dental cleanings, eye exams, and much more	Eligible healthcare expenses such as doctor visits, prescriptions, and much more	Eligible healthcare expenses such as doctor visits, prescriptions, dental cleanings, eye exams, and much more
	Rollover of funds	Unused funds roll over year to year	Unused funds roll over (up to your out-of-pocket maximum) if you re-enroll in the HRA	Unused funds do not roll over
	Portability	You keep the account and the funds if you change employers or health plans	You lose any funds in the account if you leave your job	You lose any unused funds in the account (use-it-or-lose-it)



Use your HSA/FSA card to shop on Amazon! [Click here](#) to shop for eligible products!

Wellbeing program

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INVIGORATE YOUR LIFE WITH WELLNESS. The **physical, financial, emotional,** and **social** wellbeing of you and your family are significant parts of what allow you to be successful at work and at home.

Employee Assistance Program (EAP)

The EAP, provided through TELUS Health, can help employees with everyday challenges both large and small, including personal, work, and family issues. **It is a free and confidential service provided to all employees and everyone who lives in their household.** Services include help with daily work and life challenges, free counseling sessions with a licensed counselor, webcasts, and online resources.

Employees have **unlimited access** to the EAP by phone or by visiting maximus.com/eap (Username: maximuseap, password: maximus).

Our wellbeing program has even more resources for all employees regardless of whether you are enrolled in a Maximus medical plan, such as:

- **Engage:** A wellbeing platform that is your single stop to access all of your Maximus wellbeing benefits. Earn points by completing healthy activities to win prizes.
- **Expert education and advice** on issues that affect everyday life with short, easy-to-access content and a live monthly chat with wellbeing professionals.
- **Blood pressure, weight management, or tobacco cessation coaching** via phone.
- **Free wellbeing apps**, such as Headspace and Wellbeats.
- Fairs and on-site activities.
- Employee perks and discounts.

Visit mywellness-maximus.com or engage-wellbeing.com to access these resources to maintain healthy habits that lead to healthier, more fulfilling lives.

Employees and covered dependents enrolled in an Anthem medical plan have access to other wellbeing support programs such as:

- Chronic condition support (pre-diabetes, diabetes, hypertension, joint/back pain).
- Health coaching.
- Maternity management with incentive.
- Free biometric screening.
- Wellbeing Rewards (up to \$500).



Wellbeing rewards

10 points earned = \$1
Total points you can earn = 5,000*

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Employees enrolled in a Maximus medical plan can earn up to \$500 for taking healthy actions, such as completing an annual physical or getting routine screenings. Incentives will be paid directly into your HSA or HRA.

Employees not enrolled in a Maximus medical plan can also earn points for completing healthy activities and can use the points to be entered into quarterly sweepstakes for a chance to win prizes.

Visit engage-wellbeing.com to learn more about your wellbeing rewards.

Program name	Program activities	Frequency	Points earned for Anthem medical plan participants	Maximum incentive allowed	Points earned for non-Anthem medical plan participants**
Explore and earn	Understand your plan	Once annually	25	\$2.50	N/A
	See your claims	Once annually	25	\$2.50	N/A
	Search for care	Once annually	25	\$2.50	N/A
	Rate a doctor	Once annually	25	\$2.50	N/A
	Build a care team	Once annually	25	\$2.50	N/A
	Take health assessment	Once annually	50	\$5.00	250
Get active	Walk 5,000 steps	Once daily	5	\$182.50	1
	Walk 7,000 steps	Once daily	7	\$255.50	2
	Walk 10,000 steps	Once daily	10	\$365.00	3
Eat smart	Track 800+ Calories	Once daily	2	\$73.00	2
Engage with an Anthem Case Manager	Engage with an Anthem Case Manager telephonically	Once monthly	250	\$300.00	N/A
Anthem preventive care & cancer screenings <small>Not all services under the Preventive Care incentive category are fully covered under the health plan. Please consult your provider prior to service to understand your potential cost share.</small>	Breast cancer screening	Once annually	2000	\$200.00	N/A
	Prostate cancer screening	Once annually	2000	\$200.00	N/A
	Skin cancer screening	Once annually	2000	\$200.00	N/A
	Well-woman visit	Once annually	2000	\$200.00	N/A
	Colon cancer screening	Once annually	2000	\$200.00	N/A
	Annual physical	Once annually	2000	\$200.00	N/A
	Bone density	Once annually	2000	\$200.00	N/A
Anthem Wellbeing Coach Total	Complete 30 digital daily check-ins	Once annually	1000	\$100.00	N/A
	Complete 3 health coaching calls	Once annually	1000	\$100.00	N/A
LiveHealth Online Healthy Back and Joints	Complete 9 digital physical therapy sessions	Once annually	2000	\$200.00	N/A
LiveHealth Online Healthy Blood Pressure	Complete 3 sessions with the coach	Once annually	2000	\$200.00	50
LiveHealth Online Healthy Weight <small>Employees enrolled in an Anthem medical plan may access a weight management program through Anthem Wellbeing Coach Total.</small>	Complete 3 sessions with the coach	Once annually	N/A	N/A	50
Omada Health	Build healthy habits	Varies	Varies	\$200.00	N/A
Quest Diagnostics	Complete screening	Once annually	1000	\$100.00	N/A
Quest Diagnostics	View results	Once annually	100	\$5.00	N/A
Dental cleaning	Self report dental cleaning	Once every 6 months	250	\$50.00	250
Healthy Habits	Complete a Healthy Habit challenge	Once daily	2	\$73.00	2

*Anthem medical plan participants who earn over 5,000 points may use additional points to enter quarterly sweepstakes for prizes in Engage.

**Points earned for non-Anthem participants do not translate to dollar amounts. These points are used for entry into quarterly sweepstakes for prizes in Engage.

Dental

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You and your eligible dependents may choose to enroll in the [Cigna Dental PPO Network](#), which offers a large network of providers. When you choose to see a network dentist, you will have lower out-of-pocket costs.

	IN-NETWORK	Out-of-network
Annual deductible • Individual • Family	\$50 \$150	\$50 \$150
Annual benefit maximum (Per person)	\$1,500	
Orthodontic lifetime maximum (Per person)	\$1,500	
What you can expect to pay for certain services		
Diagnostic and preventive services	0%	
After deductible		
Basic services	20%	20%, plus any amount over R&C*
Major services	50%	100%
Orthodontic services Coinsurance Eligibility	50% Dependents up to age 19	50% plus any amount over R&C Dependents up to age 19

*Reasonable & customary: the average fee charged by a particular type of health care practitioner within a geographic area.

Your contributions

Bi-weekly payroll deductions	
Employee only	\$12.26
Employee + spouse/ domestic partner*	\$25.75
Employee + child(ren)	\$23.29
Family	\$36.78

Vision

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Vision insurance is provided through VSP, which gives you access to the largest provider network in the industry. You have two vision plan options – **the Base plan and the Enhanced plan (VSP EasyOptions)** – that cover a wide range of services including exams, lenses, frames, contact lenses and more.

The Base plan covers:

- **KidsCare:** Children have two fully covered WellVision exams per year, if needed. Frames for children are covered every 12 months.
- **Computer VisionCare:** (\$100 allowance) This enhancement allows you to obtain corrective eyewear that is designed to meet the specific health and vision needs of computer users. Lenses and frames for those supplemental glasses are available at the same service frequency as your core plan.
- **Value and savings:** Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of exclusive member extras for additional savings.
- **Vast network of providers to you choose from:** With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

The Enhanced plan (VSP EasyOptions) covers everything in the Base plan plus an additional level of personalization that gives every family member the ability to personalize their benefits by choosing one of these at the time of service:

- + \$100 additional frame allowance **OR**
- + \$100 additional contact lens allowance **OR**
- + Anti-glare coating **OR** progressive lenses **OR** light-reactive lenses

Each member can wait until they've met with their doctor to decide which upgrade is best for them (instead of having to guess when they enroll).

Learn more

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras.

Note: VSP does not mail insurance ID cards. You can print an ID card on the VSP website or you may simply tell your provider that you have coverage through VSP.

Vision

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	Base plan		Enhanced plan	
	Copay	Frequency of benefit	Copay	Frequency of benefit
Annual exam	\$10	Per calendar year	\$10	Per calendar year
Prescription glasses	\$25	Per calendar year	\$25	Per calendar year
Lenses	Included in prescription glasses	Per calendar year	Included in prescription glasses	Per calendar year
Frames	\$200 allowance; \$220 featured frame allowance 20% discount off any amount above the allowance	Every other calendar year	\$250 allowance; \$270 featured frame allowance 20% discount off any amount above the allowance	Per calendar year
Lens enhancements Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$80-\$90 \$120-\$160	Per calendar year	\$0 \$80-\$90 \$120-\$160	Per calendar year
Contacts* (Instead of glasses)	Up to \$60 contact fitting fee \$200 allowance for contacts; copay does not apply to contact lens exam (fitting and evaluation)	Per calendar year	Up to \$60 contact fitting fee \$250 allowance for contacts; copay does not apply to contact lens exam (fitting and evaluation)	Per calendar year
Diabetic Eyecare Plus	\$20	As needed	\$20	As needed

*You can have either glasses or contacts during the 12-month plan year.

Enhanced plan upgrades!
 Choose one of these at time of service:
 + 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 \$100 contact lens allowance

Your contributions

Bi-weekly payroll deductions	Base plan	Enhanced plan
Employee only	\$4.20	\$6.40
Employee + spouse/domestic partner*	\$6.14	\$9.34
Employee + child(ren)	\$6.54	\$9.95
Family	\$10.06	\$15.32

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. You and your family can save up to 60% on a pair of hearing aids.

Other program benefits include:

- Access to a national network of more than 6,000 hearing healthcare providers.
- Discounted pricing on a wide selection of the latest brand name hearing aids.
- Three provider visits for fitting and adjustments.
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement.
- 48 free batteries per hearing aid for non-rechargeable models.



Financial security

IN THIS SECTION:

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GSA Retirement Plan

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MAXIMIZE YOUR INCOME. Helping you plan for the future is important to Maximus, which is the reason we offer the Maximus GSA Retirement Plan. This account is funded through excess contributions and growth in your Premium Reserve Account. The amount of contributions will depend on the number of hours you work and your benefit elections. Transfers occur the month following the end of each fiscal quarter, and you must be actively employed on the last day of the quarter to be eligible.

The GSA Retirement Plan:

- Allows employees to use pre-tax employer funds (H&W funds) to save for retirement.
- Vests immediately at 100%.
- Provides a variety of investment options through Fidelity, including money markets and global funds.
- Offers 24/7 access to online account info at 401k.com.
- Is portable upon separation from the company. To initiate a rollover, or to cash out funds, contact Fidelity at [800.890.4015](tel:800.890.4015) or 401k.com.



Maximus 401(k) Plan

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INVEST IN YOUR FUTURE. It's never too early to start thinking about and planning for your retirement. The Maximus 401(k) Plan helps you build a solid foundation for your financial future.

How do I enroll?

Employees call Fidelity directly at [800.890.4015](tel:800.890.4015) or access online at 401k.com.

What is the maximum annual contribution I can make?

- IRS annual contribution limit: \$23,000
- Catch-up contribution limit (over age 50): \$7,500

What is the company match?

Maximus will match 100% of the first 3% of your eligible compensation and 50% of the next 2% that you contribute. The total maximum match is 4% of your eligible compensation.

Additional information

Loans and withdrawals are available in accordance with IRS regulations. Rollovers from other eligible retirement plans are accepted. The Maximus 401(k) Plan is a profit sharing plan for employees age 21 or older. Non-resident aliens (with no U.S. source income), leased employees, and employees covered by a union that has not negotiated for participation in the plan are not eligible to participate in the Maximus 401(k) Plan at any time.



Disability plans

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INSURE YOURSELF. Disability insurance is an important coverage for financial protection and peace of mind. These plans offer salary continuation if you are absent from work due to a covered illness or disability.

Disability insurance is available to regular full-time employees scheduled to work at least 30 hours per week and begins the first of the month following 6 months of service.

Important: Long-term disability (LTD) coverage is subject to a pre-existing condition clause that may exclude you from becoming eligible for benefits for a period of time, due to a medical condition that you had or for which you received treatment prior to filing a disability claim. Please refer to the plan document at gsanational.com for more information.

Short-term disability (STD)

- The premium is paid by Maximus and pays a weekly benefit.
- The plan pays 70% of your pre-disability weekly earnings (subject to the plan's maximum weekly benefit of \$1,000).
- 7-day elimination period which may be paid using available paid time off (PTO) or taken as unpaid leave of absence.
- Maximum duration of 26 weeks.

Long-term disability (LTD)

- The premium is paid by Maximus and pays a monthly benefit.
- Plan pays 50% of your pre-disability monthly earnings (subject to the plan's maximum monthly benefit of \$2,500).
- Elimination period for LTD is the greater of the STD maximum benefit period or 180 days.
- Up to age 65 if you continue to meet the definition of disability under the plan.
- Pre-existing condition review applies when you have been covered for less than 12 consecutive months from the date of disability.

Pre-existing condition exclusion period

The pre-existing condition exclusion period is a benefit eligibility provision that may exclude you from becoming eligible for benefits for a period of time, due to a medical condition that you had or for which you received treatment prior to filing a disability claim.

A pre-existing condition review will take place when a disability claim is filed before your coverage has been in effect for 12 consecutive months from your benefit eligibility date.

This review will take into consideration any conditions believed to exist three months prior to the effective date of disability coverage. When the review determines that the disability is a result of a pre-existing condition, benefits will not be paid.

For further information on what is considered a pre-existing condition or how it applies to disability coverage, please review the plan document or call MetLife.

Supplemental insurance

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Critical illness insurance

In the event that you or a covered family member has a verified diagnosis, you receive a lump-sum benefit paid directly to you by MetLife. Payment(s) that you receive will be made in addition to any other insurance you may have, and may be spent as you see fit. They can be used to help pay for medical plan deductibles and copays, for out-of-network stays, for your family's everyday living expenses, or for whatever else you need while recovering.

Hospital indemnity insurance

This coverage provides you with a payment when you are admitted or confined to a hospital due to a covered accident or illness. Typically, a flat amount is paid for admission and a daily amount is paid for each day of a hospital stay. It also pays extra benefits for admission to, or confinement in, an intensive care unit and for other benefits and services. Payments are made directly to you to use as you see fit.

Accident insurance

This coverage provides you with payment for any care related to a covered accident. This care may include diagnostic testing, medical treatment, and hospitalization. Payments are made directly to you to use as you see fit.

Enroll for these benefits* on the [Maximus Benefits Center](#) at any time of the year.

Learn more at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

*Critical illness insurance is subject to proof of insurability if you enroll outside of initial eligibility period.



Financial benefits for the unexpected

IN THIS SECTION:

GSA Retirement Plan

Maximus 401(k) Plan

Disability plans

Supplemental insurance

Financial benefits for the unexpected

Tuition reimbursement

Basic term life coverage

Maximus provides all eligible employees with basic term life coverage at no cost to you in the amount of \$20,000. Life benefits reduce by 35% at age 65 and 50% at age 70. Benefits end upon termination or retirement.

Voluntary life insurance

For many employees, basic term life coverage may not be enough. For that reason, Maximus offers voluntary life insurance for you, your spouse, and your children.

Note: In order to enroll in voluntary life insurance for your spouse or child(ren), you must be enrolled in voluntary life insurance for yourself. You pay the premiums for any dependent life insurance you purchase.

Coverage for you: Your coverage options are 1 to 5 times your basic annual earnings, to a maximum of 5 times your base annual salary or \$500,000, whichever is less. You pay the premiums for any voluntary life insurance you purchase. You will need to provide proof of good health (evidence of insurability) if you want to purchase more than the lesser of 3 times your basic annual earnings or \$150,000 of coverage.

- **Coverage for your spouse/domestic partner:** You may purchase coverage for your spouse/domestic partner in increments of \$5,000 (\$10,000, \$15,000, \$20,000, etc.), from a minimum of \$10,000 to a maximum of \$100,000 or the amount of voluntary coverage you purchase for yourself, whichever is less. You will need to provide proof of your spouse's/domestic partner's good health (evidence of insurability) if you want to purchase more than \$25,000 of coverage for him or her.
- **Coverage for your child(ren):** Employees also have the option to purchase life insurance for their child(ren). A single coverage level of \$10,000 per child is available for eligible children up to age 26. If you elect this coverage, all of your children will be covered for the same amount and you'll pay the same premium regardless of how many children you cover.

Evidence of insurability

In certain circumstances, you may be required to provide evidence of insurability (EOI) in order to enroll in supplemental coverages. If you elect coverage over the Guaranteed Issue amounts, EOI will be required.

Additionally, anytime you enroll in coverage, or increase your coverage amount, outside of the initial enrollment window, EOI will be required. In cases where EOI is required, your new coverage and contributions will not begin until you receive written approval from the insurance company.

Tuition reimbursement

IN THIS SECTION:

GSA Retirement Plan

Maximus 401(k) Plan

Disability plans

Supplemental insurance

Financial benefits for the unexpected

Tuition reimbursement

INVESTING IN YOU. At Maximus, we value your growth and development. We want to support you as you pursue further education, obtain certifications that are related to your current or potential future roles at Maximus, and contribute to our collective success. One of the ways we do this is through our Tuition Reimbursement program which offers an **annual reimbursement of up to \$2,500.**

Eligibility requirements

Full-time, regular employees with a minimum of one year of service are eligible to apply.

Eligible classes and certifications

The courses or certifications pursued should be related to the employee's current position or aligned with potential future roles within Maximus. They include:

- **Degree programs:** Courses leading to an associate, bachelor's, master's, or PhD degrees from accredited educational institutions.
- **Non-degree-seeking courses:** College level courses from accredited educational institutions related to a Maximus career path, but not taken in pursuit of a degree.
- **Professional certifications:** Relevant professional certifications that will enhance skills and expertise in your current or potential future roles.

Reimbursement requirements

- **Academic performance:** For college courses, you must achieve a passing grade of C or better. For certifications, you must provide proof of passing the certification exam, or attaining the certification.
- **Timely submission:** You must submit the reimbursement requests within 45 days of completing the course or obtaining the certification.

Where to start

- **Talk with your manager:** Have a conversation with your manager about your career development and how this benefit can be a critical component of your future at maximus.
- **Visit the portal:** To learn more and apply for this benefit, visit maximus.tuition.io.





Work/life balance

IN THIS SECTION:

- [Dependent care reimbursement account](#)
- [Legal plan](#)
- [Transit/parking commuter benefits](#)
- [Auto, home, and renter's discounts](#)
- [Paid time off and purchased paid time off](#)
- [Corporate holidays](#)
- [Pet insurance discount](#)

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Dependent care reimbursement account

IN THIS SECTION:

Dependent care reimbursement account

Legal plan

Transit/parking commuter benefits

Auto, home, and renter's insurance discounts

Corporate holidays

Paid time off (PTO)

Pet insurance

A dependent care reimbursement account is funded by Maximus and allows you to reimburse yourself for eligible day care costs and other qualifying, non-healthcare child or elder care expenses.

To initiate a reimbursement claim or for account information, visit flexfacts.com or call 877.94.FACTS (877.943.2287).



How it works

1. Enrollment in this account can take place at any time and must be renewed from year to year.
2. Participation requires a minimum Premium Reserve Account balance of \$50, with transfers limited to 50% of the Premium Reserve Account balance.
3. Fund transfers take place at the end of each fiscal quarter. If you want to make changes to the quarterly transfers, you must complete it by the last day of the quarter. You must also be actively employed on the last day of the quarter to be eligible for the transfer.



BE **INTENTIONAL**. Benefits for better work/life balance

IN THIS SECTION:

Dependent care reimbursement account

Legal plan

Transit/parking commuter benefits

Auto, home, and renter's insurance discounts

Corporate holidays

Paid time off (PTO)

Pet insurance

MetLife legal plan

Maximus has partnered with MetLife to offer assistance with legal matters such as wills and codicils, powers of attorney, protection from domestic violence, deeds, mortgages and notes, document preparation, eviction/tenant problems, small claims, bankruptcy, and adoption/guardianship. The MetLife legal plan now includes four hours of attorney work for non-covered matters not expressly excluded. To use the legal plan, visit legalplans.com or call MetLife's Client Service Center at 800.821.6400.

Transit/parking commuter benefits

Maximus partners with HealthEquity to give you an opportunity to purchase transit or parking passes at work directly from your paycheck, on a pre-tax basis. This is a great way to make your dollars work harder for you, by reducing your taxable income while paying for commuting expenses. To learn more, visit healthequity.com/learn/commuter call HealthEquity at 877-924-3967.

Auto, home, and renter's discounts

MetLife/Farmers GroupSelectSM home, auto and renter's coverage is available to eligible employees and offers special savings and a wide range of policies to suit your needs. For more information, call 800.GET.MET8 (800.438.6388) or visit mybenefits.metlife.com. You can enroll or cancel coverage at any time during the year.

Paid time off and purchased paid time off

After one year of service, employees are eligible to receive paid vacation time in accordance with the area wage determination tables (based on the state in which you work). Paid holidays are provided in accordance with the U.S. Federal Holiday Schedule. Eligible employees accrue paid sick leave each pay period based on worked hours. Your sick leave accrual rate may vary based on state or local regulations.

Maximus also offers Purchased Paid Time Off (PPT) so eligible employees have the opportunity to receive what is most important to them. The PPT plan provides employees the chance to buy additional paid leave with salary reductions for use during the upcoming plan or calendar year.

Corporate holidays

We realize the importance of having a good work/life balance. Therefore, each year employees receive paid company holidays listed in the Employee Handbook. Please note that if you work at a project site, then your holiday schedule may vary slightly. Check with your supervisor or local human resources representative for the holiday schedule for your project.

Pet insurance discount

MetLife pet insurance is available to eligible employees and helps to cover the costs of vet visits, accidents, illness and more. For more information, call 800.GET.MET8 (800.438.6388) or visit mybenefits.metlife.com. You can enroll or cancel coverage at any time during the year.



Maximus Foundation

IN THIS SECTION:

- [Maximus Foundation](#)
- [Employee Assistance Fund \(EAF\)](#)

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GET **INVOLVED!** Maximus Foundation

IN THIS SECTION:

Maximus Foundation

Employee Assistance Fund (EAF)

Giving back to the communities we serve

Maximus has a responsibility to create a positive impact in the communities we serve. The Maximus Foundation is one of the ways we make a difference in communities where our employees live and work. The Foundation is an independent, employee-led, 501(c)(3) nonprofit organization. Since its founding in 2000, we have supported nonprofits across the country that share our mission.

Employees giving people a hand

We are led by our caring employees – people just like you who are committed to doing something greater together. This inspired giving and participation help accelerate the missions of nonprofits on the frontlines of the communities we serve. Though we primarily focus our giving strategy on awarding cash grants, we also support key community response initiatives and the volunteerism of our employees.

Double your impact on our communities

In line with our commitment to moving people forward, Maximus will match every dollar you donate to the Foundation's grantmaking program to award-eligible nonprofits. Not only will you double the impact of every dollar you give, but by donating as little as \$1 you can make your voice heard. We invite you to nominate and vote for future Maximus grantee partners for up to a year after your donation. Visit maximus.com/foundation to learn more.

Our mission is to support organizations and programs that promote personal growth and self-sufficiency through improved health, augmented child and family development, and community development.



Employee Assistance Fund (EAF)

IN THIS SECTION:

Maximus Foundation

Employee Assistance Fund (EAF)

Employee health and wellbeing are a priority for Maximus. We partner with America's Charities to provide financial support to employees* impacted by disasters, personal emergencies, and other hardships. To apply, visit maximus.com/EAF.

To ensure confidentiality and impartial decision-making, America's Charities manages the grant processing and all administrative aspects of the EAF on behalf of Maximus, including final determinations on the amount of funding relief to be granted.

If you need application assistance, contact the Maximus EAF support team at maximus@charities.org. For other questions or more information, email maximuscharitablefoundation@maximus.com.

*Subject to fund availability



Contacts

Benefit	Provider	Group Number	Phone	Website
GSA National	GSA National	N/A	800.250.2741	gsanational.com
Medical	Anthem	201080	833.371.1223	anthem.com
Health savings account (HSA)	HealthEquity	N/A	866.346.5800	my.healthequity.com
Healthcare flexible spending account (FSA)	HealthEquity	N/A	866.346.5800	my.healthequity.com
Dependent care reimbursement account	FlexFacts	N/A	877.943.2287	flexfacts.com
Prescription drug coverage	Express Scripts (ESI)	KK8A	800.224.5513	express-scripts.com
Employee Assistance Program (EAP)	TELUS Health	N/A	855.522.1310	maximus.com/eap Username: maximuseap Password: maximus
Dental	Cigna	2500879	800.244.6224	mycigna.com
Vision	VSP	12098598	800.877.7195	vsp.com
GSA Retirement Plan	Fidelity	Use your SSN	800.890.4015	401k.com
401(k) Retirement Plan	Fidelity	Use your SSN	800.890.4015	401k.com
Disability	MetLife	Use your SSN	866.729.9201	metlife.com
Life insurance	MetLife	Use your SSN	800.638.6420	metlife.com
Critical illness, hospital indemnity, accident insurance	MetLife	N/A	Information: 800.GET.MET8 Claims: 866.626.3705	metlife.com/mybenefits
Legal plan	MetLife	N/A	800.821.6400	legalplans.com
Transit/parking commuter benefits	HealthEquity	N/A	877.924.3967	healthequity.com/learn/commuter
Auto, home, and renter's insurance discounts	Farmers	118608	800.GET.MET8 (800.438.6388)	metlife.com/mybenefits
Pet insurance	MetLife	118608	800.GET.MET8 (800.438.6388)	metlife.com/mybenefits
Accommodations and Leave team	Maximus	N/A	833.255.6258	Leave request application portal

Disclosure notices

Newborn's and Mother's 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notices

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

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

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

Medicare Part D

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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 Maximus coverage will not be affected.

You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at [cms.hhs.gov/CreditableCoverage](https://www.cms.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 Maximus coverage, be aware that you and your dependents may or may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Maximus 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...

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 Maximus changes. You also may request a copy of this notice at any time.

GINA Warning against Providing Genetic Information

The Genetic Information Nondiscrimination Act (GINA) prohibits collection of genetic information by both employers and health plans and defines genetic information very broadly. Asking an individual to provide family medical history is considered collection of genetic information, even if there is no reward for responding (or penalty for failure to respond). In addition, a question about an individual's current health status is considered to be a request for genetic information if it is made in a way likely to result in obtaining genetic information (e.g., family medical history). Wellbeing programs that require completion of health risk assessments or other forms that request health information may violate the collection prohibition unless they fit within an exception to the prohibition for inadvertent acquisition of such information. This exception applies if the request does not violate any laws, does not ask for genetic information, and includes a warning against providing genetic information in any responses.

Notice of Privacy Practices for Maximus Employee Health and Welfare Benefit Plan

EFFECTIVE DATE: APRIL 4, 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You are receiving this Notice of Privacy Practices ("Notice") because you participate in a Maximus Employee Health and Welfare Benefit Plan. This Notice applies to the Maximus Group Health Plans subject to HIPAA (collectively referred to in this Notice as the "Plan"). For a full and current list of participating health plans to which this Notice applies, please contact the Privacy Officer using the contact information at the end of this Notice. This Notice applies only to the Plan, and does not apply to health information that Maximus creates, receives, uses, discloses, maintains, or requests in its capacity as an employer or plan sponsor in accordance with applicable law and the Plan documents.

Summary

This Notice provides a short summary of some of the key parts of the Notice up front. More specific detail about the information included in the summary follows.

Your Rights

Subject to certain limitations and requirements, you may have the right to:

- Request a copy of your health and claims records
- Request that we correct your health and claims records
- Request communication with you through certain means or locations
- Ask us to limit the information we share
- Get a list of certain disclosures of your information that we have made
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You may have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

Our Uses and Disclosures

Subject to certain requirements, we may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you would like to exercise any of the rights discussed, you may contact us using the information at the end of this notice.

Request a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you that may be used to make decisions about you or your benefits. You must submit your request in writing.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request that we correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request must be submitted in writing and describe the reason(s) for your proposed correction. In certain cases, we may deny your request. For example, we may deny your request if the information you want to amend is accurate and complete or was not created by us. If we deny your request, you have the right to file a statement of disagreement. Your statement of disagreement may be linked with the disputed information.

Request communication with you through certain means or locations

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Your request must be in writing and specify how you'd like us to contact you. It also must state whether the disclosure of all or part of the health information in a manner inconsistent with your instructions could put you in danger. We will accommodate a request for confidential communications that is reasonable and where the disclosure of all or part of your health information could endanger you.

Ask us to limit what we use or share

You can ask us to restrict our uses and disclosures of your health information for treatment, payment, or our operations. You can ask us to limit our disclosures of your health information to family members or friends who are involved in your care or the payment for your care. In most circumstances, we are not required to agree to a requested restriction. If we agree to the restriction, we can stop complying with the restriction upon providing notice to you. Your request must describe the health information you wish to limit, whether you want to limit our use, disclosure, or both, and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse). If we have agreed to a requested restriction, but you are in need of emergency treatment and the restricted health information is needed to provide the emergency treatment, we may disclose such information to a health care provider to provide such treatment to you.

Get a list of certain disclosures of your information that we have made

You can ask for a list (accounting) of certain disclosures we've made of your health information for six years prior to the date of your request. We are not required to include information about disclosures made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within the same 12-month period. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will request documentation or verification that the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your privacy rights by contacting us using the information at the end of this notice.
- You can also file a complaint with the Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know by using the contact information at the end of this Notice, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information in certain cases, for example, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Notice of Privacy Practices for Maximus Employee Health and Welfare Benefit Plan

Our Uses and Disclosures

How do we typically use or share your health information?

In certain circumstances, we are permitted or required to use or disclose your health information without obtaining your authorization. These circumstances include each of the circumstances listed below. This Notice does not describe in detail every permitted use or disclosure that we may make. However, all uses or disclosures of health information without your authorization will fall within one of the categories below. State laws and regulations may impose further limits or requirements on our ability to use or disclose your PHI or certain categories of your PHI. We will follow more stringent state laws and regulations that apply to the Plan.

Help manage the health care treatment you receive

We may use your health information to help manage and coordinate your care and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We may use and disclose your information to run our organization and contact you when necessary, and for certain other health care operations. Health care operations may include: underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; placing contracts for insurance benefits; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration of the Plan.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We may use health information about you to develop better services for you, such as responding to a customer service inquiry from you. The Plan also may use and disclose information about your claims to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing functions.

Pay for your health services

We may use and disclose your health information as we pay for your health services and for other payment activities, such as, determining eligibility for coverage and plan benefits, obtaining premiums, facilitating payment for the treatment and services you receive from health care providers, determining plan responsibility for benefit payments, and coordinating benefits with other benefit plans.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may use and disclose your health information to Maximus as health plan sponsor for plan administration activities. The Plan may also disclose enrollment and disenrollment information to Maximus as plan sponsor and may disclose certain "Summary Health information" for the purpose of obtaining premium bids or modifying or terminating the Plan.

Example: We may provide Maximus with certain statistics to explain the premiums we charge. Additionally, we may disclose your health information to certain individuals at Maximus to handle high-level claims appeals and to assist with the Plan's HIPAA compliance.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We may use and share health information about you with public health authorities or certain regulated entities for certain public health and safety situations such as:

- Preventing or controlling disease, injury or disability
- Reporting disease or infection exposure
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence to a government authority that is authorized by law to receive such information
- Preventing or reducing a serious and imminent threat to someone's health or safety as consistent with applicable laws and if disclosure is necessary to prevent or lessen such threat

Do research

We may use and share your information for research purposes subject to certain requirements, including pursuant to a waiver of authorization by an institutional review board or privacy board, or through the removal of direct identifiers from the research data.

Comply with the law

We will use and share information about you if applicable state or federal laws require it, including with the Secretary of the Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Organ and tissue donation and procurement organizations, medical examiners, and funeral directors

- We may use and share health information about you with organizations that handle organ, eye or tissue donation, procurement, and transplantation.
- We may use and share health information with a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death, or with a funeral director as necessary to carry out their duties.

For purposes of workers' compensation, law enforcement, and other government activities

We may use and share health information about you:

- For workers' compensation and similar programs
- For law enforcement purposes or with a law enforcement official under certain circumstances, for example in response to a request from law enforcement personnel to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime under certain circumstances; about a death the Plan believes may be the result of criminal conduct; about criminal conduct on our premises; and in response to a court order, subpoena, warrant, summons or similar process permitted by law
- With health oversight agencies for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking information include government agencies that ensure compliance with civil rights laws and that oversee the health care system, government benefit programs, and other government regulatory programs.
- For special government functions such as military, national security, and presidential protective services. For example, under certain conditions, the Plan may use and disclose your health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, the Plan may disclose your health information to the foreign military authority in certain circumstances. The Plan also may use and disclose your health information to authorized federal officials for conducting national security and intelligence activities and for the protection of the President, other authorized persons, or heads of state.

Respond to lawsuits and legal actions

If certain conditions are met, we may use and share health information about you in response to a court or administrative order, or in response to a subpoena.

To correctional institutions

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

Notice of Privacy Practices for Maximus Employee Health and Welfare Benefit Plan

To individuals involved in your care or payment

In certain circumstances, we may use and disclose to your family member, other relative, or close personal friend, or any other person identified by you, your health information that is directly relevant to such person's involvement with your health care or payment related to your health care. In addition, we may use or disclose your health information to notify (or assist in the notification of) your family member, personal representative, or another person responsible for your care of your location, general condition, or death. In both cases, when you are present, we will obtain your agreement to the disclosure, provide you with an opportunity to object to the disclosure, or exercise our professional judgment to infer that you do not object to the disclosure. If you are not present, we will disclose your health information only if we determine that such disclosure is in your best interests in the exercise of our professional judgment.

Other Uses and Disclosures

Generally, other uses and disclosures of your health information that are not described above will be made only with your written authorization or that of your legal representative. You may revoke such authorization in writing at any time. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization and prior to receiving your written revocation. Most uses and disclosures of psychotherapy notes, and of health information for marketing purposes, or that constitute a sale of health information require your authorization.

Our Responsibilities

- We are required by law to maintain the privacy of your protected health information.
- We will let you know if a breach occurs of your unsecured protected health information, as required under HIPAA.
- We are required to provide you with a copy of this Notice setting forth our legal duties and our privacy practices with respect to your protected health information.

Changes to the Terms of this Notice

We are required to abide by the terms of the current Notice in effect. We reserve the right to change the terms of this Notice, and to make the changes apply to all information we have about you, even information obtained prior to the effective date of the changes. If we revise this Notice, the new Notice will be available upon request and on our web site.

If You Have Questions

If you have any questions about this Notice or its contents, or would like to exercise any of the rights discussed in this Notice, you may reach the Maximus Privacy Officer at:

Phone: 1-833-953-3696

Email: privacy@maximus.com

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 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS - Medicaid

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid

Health Insurance Premium Payment (HIPP) Program Website: 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+)

Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid

Website: flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA - Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: in.gov/medicaid
Phone: 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: kancare.ks.gov
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA - Medicaid

Website: medicaid.la.gov or ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA - Medicaid

Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA - Medicaid

Website: ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: 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

NEW JERSEY - Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website: health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON - Medicaid

Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP

Website: 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)

RHODE ISLAND - Medicaid and CHIP

Website: eohhs.ri.gov
Phone: 1-855-697-4347, or 401-462-0311 (Direct Ritte Share Line)

SOUTH CAROLINA - Medicaid

Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT - Medicaid

Website: dvh.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid

Website: hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid and CHIP

Website: dhhr.wv.gov/bms or mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: 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, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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 1/31/2026)