

2026 – 2027



BENEFITS SUMMARY

SWAMP RABBIT

EST.

2011



Cafe & Grocery
Greenville, SC

MORE INFO:



1-864-763-5476
(Text and Call)



help@directhealthplan.com

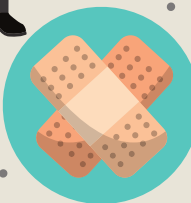
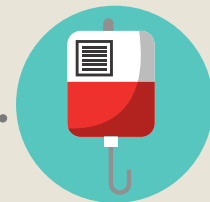




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Introduction To Your Benefits

Welcome!

We are committed to providing benefits that support you when you need them most. Our comprehensive benefits program is designed to protect your health, well-being, and financial security in the event of illness or injury. You can learn about the details of these plan options by reading through this Benefit Information Guide.

Starting with the basics of how to enroll, followed by the details of each plan, this guide is a go-to resource for all things benefits related. Once you better understand the various options we offer, you can make an informed decision on which plans work best for you and your needs.

We encourage you to read through this booklet in its entirety. Included you will find details about:

- Who is eligible to participate?
- How to enroll and rules for making changes
- Each plan and summary details
- Contact information
- And much more!

We appreciate the hard work and dedication you bring to the Swamp. For this and many other reasons, we want to offer you competitive and cost-effective benefits. It's one way we can say thank you for everything you do!

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets, contact the Human Resources Department, or our friends at Cavalry Partners.

Sincerely, Swamp Rabbit Cafe and Grocery

**For Additional Information,
Training, and Needs, Contact
HR or Cavalry Partners**



1-864-763-5476
(TEXT AND CALL)



www.SRCGHealth.com

Look online to find training videos
and more benefit detail!

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



See www.SRCGHealth.com
For More Plan Details



See Human Resources For
Enrollment Assistance

Benefit Enrollment and Instructions

1 – LOGIN TO EMPLOYEE NAVIGATOR

[https://www.employeenavigator.com/benefits/
account/login](https://www.employeenavigator.com/benefits/account/login)

- * **New User:**
Select REGISTER AS A NEW USER
and provide the following
information:
 - First and Last Name
 - Company Identifier: SRCaG
 - Last 4 digits of SSN
 - Birth Date (mm/dd/yyyy)
- * **Existing User:**
Use existing User Name and
Password

**EVERY EMPLOYEE MUST LOGIN
TO ELECT OR DECLINE BENEFITS BETWEEN
SEPTEMBER 14 AND 22.**

2 – TO ENROLL IN A BENEFIT

- * Select START ENROLLMENT
- * Add your personal information and any
dependent information
- * Walk through each step of the enrollment
elections and select SAVE AND CONTINUE at
the bottom of each screen to save your
elections.

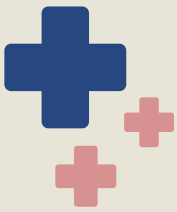
3 – TO DECLINE A BENEFIT

- * If there is a benefit you do not wish to elect,
select “DON’T WANT THIS BENEFIT?” at the
bottom of the screen.

4 – FINALIZE SELECTIONS

- * Review the elections listed
- * To change any of the benefits you selected,
click RETURN TO MY BENEFITS
- * Make any necessary changes and click REVIEW
AND FINALIZE again.
- * Review the elections listed
- * Select SIGN to complete
your enrollment





2026-2027 SRCG Major Medical Plan

Direct Health Plan

WHAT?

The Direct Health Plan is a level-funded health plan offered by employers across the US. This means that, yes, it is a “real” health plan and meets or exceeds all legal requirements.

Swamp Rabbit Cafe and Grocery has chosen this plan for it’s team because of the ability to save you money and provide and unrivaled experience. We are excited to work with you!

WHY?

As a level-funded plan, we should all know that our decisions matter. There is no insurance company out there paying bills...it’s Swamp Rabbit Cafe and Grocery. Plans like these answer the call for employers looking to provide something that brings alignment with doctors...all for the benefit of their team members.

TRADITIONAL HEALTH INSURANCE



DIRECT HEALTH PLAN



HOW?

There are two Direct Health Plan options that look similar but have unique rules to follow. You have a choice that will be presented in the subsequent pages:

COPAY PLAN

- OR -

HDHP PLAN



2026 - 2027

Major Medical Rates

Bi-Weekly Rates

Plan	Employee Only	Employee / Spouse	Employee / Children	Employee / Family
DIRECT HEALTH PLAN: Copay	\$106.47	\$415	\$304.46	\$610.99
DIRECT HEALTH PLAN: HDHP	\$91.14	\$350.91	\$256.63	\$512.29

*Payroll Deductions will not exceed 9.96% (2026) or 10.22% (2027) of your income after taxes. Please see Employee Navigator for costs.

COPAY OPTION

Primary Care Focused

As part of the **Direct Health Plan**, you'll receive a membership to a **Direct Primary Care (DPC)** practice — this becomes your new **Primary Care Physician (PCP)** and your **home base for care**.

Your DPC doctor will handle most of your everyday healthcare needs directly — **with more time, better access, and no surprise bills**.

Your new doctor won't bill you or your insurance for visits. Instead, care is covered through a monthly membership — **fully paid for by your employer**.

Do you have to change doctors? No - But please review the cost. It can be expensive.

What do you get with your DPC membership?

- **Unlimited office visits** — not just one per year, but as many as you need
- **Same-day or next-day appointments**
- \$0 cost for: all services performed in office (labs, images, etc)
- A true relationship with a doctor who has **time for you** and practices **preventive, personalized care**, not just symptom management

Specialists and services outside of my DPC office...

When your Direct Primary Care doctor determines that you need a visit, test, or procedure that can't be handled in the office:

- They will send a referral to that doctor and copy the Direct Health Plan.
- The Direct Health Plan will reach out to you via text - "please let us know when the specialist schedules your next appointment."
- Simply reply with a date once you are scheduled.
- At this point, the Direct Health Plan works to coordinate your visit by determining the "self-pay" rate and making sure your visit fits plan guidelines.
- Once coordinated, the plan will text you a VISA debit card - in full - to present for payment at your visit.
- Show up, pay as self-pay (not using insurance card) and ask for a receipt!
- You will be automatically prompted to upload your receipt once complete!

Here's what you can expect:

- **No worrying about insurance networks or coverage**
- **No surprise bills or waiting on EOBs**
- **No out-of-pocket cost to you!**

Uncoordinated

While rare, not all events are coordinated.

- *You may choose to proceed uncoordinated and pay deductibles, copays, and possibly additional balance changes*
- *If a service exceeds the plan's financial guidelines, we'll provide other options where you can receive care within those guidelines for \$0 copay and \$0 deductible. You may also choose uncoordinated care, where copays and deductibles apply.*
- *Appropriate time must be given for coordination. Notification of appointments must occur at a minimum of 24-48 hours in advance. More complex procedures may require additional time to coordinate.*

Failure to coordinate visits can result in:

- *Higher out of pocket cost - and frustration!*
- *Expenses unable to be applied to the deductible*
- *And balance bill exposure (providers asking YOU for more than the plan is willing to pay)*



DPC OFFICE

Member visits DPC Office

- Most Needs Are Handled Here
- High Capability Practices
- DPC Refers As Needed



Referrals outside DPC

- Referrals from DPC copied to the plan.
- Plan coordinates rate with provider
- Plan reaches out to member
- Plan issues a virtual visa for visit



Show Up. Get Well.

- Member texted Visa before appt.
- Member swipes payment
- Member uploads receipt to portal
- No EOBs, No collections, No hassle!

SWAMP RABBIT

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2011



Cafe & Grocery
Greenville, SC



DIRECT

Health Plan

COPAY OPTION

DEDUCTIBLE	Coordinated By DPC Doctor	Uncoordinated By DPC Doctor
Single	\$0	\$3000
Family	\$0	\$6000
COINSURANCE		
Member %		20%
OUT OF POCKET MAXIMUM	(for Rx copays)	(for all copay services below and Rx copays)
Single	\$4500	\$4500
Family	\$9000	\$9000
Direct Primary Care Membership	No Out of Pocket Cost	
COMMON SERVICES	Copays:	Copays:
Primary Care Office Visit	\$0	\$100
Specialist Office Visit	\$0	\$150
Mental Health Therapy (unlimited)	\$0	\$150
Urgent Care	\$0	\$150
Emergency Room	\$500	\$500
MAJOR MEDICAL		
Outpatient Surgery	\$0	20% After Deductible
Inpat. Hospitalization / Surgery	\$0	20% After Deductible
CT scan, PT scan, MRI	\$0	20% After Deductible
PRESCRIPTION DRUG		
Generic (Tier 1)		\$15
Brand Name (Tier 2)		\$35
Specialty (Tier 3 - 4)		\$60 - 125
International / Sourced Spec. Rx.		\$0 - \$200 - See Details
Amazon Mail Order		90 Days For Price Of 60
Details	**DPC Membership and Preventative Care Covered at 100%	
Plan Year:	10/1/26 - 9/30/27	Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.
Deductible Period:	10/1/26 - 9/30/27	
Network Type:	Open Access	
Member Website:	www.SRCGHealth.com	
Customer Service Phone Number:	1-864-763-5476	



DIRECT Health Plan

HDHP OPTION

Primary Care Focused

As part of the **Direct Health Plan**, you'll receive a membership to a **Direct Primary Care (DPC)** practice — this becomes your new **Primary Care Physician (PCP)** and your **home base for care**.

- Your DPC doctor will handle most of your everyday healthcare needs directly — **with more time, better access, and no surprise bills**.
- Your new doctor won't bill you or your insurance for visits. Instead, care is covered through a monthly membership — **fully paid for by your employer**.

Do you have to change doctors? No - But please review the cost. It can be expensive.

What do you get with your DPC membership?

- **Unlimited office visits** — not just one per year, but as many as you need
- **Same-day or next-day appointments**
- \$0 cost for: all services performed in office
- A true relationship with a doctor who has **time for you** and practices **preventive, personalized care**, not just symptom management

Specialists and services outside of my DPC office...

...Before your
deductible is met.

When your Direct Primary Care doctor determines that you need a visit, test, or procedure that can't be handled in the office:

- They will send a referral to that doctor and copy the Direct Health Plan.
- The Direct Health Plan will reach out to you via text - "please let us know when the specialist schedules your next appointment."
- Simply reply with a date once you are scheduled.
- At this point, the Direct Health Plan works to coordinate the absolute best rate for you which is often by paying cash.
- The Plan will notify you prior to your appointment of this coordinated "self pay" rate. Using your insurance card will not be as advantageous...but your HSA card and program is a great benefit!
- Show up, pay as self-pay (not using insurance card) - or ask to be billed.
- Once you have paid, upload your information and receipt to portal.directhealthplan.com and your coordinated expense is applied to your deductible.

**Should a care event be initiated by your primary care to a specialist and this specialist should make additional orders, please let the Direct Health Plan know for proper coordination.*

***For the HDHP PLAN, you WILL have a DEDUCTIBLE that must be met before the plan can pay for services. This is an IRS rule...not your employer.*

2026-2027 SRCG Major Medical Plan

HDHP OPTION - Con't

Coordination Post Deductible

Once your deductible has been met and a visit is coordinated, rather than the Direct Health Plan telling you how much you will owe, they will present a virtual VISA debit card for payment. Simple! The process will not change...only the payment!

Uncoordinated

While rare, not all events are coordinated.

1. You may choose to proceed uncoordinated and pay deductibles, copays, and possibly additional balance charges
2. Pricing may fall outside of plan guidelines during coordination attempt. You may choose to continue uncoordinated with that provider or the plan will promptly present additional options.
3. Appropriate time must be given for coordination. Notification of appointments must occur at a minimum of 24-48 hours in advance. More complex procedures may require additional time to coordinate.

Failure to coordinate visits can result in:

- Higher out of pocket cost - and frustration!
- Expenses unable to be applied to the deductible
- And balance bill exposure (providers asking YOU for more than the plan is willing to pay)



DPC OFFICE

Member visits DPC Office

- Most Needs Are Handled Here
- High Capability Practices
- DPC Refers As Needed



Referrals outside DPC

- Referrals from DPC copied to the plan.
- Plan coordinates rate with provider
- Plan reaches out to member



Before Deductible Met

- Member pays for visit at rate coordinated and communicated
- Member uploads receipt to portal



After Deductible Met

- Member texted Visa before appt.
- Member swipes payment
- Member uploads receipt to portal

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Cafe & Grocery
Greenville, SC



DIRECT

Health Plan

HDHP OPTION

DEDUCTIBLE		Coordinated By DPC Doctor	Uncoordinated By DPC Doctor
Single		\$5000	\$5000
Family		\$10000	\$10000
OUT OF POCKET MAXIMUM			
Single		\$5000	\$5000
Family		\$10000	\$10000
Direct Primary Care Membership		No Out of Pocket Cost	
COMMON SERVICES			
Primary Care Office Visit Specialist Office Visit Mental Health Therapy (unlimited) Urgent Care Emergency Room		100% After Deductible	Only Covered at 100% Up To Plan Guidelines May Be Subject To Higher Rates or Balance Billing From Provider.
MAJOR MEDICAL			
Outpatient Surgery Inpat. Hospitalization / Surgery CT scan, PT scan, MRI			
PRESCRIPTION DRUG			
Generic (Tier 1) Brand Name (Tier 2) Specialty (Tier 3 - 4) International / Sourced Spec. Rx. Amazon Mail Order		100% After Deductible	
Details		**DPC Membership and Preventative Care Covered at 100%	
Plan Year:	10/1/26 - 9/30/27	Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.	
Deductible Period:	10/1/26 - 9/30/27		
Network Type:	Open Access		
Member Website:	www.SRCGHealth.com		
Customer Service Phone Number:	1-864-763-5476		



DIRECT Health Plan

Picking the Copay or HDHP option is your preference and based on your individual needs.



Should you choose to elect the Direct Health Plan, you get to choose your exclusive membership to a Direct Primary Care practice.



Direct Primary Care Options

	Swamp Rabbit Cafe and Grocery - Greenville, SC
Anderson, SC	Direct Access https://www.directaccess.md 1208 Ella St. Anderson, SC 29621 Phone: 864-965-9150 <i>Direct Access Care features 4 doctors and a large support team offering many in-house services. They see patients ages 5+.</i>
Greenville, SC	Ember Modern Medicine: https://embermodernmedicine.com 1068 North Church Street, Suite 101, Greenville, SC 29601 Phone: 864-702-2365 <i>Ember Modern Medicine features 2 doctors and offers many in-house services. They see patients from newborn up.</i> Palmetto Proactive - multiple locations: https://www.palmettoproactive.com • Greenville: 864-252-4808 1120 North Pleasantburg Drive, #301, Greenville, SC 29607 • Spartanburg: 864-606-0857 1800 Drayton Rd Suite 313, Drayton, SC 29333 <i>Palmetto Proactive is led by Dr. Aya-Ay and a large team of doctors and practitioners. They offer the largest variety of in-house services to include imaging. They see patients ages 1+.</i> Prisma Direct Primary Care https://prismahealth.org/locations/practices/direct-primary-care-stone-main 1 E Stone Ave, Greenville, SC 29609 Phone: 864-522-6550 <i>Prisma DPC features 2 doctors, a PA and an NP offering many in-house services. They see patients ages 3+.</i>
Easley, SC	Verity Primary Medicine and Lifestyle: https://veritymedicine.com 118 S Pendleton St, Easley, S.C. 29640 Phone: 864-306-4599 <i>Verity Primary Medicine and Lifestyle: Located in the heart of downtown Easley, doctors Lori Carnsew and Kaitlyn Newman offer patients incredible value in preventive medicine and healthy lifestyle support. They see patients ages 10+.</i>

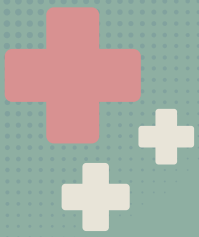


FREQUENTLY ASKED QUESTIONS

What about emergencies?	Emergencies can never be coordinated due to timing and the emergent nature. In this event, you will have copay and/or deductible expense. Go to the ER!
What about pediatrics?	Some DPC offices work with children from birth while others have minimum ages of 3 or 5. Pediatric appointments outside of direct primary care can be coordinated. Contact the plan.
Can I just use my insurance card?	Yes - presenting your insurance card to initiate a claims process is available to you but is considered uncoordinated unless it is for pharmacy services. Copays and deductibles apply as well as the risk of less favorable pricing and balance billing from the provider's office.
Can I just use my old primary care doctor in this plan?	Yes - present your insurance card and proceed uncoordinated with greater out of pocket expense. This is not a cost effective way to use this plan, but you have the ability.
Do I need to keep receipts?	YES. At all times ask for and retain or take a photo of a receipt. Please ask for a DETAILED receipt as well. No matter the plan you choose, receipts are important and must be uploaded in order to continue receiving coordinated services,

Utilization Examples

If I'm healthy and only need to see a dermatologist, what do I do?	We recommend starting with your Direct Primary Care (DPC) doctor. They can send a referral to the dermatologist, and our team will coordinate everything for you. Failure to acquire this referral will result in an uncoordinated event and greater out of pocket expense.
I want to start therapy. Can I choose my own therapist?	Yes. If you already have a therapist in mind, let your DPC know and they can usually refer you there without issue.
My wife needs urgent care. What should I do?	If your wife is established with a DPC, contact them first. Many DPC practices offer same-day appointments, virtual visits, or after-hours access and can often treat without the need for urgent care.
I need surgery, like a hip replacement. How does that work?	Assuming that the referral to the orthopedic began with your DPC doctor, we can begin the coordination process for you. • Work with you to gather all appropriate medical information • Coordinate the surgery - obtain bundled cash pricing whenever possible (including the surgeon, facility, and anesthesia). • Communicate payment timing, funding, and all other information back to you and possibly the provider • We DO need as much time as possible to coordinate complex cases such as surgery.



Included In Major Medical Options

Pharmacy



The ServeYouRx pharmacy benefit is accepted by all pharmacies and provides excellent customer service. Don't forget to enroll your generics in the mail order program to save!

Specialty Pharmacy



Specialty and high cost medications may be sourced internationally or through other programs to keep costs low for you. The plan will contact you if eligible.

HSA Benefit



In an HDHP plan, you can use your HSA funds to pay for any IRS qualified medical expenses, like doctors visits, hospital fees, prescriptions, dental exams, vision appointments, over-the counter medications, and more.

Cavalry Partners



Cavalry Partners works daily with all SRCG associates to help with any health plan needs, training, and challenges. Call, email, text, or go to SRCGHealth.com to chat with us.

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Greenville, SC

SEE SRCGHEALTH.COM FOR FULL BENEFITS GUIDE AND DETAILS



WHAT DOES CAVALRY DO?



1-864-763-5476
(CALL AND TEXT)



www.SRCGHealth.com



help@directhealthplan.com

WHO IS CAVALRY?

Cavalry Partners is partnered with the Swamp Rabbit Cafe and Grocery to deliver an exceptional experience. Don't ever get frustrated. Contact Cavalry for all needs.



CHALLENGES LARGE AND SMALL

Do not wait! Contact us today to get started on a resolution.



BENEFIT DETAILS

Need to know what your plan will pay for a service or just looking for details?



COMMUNITY VISITS

Leveraging technology for efficiency and competitive advantage.



BENEFITS EDUCATION

Onsite, online, ZOOM, and over the phone. You can always reach us.



SRCGHEALTH.COM

We update this site specifically for you and will chat with you online!



BILLING AND DOCTOR QUESTIONS

Insurance is confusing. Never pay more than what you owe.



Pharmacy Services

WHO IS SERVE YOU RX

- ServeYouRx is a full-scale pharmacy benefits manager (PBM) that works with SRCG to administer pharmacy claims.
- ServeYouRx reviews and authorizes prescriptions on behalf of the health plan.

MEMBER PORTAL

- Get your prescription information online anytime.
- Check your benefits and review claims.
- Find retail pharmacies and compare drug prices

SPECIALTY MEDICATIONS

RX Manage is partnered with SRCG and ServeYouRx to help deliver high-cost medications affordably. Unlike others, SRCG tries not to limit the availability of medications through the health plan, however they choose to responsibly purchase these medications to save you and the health plan valuable dollars.

GET IN TOUCH

- Download Apps OR –
- Call contact center at 800-759-3203 Mondays-Friday 7:30 a.m. – 9 p.m.
- Saturday 8 a.m. – 6 p.m.
- Sunday 9 a.m. – 3 p.m.
- Hours are Central Time

HOME DELIVERY

- Save time and money with prescriptions delivered to your door.
- Receive free standard shipping.
- Order refills online.
- See [Serveyourx.com/members/home-delivery-pharmacy](https://www.serveyourx.com/members/home-delivery-pharmacy) to learn about the Amazon program.



HEALTH SAVINGS ACCOUNT

AM I ELIGIBLE?

Eligibility for the SRCG sponsored Health Savings Account is limited to those enrolled in a High Deductible Health Plan (HDHP).

Upon enrollment in the HDHP, you will provide your preferred bank and the deposit will be made on your behalf.

WHAT'S COVERED?

You can use your HSA funds to pay for any IRS qualified medical expenses, like doctors visits, hospital fees, prescriptions, dental exams, vision appointments, over-the counter medications, and more.

2026 – 2027 EMPLOYER CONTRIBUTIONS TO HSA

	Employer Contribution per pay period	Total Annual Employer Contribution
Employee Only	\$25	\$650
Employee + Spouse	\$25	\$650
Employee + Children	\$25	\$650
Employee + Family	\$25	\$650

2026 – 2027 MAXIMUM ANNUAL HSA CONTRIBUTIONS (EMPLOYER + EMPLOYEE)

	<u>2026</u>	<u>2027</u>
Individual	\$4400	\$4500
Family	\$8750	\$9000
Catch-up Contribution Age 55+ (addition to above)	\$1000	\$1000



2026 - 2027 Voluntary Benefits



Dental

Comprehensive benefits from Guardian! From simple cleanings to orthodontics and surgeries.



Vision

Annual eyeglass and contact benefits along with annual checkup and more complex needs.



Employee Assistance Program (EAP)

Enjoy discounts, rewards, and perks on thousands of the brands you love.

Voluntary Rates

\$	Employee Only	Employee / Spouse	Employee / Child	Employee / Family
Bi-Weekly Premiums				
Dental	\$15.39	\$31.24	\$37.04	\$56.21
Vision	\$3.11	\$5.23	\$5.34	\$8.45

SEE [SRCGHEALTH.COM](https://srcghealth.com) FOR FULL BENEFITS GUIDE AND DETAILS



Network: DentalGuard Preferred NAP - South Carolina
Office visit copay: None **Maximum rollover:** Yes
Orthodontia: Not available
Waiting period: 1st of month following 60 days

SAVE MORE IN-NETWORK

You may see any dentist, but DentalGuard Preferred NAP network dentists are generally the most cost-effective choice.

\$50 / \$150

Calendar-Year Deductible

Combined in/out-of-network;
waived for preventive care.

\$1,000

Annual Maximum Benefit

Combined maximum for in- and
out-of-network services.

100%

Preventive Care

Cleanings, oral exams, bitewing/full-
mouth X-rays and sealants.

CARE LEVEL	INCLUDED SERVICES	IN NETWORK	OUT OF NETWORK
PREVENTIVE	Oral exams, cleanings, bitewing X-rays, full-mouth X-rays, sealants	100%	100% of R&C
BASIC	Fillings (one surface), scaling & root planing (per quadrant)	80% after Deductible	80% of R&C After Deductible
MAJOR	General anesthesia, dentures, single crowns, simple extractions	50% after Deductible	50% of R&C After Deductible

R&C = Reasonable and Customary

How the deductible works

Preventive care: deductible waived.

Basic & major care: deductible applies.

Family rule: once three family members each meet the annual deductible, no further family-member deductibles apply for that calendar year.

NO OFFICE VISIT COPAY

\$0

Important plan notes

Coverage is for necessary dental care. The plan generally does not cover oral hygiene services outside covered preventive care, orthodontia unless expressly provided, cosmetic/experimental treatment, certain pre-existing missing-tooth prosthetics, or services payable by another source. Restrictions and medical-necessity rules may apply.

*Benefit summary only - Guardian plan documents control in the event of a discrepancy.
Group ID 00025435*

SEE SRCGHEALTH.COM FOR FULL BENEFITS GUIDE AND DETAILS



Network: VSP - Choice Full Feature
Exams: Once a year
Frames: Once every other year
Lenses/materials: Once a year
Waiting period: 1st of month following 60 days

SAVE MORE IN-NETWORK
 You may see any eye doctor, but using a VSP network provider will usually reduce your out-of-pocket cost.

\$10

Eye Exam Copay

Routine eye exam when using an in-network VSP provider

\$25

Materials Copay

Waived for conventional and planned-replacement contact lenses

\$130

Frame Allowance

Plus 20% off the amount over \$130 at participating VSP providers

CARE LEVEL	INCLUDED SERVICES	IN NETWORK	OUT OF NETWORK
EYE EXAM	Routine Eye Exam	\$10 Copay	\$39 Allowance
LENSES	Single / bifocal / trifocal / lenticular	\$25 Materials Copay	\$23/\$37/\$49/\$64 Allowance
FRAMES	\$130 allowance + 20% discount above allowance	\$130 Allowance + 20% Discount	\$46 Allowance
CONTACTS	Conventional or planned replacement	\$130 Allowance	\$100/\$120 max*
MED. NECESSARY	Medically necessary contact lenses	Copay Applies	\$210 Allowance

Extra savings

Cosmetic extras: average 20%-25% off provider UCR.
Laser correction: average 15% off usual price or 5% off promotional price

Popular participating retail chains listed by Guardian include Costco Optical, Visionworks and Clarkson Eyecare; benefits may vary by retail location.

**ADDITIONAL PAIRS
20% OFF**

Unlimited additional prescription glasses and non-prescription sunglasses within 12 months of the last covered exam.

Important plan notes

This is limited-benefit vision coverage for routine vision care. The plan does not cover orthoptics/vision training, medical or surgical treatment of the eye, employer-required exams or eyewear, or replacement of lost/broken lenses and frames outside normal benefit intervals or an applicable warranty. Laser correction surgery is a discount program, not an insured benefit.

*Benefit summary only - Guardian plan documents control in the event of a discrepancy.
 Group ID 00025435 | Summary date 08/20/2025*

SEE SRCGHEALTH.COM FOR FULL BENEFITS GUIDE AND DETAILS



Save on the brands, experiences, and everyday purchases you already use.

BenefitHub is an exclusive discount marketplace with thousands of offers across popular categories. BenefitHub negotiates discounts for members, and many offers include additional cash back - helping you save money, time, and hassle.

**ONE EASY PLACE
TO SAVE**

**DISCOUNTS
REWARDS PERKS**

Save Money

Discounts, rewards, and additional cash back on many offers

Save Time

Browse thousands of offers in one easy-to-use marketplace

Skip The Hassle

Find deals across everyday purchases, travel, entertainment, and more

Save Across Thousand Of Offers

Travel	Auto	Electronics	Apparel
Local Deals	Education	Entertainment	Restaraunts
Health and Wellness	Beauty and Spa	Tickets	Sports and Outdoors

Getting Started Is Easy

- 1 Go to swamprabbitcafe.benefithub.com
- 2 Create an account using referral code **66ULYW**
- 3 Complete your registration.
- 4 Start shopping and saving with your discounts!

SCAN TO GET STARTED



REFERRAL CODE
66ULYW



Eligibility And Changes

To be eligible for benefits, you must be a full-time employee working an average of 30 hours per week during the year.*

When Can I Enroll?

During Open Enrollment

Within 30 days of a qualifying event and upon approval
14 days prior to being benefits eligible

When Can I Use My Benefits?

New Hires - First of the month following 60 days
October 1st of the year following an Open Enrollment Period

Whom Can I Enroll?

Spouse and Domestic Partners (same and opposite sex)

Children - Your dependent children who have not reached the age of 26 and are your biological children or children for whom you have legal guardianship or custody

Changing coverage mid-year

Because your benefits are being paid through pre-tax payroll deductions, unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next re-enrollment period. **YOU MUST NOTIFY HUMAN RESOURCES WITHIN 30 DAYS OF THE EVENT TO QUALIFY TO MAKE CHANGES.**

Qualified changes in status include:



Marriage

Proof of marriage via marriage license may be required.



Divorce, Annulment

Legal documents may be required.



Birth of Child

Copy of birth certificate required.



Adoption or Legal Guardianship

Legal documents required.



Change in child's dependent status

Coverage is not extended beyond the 26th birthday.



Death of spouse or dependent

Death certificate may be required.



Change in residence due to transfer

Discuss with Human Resources



Court Orders

Specific court orders may require coverage of a dependent by a particular legal guardian.



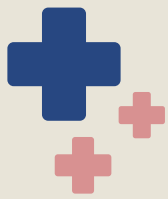
Change in spouse's benefits or employment status

Spouse may gain employment by which a spouse is offered coverage. If coverage is selected, please provide documentation. If a spouse has lost employment, they may be eligible for this plan.



Commencement or termination of adoption proceedings

Legal documents required.



2026 - 2027

Plan Contacts and Resources

Direct Health Plan

Phone/Text: 1-864-763-5476 / Email: help@directhealthplan.com / SRCGHealth.com

All Plan Navigation

Pharmacy Manager

Serve You Rx / Phone: 1-800-759-3203 / serveyourx.com

Dental

Guardian / Phone: 1-800-541-7846 / guardiananytime.com

Vision

Guardian / Phone: 1-877-814-8970 / guardiananytime.com

EAP

Guardian / Phone: 1-800-386-7055 / <https://worklife.uprisehealth.com>

IMPORTANT NOTICES

Swamp Rabbit Café & Grocery Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2027 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- Women's Health Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- Your Rights and Protections Against Surprise Medical Bills
- Health Insurance Marketplace Coverage Options And Your Health Coverage – New Hires
- Children's Health Insurance Program (CHIP) Notice

Swamp Rabbit Cafe herein be referred to as "Employer"

Direct Health Plan will herein be referred to as "Medical Plan(s)"

Swamp Rabbit Cafe will herein be referred to as "PlanAdministrator"

You may contact your Plan Administrator at chelsea@swamprabbitcafe.com

The attached legal notices packet includes certain legal notices applicable to most employers that offer health and welfare benefit plans. We have prepared this packet for you based on our knowledge of your benefits as our client and our understanding of the notices requirements as a broker in the insurance industry and not as legal or tax advice. These notices may require certain modifications to fit your exact circumstances in order to fulfill your legal obligations. There may also be other legal notices applicable to you that are not included within this packet. We recommend you review these notices with your legal counsel prior to distributing them to your employees and plan participants, and we are happy to assist you and/or your legal counsel with this review process.

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from Your Employer About Your Prescription Drug Coverage And Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your Employer 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. Your employer has determined that the prescription drug coverage offered by the Medical Plan(or 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?

you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Employer changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call +1-800-MEDICARE (+1800-633-4227). TTY users should call +1877-486-2048.

IMPORTANT NOTICES

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at +1800-772-1213 (TTY +1800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/01/2026
Name of Entity/Sender:	Swamp Rabbit Café/ Chelsea Kocian
Contact--Position/Office:	Human Resources Manager
Address:	205 Cedar Lane, Greenville, SC 29611
Phone Number:	(920) 645-4281

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your plan administrator.

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Your health plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services, including:

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

These benefits are provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information about WHCRA benefits, contact your plan administrator.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

IMPORTANT NOTICES

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may not ask you to give up your protections **not** to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - o Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - o Cover emergency services by out-of-network providers.
 - o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - o Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, the following information and resources are available to help you understand your rights:

Assistance by telephone – You may contact the U.S. Department of Health & Human Services at (800) 985-3059 to discuss whether you may have any surprise billing protection rights for your situation.

Available online assistance – You can also visit the U.S. Centers for Medicare & Medicaid Services website to [learn more about protections from surprise medical bills](#) and for [contact information for the state department of insurance or other similar agency/resource in your state](#) to learn if you have any rights under applicable state law. Please click on your state in the map for contact information to appear.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE – NEW HIRE INFORMATION

Part A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below).

IMPORTANT NOTICES

The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. For plans beginning in 2027, if your share of the premium cost of all plans offered to you through your employment is more than 10.22% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace..

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period.

In general, you may qualify for a Special Enrollment Period following certain qualifying life events, such as:

- Getting married;
- Having a baby;
- Adopting a child; or
- Losing eligibility for other health coverage.

Depending on the type of Special Enrollment Period, you may have a limited period before or after the qualifying life event to enroll in Marketplace coverage.

If you or your family lose Medicaid or CHIP coverage, you may also qualify for a Special Enrollment Period to enroll in Marketplace coverage. Visit [HealthCare.gov](https://www.healthcare.gov) for current eligibility and enrollment information.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage through an employment-based health plan, you may also have special enrollment rights to enroll in that plan in certain circumstances, including after losing Medicaid or CHIP coverage.

Generally, you have 60 days after losing Medicaid or CHIP coverage to request special enrollment in an employer-sponsored health plan.

¹ Indexed annually; see https://www.irs.gov/irb/2026-31_irb?utm_source=for%2026.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

IMPORTANT NOTICES

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

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

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is ordered to correspond to the Marketplace application.

"An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **+1866-444-3272 (EBSA)**.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: +1855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: +1866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: +1855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: +1916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: +1800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: +1877-357-3268

IMPORTANT NOTICES

CHP* Customer Service: +1800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: +1855-692-6442	
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: +1678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: +1678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: +1800-403-0864 Member Services Phone: +1800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: +1800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: +1800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: +1888-346-9562	Website: https://www.kancare.ks.gov/ Phone: +1800-792-4884 HIPP Phone: +1800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: +1855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: +1877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or +1855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: +1800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: +1800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: +1800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
website: https://mn.gov/dhs/health-care-coverage/ Phone: +1800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: +1573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: +1800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: +1855-632-7633 Lincoln: +1402-473-7000 Omaha: +1402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: +1800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: +1603-271-5218 Toll free number for the HIPP program: +1800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: +1800-356-1561 CHIP Premium Assistance Phone: +1609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: +1800-541-2831

IMPORTANT NOTICES

NORTHCAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: +1 919-855-4100	NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: +1844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: +1888-365-3742	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: +1800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: +1800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: +1855-697-4347, or +1401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: +1888-549-0820	SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: +1888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: +1800-440-0493	UTAH – Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: +1888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: +1800-250-8427	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: +1800-432-5924
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: +1800-562-3022	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: +1304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: +1800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: +1800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
+1866-444-EBSA (3272)

U.S. Department of Health and Human Services
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