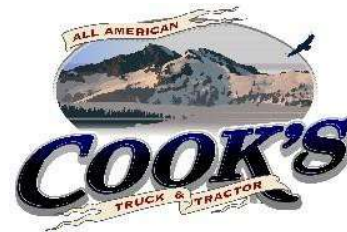




**PATRIOT**  
CONTRACTORS



## EMPLOYEE BENEFIT GUIDE

*January 1, 2026, through December 31, 2026*



*This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.*

# Who is Eligible?



Full-time employees are eligible to participate in benefit plans on **the first day of the month following 60 days of continued service for employees** and the **first day of the month following date of hire for Management**.

Full-time employment is defined as working a minimum of **30** hours per week. Your eligible dependents include your **spouse and dependent children**. **Dependent children are eligible to age 26**.

**Eligible employees enroll via the Bswift Portal. You will receive an enrollment email from Human Resources when your access is granted, and you must elect or waive coverage by the deadline date provided.**



## Welcome to Our Benefits Portal!

Our benefits portal gives you a direct line to our benefits information in one secure and convenient location that can be viewed from any computer with Internet access, at any time.

### Getting Started

To log in, go to <https://patcook.bswift.com>

Your **username** is your First Initial of your first name + Full Last Name + last 4 digits of your social security number.

Your **password** is the last four digits of your SSN. After you successfully log in for the first time, you will be prompted to change your password to something unique.

#### Forgot Password?

Click the link to reset your password by entering your personal information. This will allow you to reset your password yourself.

#### Protect Your Password

Your unique username and password grant you access to your personal information. This electronic 'signature' carries the same authority as your handwritten signature: It authorizes all your elections. **Keep this information secret!**

### Time to Enroll?

An enrollment panel will appear on your home page. Carefully review all the text under Enrollment Highlights, and Documents under Featured Documents, and then click:

**Start Your Enrollment**

You must first confirm your demographic information for yourself and add any dependents you plan to enroll.

You may be asked pre-enrollment questions next. Please answer carefully and then click **"Continue"**.

The Benefit Enrollment Landing Page will list all the benefits you are eligible to enroll in.

You must complete enrollment (either enroll or waive) for every benefit before you will be allowed to finalize your enrollment.

**IMPORTANT: IF YOU DO NOT COMPLETE THE ENTIRE ENROLLMENT PROCESS, WHICH CONCLUDES A CONFIRMATION STATEMENT, YOU WILL NOT BE ENROLLED IN ANY BENEFITS!**

### Electing Benefits

Some benefits may already be marked as completed; these are typically group benefits that you cannot waive. To see plan details, click **"View Information"**.

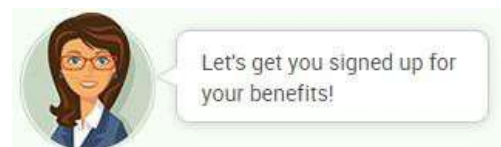
Most benefits will require you to make a choice.

If you know you want to waive, click **"I don't want this benefit (waive)"**.

To explore plan options and possible enroll, click **"View Plan Options"**.

Follow the instructions for each benefit plan to make your choices.

Some plans may allow you to utilize a tool called Ask Emma to help you decide whether to enroll and which plan may best fit your needs. Look for:



You can also click 'View Plan Details' to access more plan documents for a full understanding of each plan.

In addition, each benefit plan type provides helpful FAQs to teach you more about a benefit.

## Completing Your Enrollment

When you have made all your benefit selections, click “**Continue**”.

You will be prompted to elect beneficiaries for your certain benefits. Make sure to designate one Primary Beneficiary. Secondary Beneficiary are optional.

On the next screen, review your elections and read the enrollment agreement notice.

Check the “**I agree, and I am finished with my enrollment**”. This is your electronic signature.

Click “**Complete Enrollment**”.

Once enrollment is complete, you can view and print your Confirmation Statement and review any reminders for pending enrollments.

## Additional Site Features

### Home Page

**Tour:** When you take the tour, you can see all the panels available to you on your homepage.

### My Benefits

**Current Benefits:** Click here to see a detailed statement of all your benefits.

**New Elections:** If there is a current enrollment event, your new selections are displayed in a statement on this page.

**Life Event:** Having a baby? Getting Married? You can use this function to change your benefits based on the life event that you choose. This will pend for HR approval. Additional documentation may be required for proof of your life event.

### My Profile

**Personal/Family Information:** If you need to update demographic information for yourself or a family member, you can do it here.

**Beneficiaries:** Keep your life insurance beneficiaries updated here.

### Mobile Compatibility

**Application:** In the app store, you can download the ‘bswift’ app. Our company code is **PATCOOK**.

**Mobile Site:** This website is mobile compatible if you go to <https://patcook.bswift.com> or there is a link to the site in the bswift app. You can use the full functioning site through your phone.

### Library

**Content:** To view plan documents and additional information provided from your HR Department, click the **Library** link in the top navigation. The library provides you with Summary of Benefits, Forms, and additional information as well as quick links to websites that you may use frequently.

**Help:** Comprehensive FAQs are provided to help you with all aspects of the software and answer many questions you may have.

**Please Note:** The federally required *Summary of Benefits and Coverage* documents for each plan are posted in the library as well as the *Exchange Notice*. These documents are also located on your Home Page under the Affordable Care Act panel.



# Changes Outside of Open Enrollment



**Unless you have a qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period.** The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. If you experience a qualified “change in status,” you must make any associated enrollment or benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if you or your dependent’s Medicaid/Children’s Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

**Qualified changes in status include:** Change in legal marital status; Change in number of dependents; Change in employment status of employee, spouse, or dependent; A dependent newly satisfies or ceases to satisfy eligibility requirements; Change in place of residence; Loss of certain other health coverage; Court judgment, decree, or order; Medicare or Medicaid entitlement; Significant cost or other coverage changes; Family Medical Leave Act (FMLA) leave of absence; Reduction of hours; Exchange/Marketplace enrollment. Please note that there are several conditions and/or limitations that apply to the events listed above. **Please contact Human Resources if you have any questions or believe that you may qualify for an election change.**

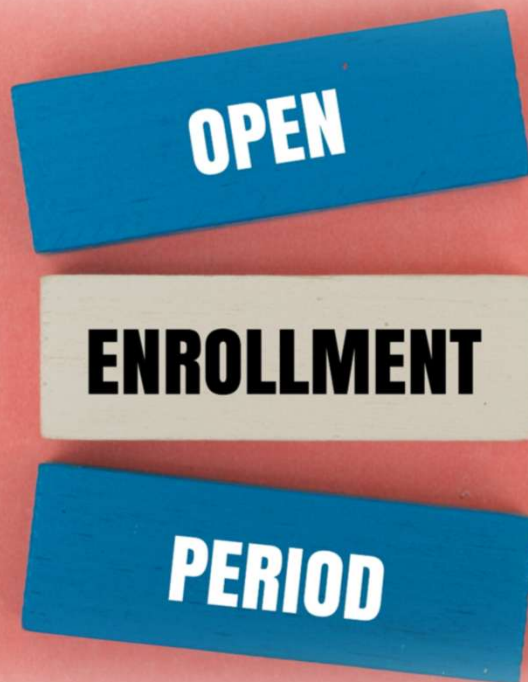


# Annual Open Enrollment

During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made outside of the annual enrollment period if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your plan options.

Elections you make during open enrollment will become effective **January 1, 2026**. This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

*If you do not complete your enrollment during your designated window, you may not be able to enroll or make changes unless you experience a qualifying event, or until the next open enrollment period.*



# Questions?

Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Account Manager at Brown & Brown Insurance who will be able to assist you with all things related to your benefits. Your Account Manager will be working in conjunction with the Human Resources Department so that benefit needs are addressed in a timely fashion.

Annette Purcell - Account Executive  
(702) 874-3802  
[annette.purcell@bbrown.com](mailto:annette.purcell@bbrown.com)

Shannon Fischer - Account Coordinator  
(702) 990-7085  
[shannon.fischer@bbrown.com](mailto:shannon.fischer@bbrown.com)

Kelli Sponseller - Human Resources  
(702) 220-5722  
[kelli@patriotcontractorslv.com](mailto:kelli@patriotcontractorslv.com)

Carol Burpee - Human Resources  
(702) 220-5722  
[cburpee@patriotcontractorslv.com](mailto:cburpee@patriotcontractorslv.com)

Plan	Carrier	Phone	Website
Medical	Allied/Anthem	See the back of your ID Card	<a href="http://www.alliedbenefit.com">www.alliedbenefit.com</a>
Surgical & Advanced Imaging, Savings Program	Valenz Health	(877) 438-5479	<a href="http://www.surgicalimaging.valenzhealth.com">www.surgicalimaging.valenzhealth.com</a>
Cancer Support Program	CancerCare	(877) 640-9610	<a href="http://Cancercareprogram.com">Cancercareprogram.com</a>
Wellness Discount Program	HUSK Marketplace HUSK ID: H500508	(800) 294-1500	<a href="http://marketplace.huskwellness.com">marketplace.huskwellness.com</a>
Dental & Vision	Ameritas	(800) 659-2223 EyeMed: (866) 289-0614	<a href="http://www.ameritas.com">www.ameritas.com</a>
Life and AD&D, Disability, Hospital Indemnity, Critical Illness, Accident Insurance	Lincoln Financial	(800) 423-2765	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>

Any questions regarding **open enrollment** should be directed to a Call Center Representative. Scan the QR code on the right or click the link to go to your OE Help Page!



<https://patriot.benefitsinfo.com/>



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# Medical Plan



The medical plan is arranged through **Allied**.

**Preferred Provider Organization (PPO) Plans** allow you to choose to see PPO providers or non-network providers. When you use a provider who participates in the **Anthem** Network(s), your out-of-pocket expenses for covered services will be lower. Therefore, it is to your advantage to use PPO providers, but it is not required.



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# Medical Plan

## Allied / Anthem

Benefits Comparison	In-Network		Out-of-Network	
Calendar Year Deductible (CYD) - Individual   Family	\$500	\$1,000	\$13,000	\$26,000
Coinsurance	20%		50%	
Calendar Year Out-of-Pocket Max - Individual   Family	\$8,150	\$16,300	\$24,450	\$48,900
Preventive Care	\$0 Copay		50% after CYD	
PCP   Specialist	\$30 Copay	\$60 Copay		
Virtual Visits	\$0 Copay			
Urgent Care	\$60 Copay			
Emergency Room	\$1,000 Copay		\$1,000	
Inpatient Hospital Stay	20% after CYD		50% after CYD	
Labs				
X-rays				
Prescription Drugs	Retail		Extended Retail	
Deductible	Not Applicable			
Tier 1	\$20 Copay		\$50 Copay	
Tier 2	\$50 Copay		\$150 Copay	
Tier 3	\$80 Copay		\$240 Copay	
Tier 4	30% up to \$500			
Mail Order	Tier 1: \$0 Copay Tier 2: \$125 Copay Tier 3: \$200 Copay			

## Pharmacy Network



# Vālenz Surgical & Imaging:

Quality Care, Close to Home at \$0 Cost\*

**Call (877) 438-5479 to get started**

As part of your employer benefits, you can schedule your surgical and imaging services at no cost. Our Care Navigation team will help you book your non-emergent surgery and imaging. With a nationwide network of 2,000+ locations, we'll help you choose a high-quality provider that best fits your needs and guide you through the process from referral to appointment.

## Getting Started is Easy:

- 01 Call:** Contact (877) 438-5479 before scheduling with an outside provider.
- 02 Referral Received:** Valenz receives your provider's order for review.
- 03 Confirm eligibility:** We'll verify your benefits and confirm order details with your provider.
- 04 Scheduling:** We'll suggest nearby options close to your home or work and assist in scheduling your appointment.
- 05 Receive your voucher:** We'll email you a voucher to show the facility instead of your insurance card on the day of your procedure.



## We're here to support you every step of the way!

\*\$0 Out-of-Pocket is subject to plan coverage requirements. To receive these benefits, members must schedule at the number provided; HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

## Common Procedures:

- |                |                    |            |                |
|----------------|--------------------|------------|----------------|
| • Ankle & Foot | • Elbow            | • Hip      | • Spine        |
| • Arthroscopy  | • Gastroenterology | • Imaging  | • Urology      |
| • Colonoscopy  | • General Surgery  | • Knee     | • Wrist & Hand |
| • ENT          | • Hernia Repair    | • Shoulder | • And More     |



To learn more or schedule a procedure, contact us at:

Phone: (877) 438-5479

Email: [nocostcare@valenzhealth.com](mailto:nocostcare@valenzhealth.com)

URL: [surgicalimaging.valenzhealth.com](https://surgicalimaging.valenzhealth.com)





**CancerCARE**

Right Care. Right Place. Right Time.

## What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

### Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

*Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.*

### Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

### National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.

### Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.







## Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

### YOUR LANDING PAGE:

**Marketplace.huskwellness.com/paretohealth**

Click on Activate Benefit to register for the program and unlock your discounts and exclusive offers. Be sure to use the provided "Eligibility ID" to register.

Have questions? Reach out to our Customer Support team at [customerservices@huskwellness.com](mailto:customerservices@huskwellness.com) or call 800-294-1500

As part of the HUSK Marketplace program, you are eligible for exclusive discounts on:



#### GYMS & FITNESS CENTERS

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.



#### HUSK NUTRITION

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietitian who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.



#### HOME EQUIPMENT & TECH

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.



#### ON-DEMAND FITNESS

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

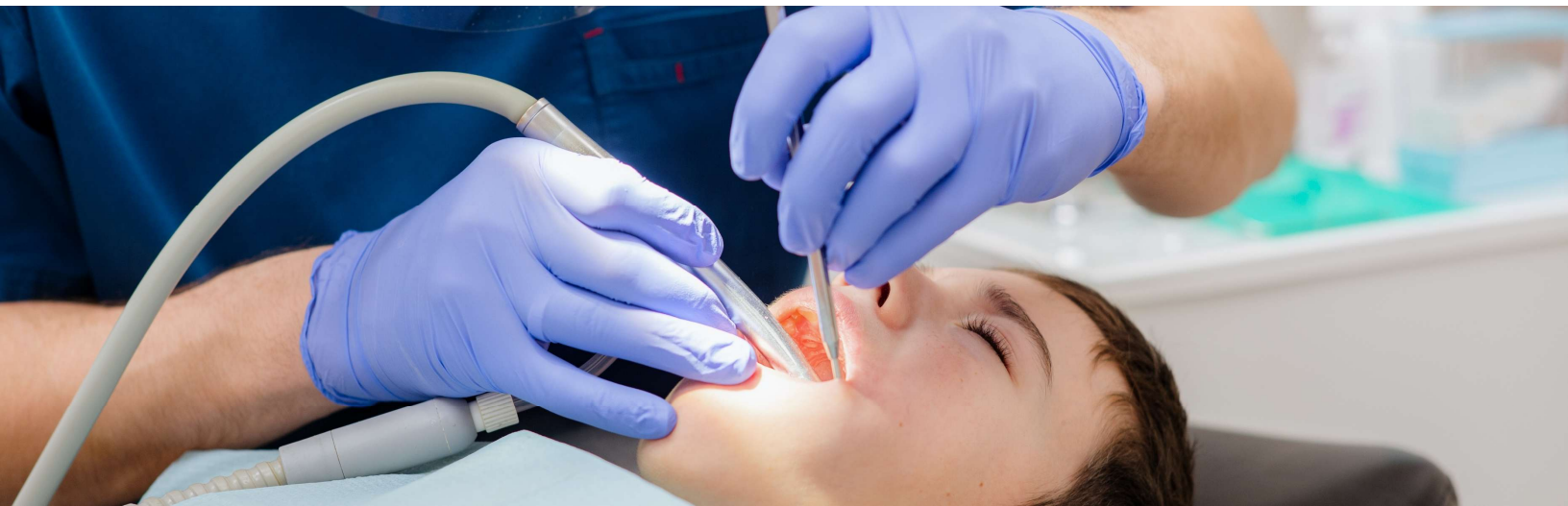


#### MENTAL HEALTH

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.



# Dental Plans



Ameritas

Benefits Comparison	
Network	
Coinsurance	
Preventive ( <i>Exams, Cleanings, &amp; Fluoride Treatments</i> )	
Basic ( <i>Fillings &amp; Simple Extractions</i> )	
Major ( <i>Crowns, Inlays, Bridges &amp; Dentures</i> )	
Waiting Period for Major Services	
Orthodontia	
Members Eligible for Orthodontia	
Waiting Period for Ortho	
Lifetime Orthodontic Maximum	
Calendar Year Deductible - Individual   Family	
Deductible Waived for Preventive Services	
Calendar Year Maximum	
Rollover/Carryover Maximum per Year	

In-Network	Out-of-Network
Classic and Plus	
100%	100%
90%	80%
70%	50%
None	
50%	50%
Children & Adults	
None	
\$1,000	\$1,000
\$50   \$150	\$50   \$150
Yes	Yes
\$1,500	\$1,500
\$350 / \$1,250	

Schedule of Benefits	
Endodontics (Root Canal)	
Periodontics (Gum Disease)	
Implants	
*Coinsurance based on complexity of procedure	

90%	80%
90%	80%
70%	50%

The dental plans are provided through **Ameritas**.

**Preferred Provider Organization (PPO) Plans** provide you with the freedom to use a dentist of your choice or access the PPO network of dentists. If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider’s charges and the allowed amount. It is recommended that any services in excess of \$300 be sent to **Ameritas** for pre-determination before services are rendered.

# Vision Plans



## Ameritas

### In-Network Benefits Comparison

#### Network

<b>Vision Examination Copay</b>
Lenses Copay - Single, Bifocal, Trifocal Lenses & Lenticular
<b>Frame Allowance</b>
<b>Medically Necessary Contact Lenses Copay</b>
Elective Contact Lenses in lieu of lenses/frames

#### EyeMed

\$10 Copay
\$25 Copay
\$150 + 20% off Remaining Balance
Covered after Copay
\$150 Allowance

### Out-of-Network Benefits

**See Benefit Summaries for details**

### Benefit Frequency

<b>Exams</b>
<b>Lenses/Contacts</b>
<b>Frames</b>

### Once Every

12 Months
12 Months
12 Months

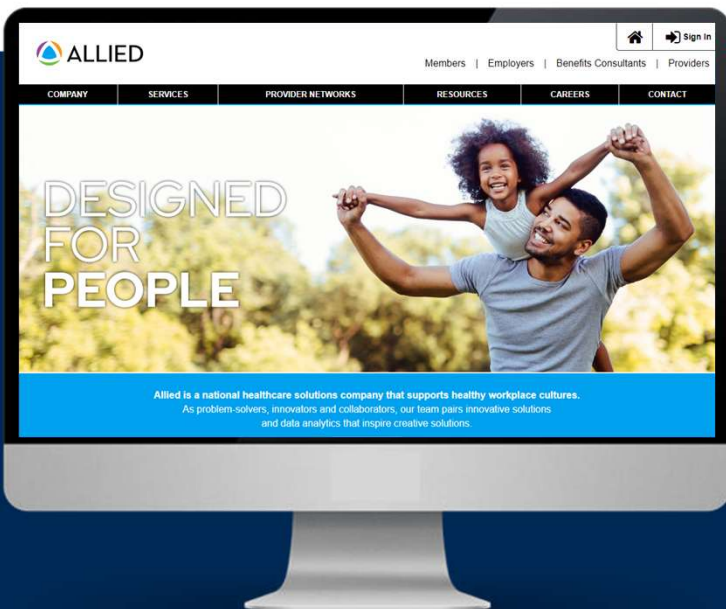
The vision plan is provided through **Ameritas**.

The vision plan provides you with the freedom to use an eye doctor of your choice or access the **EyeMed** vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply, and benefits will be paid according to a set benefit reimbursement schedule.



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# How to Locate A Provider



## Medical – Allied/Anthem

[www.alliedbenefit.com](http://www.alliedbenefit.com)

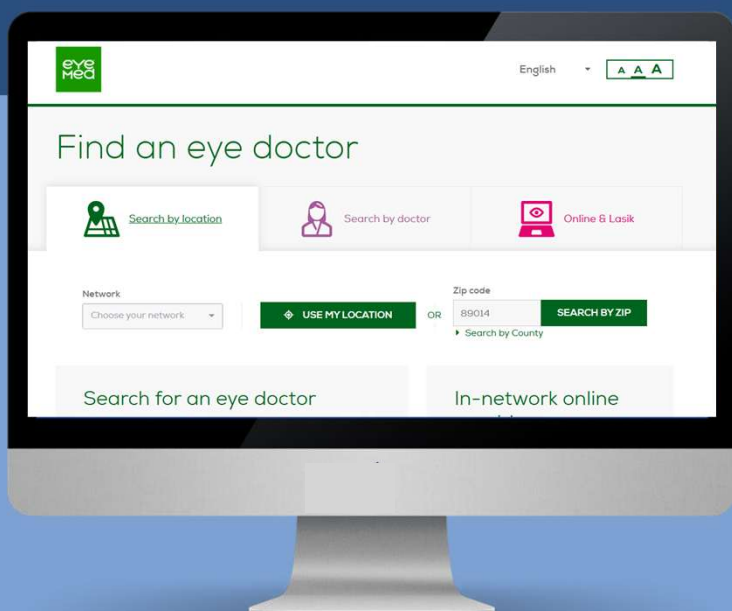
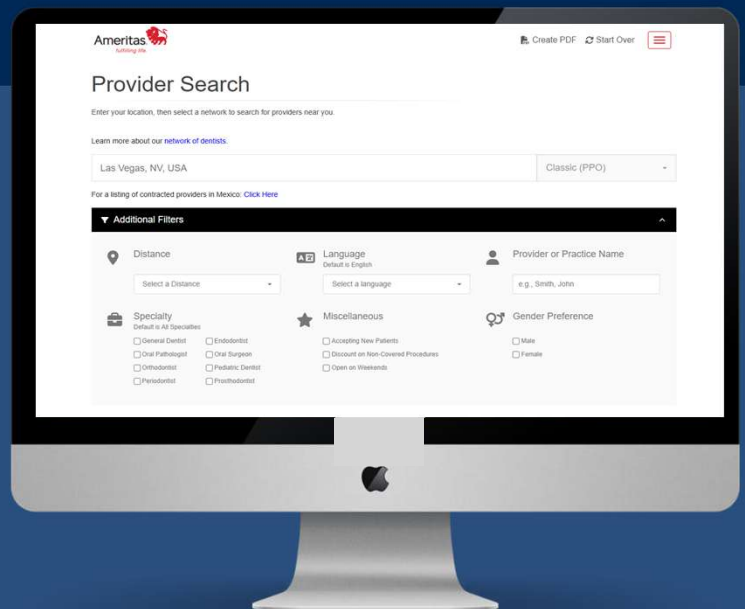
- Click on “**Provider Networks**”
- Select Anthem
- You are encouraged to Log In as a member, or you may search as a guest
- Select the type of care – **Medical or Pharmacy**
- Select your state
- For the type of plan, choose “**Medical (Employer-Sponsored)**”
- For Plan/Network, select “**Traditional PPO**”



## Dental - Ameritas

[www.dentalnetwork.ameritas.com](http://www.dentalnetwork.ameritas.com)

- Enter Zip Code
- Select Classic & Plus Network
- Narrow search using additional filters



## Vision – Ameritas/EyeMed

[www.eyedoclocator.eyemedvisioncare.com](http://www.eyedoclocator.eyemedvisioncare.com)

- Search by Zip Code or Current Location



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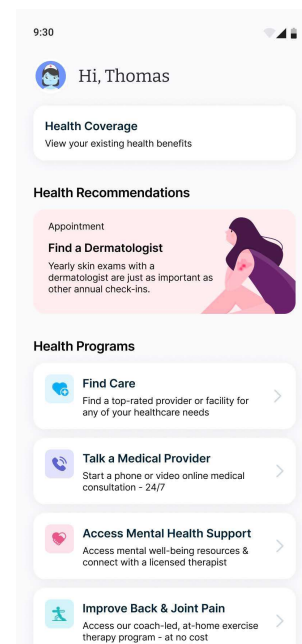
# HealthJoy Makes it Easier to be Healthy and Well.



HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

## Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



**BENEFITS  
WALLET**



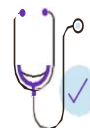
**HEALTHCARE  
CONCIERGE**



**RX SAVINGS  
REVIEW**



**APPOINTMENT  
BOOKING**



**PROVIDER  
RECOMMENDATIONS**



**HSA / FSA  
SUPPORT**

“

It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!

”

Veronica, AZ



**Chat with us today by logging into the  
HealthJoy app or call (877) 500-3212**





# Features and Services to Support Your Healthcare and Benefits Journey

## 24/7 Healthcare Concierge

Our concierges are available around the clock to support you with questions about your benefits and many additional services, including:



### **Provider and Facility Recommendations**

Our concierge will extensively research every recommendation and call to confirm in-network participation and availability. We will direct you to the highest-quality, fair priced, and most convenient facilities based on your specific situation and preferences.



### **Appointment Booking**

We can help confirm provider availability and schedule appointments on your behalf based on your preferences.



### **Health Cost Estimation**

We provide cost and quality transparency that makes shopping for medical services simple.



### **Prescription Savings Review**

Rx costs can skyrocket so we use several savings strategies to help you find lower-cost medication alternatives, saving you real dollars.



### **Resolve Claim Issues**

Our concierge team can provide advice or assistance to members filing a complaint with the insurance provider or seek clarity on how a claim was filed and processed.



### **Dental and Vision Assistance**

We can help you with your dental and vision needs, like finding providers, making appointments, explaining benefits and more.



### **Answer Benefits Questions**

Our concierges can help with general questions about your health plans, other benefits, and more.

Disclaimer: While HealthJoy is not your insurance, we are here to help you navigate the system and understand your benefits. At times we may need to contact your insurance to help with your request but we take the burden off of you to do the research. Also, some providers may not provide information directly to HealthJoy as a third party and we'll let you know if that happens so you can work directly with the provider.

# Voluntary Life and AD&D Insurance

Voluntary Life and AD&D Insurance is arranged through **Lincoln Financial**. You have the option of purchasing additional Life Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on your insurance age and amount of coverage you select. Age-related cost adjustments will occur on the policy anniversary date. You must elect coverage for yourself to cover your spouse/children.



## Lincoln Financial Group

Schedule of Benefits		Coverage Details	
Class Description		All Eligible Employees	
Employee Benefit		\$10,000 up to \$500,000; Max: 5x Annual Earnings	
Increments		\$10,000	
Guarantee Issue (GI)		\$150,000	
Reduction of Benefits		Reduces by 35% at age 65, 50% at age 70	
Spouse Benefit		\$5,000 up to \$250,000; not to exceed 50% of EE Amount	
Increments		\$5,000	
Guarantee Issue (GI)		\$30,000	
Reduction of Benefits		Reduces by 35% at age 65, 50% at age 70	
Child(ren) Benefit		\$20,000	
Benefit Schedule		0 - 6 Months	\$1,000
		6 Months - 19 (26 if Full-time Student)	\$20,000

Policy Provisions		
Waiver of Premium		Included
Portability		Included
Conversion		Included
Accelerated Death Benefit		Included



# Voluntary Short-Term Disability Insurance



**Voluntary Short-Term Disability (STD)** Insurance is arranged through **Lincoln Financial**. To protect your income, both Hourly and Salaried Team Members can purchase STD insurance. Short-term disability can help you pay your bills if an injury or illness keeps you out of work for several weeks.

## Lincoln Financial Group

Schedule of Benefits	Coverage Details
Class Description	All Eligible Employees
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Elimination Period - Accident   Illness	7 Days   7 Days
Benefit Duration	25 Weeks

Policy Provisions	
Limitations	
Definition of Disability	Own Occupation
Coverage Type	Non-Occupational
Pre-Existing Condition Limitation	3 Months Prior / 12 Months Insured

# Voluntary Long-Term Disability Insurance

**Long-Term Disability (LTD)** Insurance is arranged through **Lincoln Financial**. Long-term disability replaces a portion of your income should you become injured or ill for an extended period of time.

## Lincoln Financial Group

Schedule of Benefits	Coverage Details
Class Description	All Eligible Employees
Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Elimination Period	180 Days
Benefit Duration	Up to 5 Years

Policy Provisions	
Limitations	
Definition of Disability	Own Occupation
Coverage Type	Off-the-Job Only
Pre-Existing Condition Limitation	3 Months Prior / 12 Months after Insured





The resources  
you need to  
meet life's  
challenges



*EmployeeConnect*<sup>SM</sup> offers professional, confidential services to help you and your loved ones improve your quality of life.



## In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- Up to five in-person sessions with a counselor per person, per issue, per year<sup>1</sup>
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings



## Unlimited 24/7 assistance

You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law<sup>2</sup>
- Financial guidance on household budgeting and short- and long-term planning



## Online resources

*EmployeeConnect* offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit [GuidanceResources.com](http://GuidanceResources.com) or download the *GuidanceNow*<sup>SM</sup> mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

<sup>1</sup> In California, up to three sessions in six months, starting with initial contact by the employee.

<sup>2</sup> Services aren't included for employment law issues.

## *EmployeeConnect*<sup>SM</sup>

### EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help available 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

We partner with your employer to offer this service at no additional cost to you!



## *EmployeeConnect* counselors are experienced and credentialed.

When you call the toll-free number, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use. Registration/Access code to register for an account is: **1095645**



### Take advantage of *EmployeeConnect*

To learn more, visit [GuidanceResources.com](http://GuidanceResources.com).

New users click Register (web ID: LFGSupport)

Follow the prompts to create your username and password

Don't forget to download the GuidanceNow<sup>SM</sup> mobile app.

For telephonic assistance, please call 888-628-4824.

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[LincolnFinancial.com](http://LincolnFinancial.com)

LCN-8119987-062725

MAP ADA 8/25 Z08

Order code: LTD-EAPEE-FLI001



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Product availability and/or features may vary by state. Limitations and exclusions apply.

## *EmployeeConnect*<sup>SM</sup>

### EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit [GuidanceResources.com](http://GuidanceResources.com).  
New users click Register (web ID: LFGSupport)
- Download the GuidanceNow<sup>SM</sup> mobile app.
- Call 888-628-4824.



COMPSYCH<sup>®</sup>  
GuidanceResources Worldwide



# Evidence of Insurability (EOI)

Complete EOI at [LincolnFinancial.com](https://LincolnFinancial.com) or on the Lincoln Financial Mobile app



## What is EOI and when is it needed?

EOI is the information we use to determine your eligibility when you're purchasing insurance. We require EOI if you're:

- Buying an insurance amount higher than the guaranteed issue amount for your plan
- Already enrolled and want to increase coverage



## Get started

1. Log in to **LincolnFinancial.com** or the **Lincoln Financial Mobile app**. First-time user? Register using company code **1095645**. Follow the registration steps by entering the requested personal information, completing identity verification, and setting up a username and password.
2. Your information may pre-populate on Lincoln's portal. Review it and ensure that the portal is displaying the correct coverage type you're applying for. If you have questions, please contact your human resources representative.
3. Select **Complete Evidence of Insurability**.
4. Answer questions about you (and family members, if applicable), including:
  - General applicant information, such as birthdate, height, and weight
  - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a medical condition
  - Medical questions — if you or other applicants have a health condition, we may need more information, such as the name, diagnosis date, and treatments.
5. Review your responses, then electronically sign and submit your application. Save your confirmation.

## Submitting EOI made easy

-  **Minimal questions**  
Lincoln's online questionnaire adjusts to your responses so you only answer questions relevant to you.
-  **Guided support**  
Simple tips and search-as-you-type features help you choose quick and appropriate responses.
-  **Instant confirmation**  
You'll receive an email confirming your application and in some cases, you may be automatically approved.

Because life  
doesn't always  
go as planned



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to *LifeKeys*® services from Lincoln.

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*LifeKeys* services include:



Discounts on shopping and entertainment

*GuidanceResources*® Online includes access to the Working Advantage discount network, available 24 hours a day, seven days a week. Save up to 60% on a variety of products and services, including electronics, health and fitness, Broadway shows, and much more.

Discounts are also available in the *GuidanceNow*™ mobile app, available in the Apple and Google app stores.



Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on *GuidanceResources* Online. Stay informed on matters that impact your personal and professional life.



Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes online resources for information to help you recognize and prevent identity theft and restore your good name should your identity be compromised.



Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who'll receive your property and assets after you pass away. Without a will, state officials will distribute your estate. *EstateGuidance*® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



Guidance and support for your beneficiaries

*LifeKeys* is a comprehensive program that offers resources to help your loved ones address a range of common concerns should they experience a loss. Services include grief counseling, financial and legal advice, and support when coping with the challenges of day-to-day life.

Services are detailed on Page 2.



Your life and accidental death and dismemberment (AD&D) insurance policies include access to a variety of services to help you and your loved ones navigate life's most important matters.

## Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

### Grief counseling —advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

### Legal support —access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

### Financial services —online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

### Help with everyday life —comprehensive information on:

- Finding child or elder care
- Financing a home
- Moving and relocation
- Making major purchases



To access *LifeKeys* services, visit [GuidanceResources.com](https://GuidanceResources.com), download the *GuidanceNow*<sup>SM</sup> mobile app, or call 855-891-3684. First-time users enter web ID: *LifeKeys*

Download the app today!



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[LincolnFinancial.com](https://LincolnFinancial.com)

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MAP 12/23 Z05

Order code: LFE-LKEYE-FLI001



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App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

# Voluntary Accident Insurance

Voluntary accident insurance is arranged through **Lincoln Financial**. Accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

## Lincoln Financial Group

Schedule of Benefits	Coverage Details	
<b>Benefits</b>		
Emergency Room	\$300	
Urgent Care	\$200	
Physician Office Visit	\$200	
Ambulance (Air/Ground)	\$1,500	\$300
<b>Specified Injuries</b>		
Burn (Minimum/Maximum)	\$500	\$10,000
Dislocation (Surgical/Non-Surgical)	Up to \$6,750	Up to \$3,375
Fracture (Surgical/Non-Surgical)	Up to \$9,000	Up to \$4,500
Coma	\$12,000	
Concussion	\$200	
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>		
Employee	\$50,000	
Spouse	\$25,000	
Child(ren)	\$12,500	
<b>Additional Benefits &amp; Policy Provisions</b>		
Coverage Type	24-hour (on and off-the-job)	
Annual Wellness Screening Benefit	\$50	
Portability	Included	



# Voluntary Critical Illness Insurance

Voluntary critical illness insurance is arranged through **Lincoln Financial**. Voluntary critical illness insurance provides a fixed, lump- sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

## Lincoln Financial Group

Schedule of Benefits	Coverage Details			
Benefits	Minimum	Maximum	Increments	Guarantee Issue
<b>Employee</b>	\$10,000	\$30,000	\$10,000	\$30,000
<b>Spouse</b>	\$5,000	50% of EE Benefit	\$5,000	\$15,000
<b>Child(ren)</b>	25% of Employee Benefit			
<b>Covered Conditions</b>	<b>Benefit Amount</b>			
ALS (Lou Gehrig's Disease)	100%			
Alzheimer's Disease	100%			
Cancer (Invasive)	100%			
End-Stage Renal Failure	100%			
Heart Attack	100%			
Multiple Sclerosis	100%			
Parkinson's	100%			
Skin Cancer	\$1,000			
Stroke	100%			
<b>Additional Benefits</b>				
Annual Wellness Screening Benefit	\$50			
Reduction of Benefits	Not Applicable			
Portability	Included			
Pre-Existing Condition Limitation	None			



# Voluntary Hospital Indemnity Insurance

Voluntary hospital indemnity insurance is arranged through **Lincoln Financial**. Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

Lincoln Financial Group

Schedule of Benefits	Coverage Detail
<b>Benefits</b>	
Hospital/ICU Admission (per confinement)	\$500   \$500 (1 Day per Year)
Hospital Confinement (per day)	\$100 (Up to 30 Days)
Hospital Intensive Care (per day)	\$100 (Up to 30 Days)
<b>Additional Benefits &amp; Policy Provisions</b>	
Annual Wellness Screening Benefit	\$50
Portability	Included
Pre-Existing Condition Limitation	None





# Employee Contributions

The Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for **medical, dental and vision** will be made with pre-tax dollars. You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.” You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources for a waiver form if you elect to pay for your benefits with after-tax dollars.

Medical Plan Weekly Employee Contributions	
Coverage Level	Allied/Anthem
Employee Only	\$0.00
Employee & Spouse	\$110.00
Employee & Child(ren)	\$70.00
Employee & Family	\$175.00

Dental Plan Weekly Contributions	
Coverage Level	Ameritas Dental
Employee Only	\$0.00
Employee & Spouse	\$5.12
Employee & Child(ren)	\$8.19
Employee & Family	\$14.82

Vision Plan Weekly Contributions	
Coverage Level	Ameritas Vision
Employee Only	\$0.00
Employee & Souse	\$1.02
Employee & Child(ren)	\$1.06
Employee & Family	\$2.35



# Important Notices

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## **Certificate of Creditable Coverage**

You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage from the plan, you may be subject to pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage if you are age 19 or older.

## **Health Insurance Portability and Accountability Act (HIPAA)**

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Privacy Practices is available for medical, dental, and vision plans from Human Resources.

## **Newborns' and Mothers' Health Protection Act**

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

## **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

## **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 702-910-3958.

## **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - Prostheses; and
  - Treatment of physical complications of the mastectomy, including lymphedema.
- Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact HR at 702-910-3958.

## **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier. For additional information, contact your plan administrator at 702-910-3958.

# Fact Sheet



U.S. Department of Labor  
Employee Benefits Security Administration

## Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

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

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available in the publication [Your Rights After A Mastectomy.](#)

Information for group health plans and employers on WHCRA and other health benefit law requirements is available in the publication [Compliance Assistance Guide – Health Benefits Coverage Under Federal Law.](#)

This fact sheet has been developed by the U.S. Department of Labor, Employee Benefits Security Administration, Washington, DC 20210. It will be made available in alternate formats upon request: Voice telephone: 202-693-8664; TTY: 202-501-3911. In addition, the information in this fact sheet constitutes a small entity compliance guide for purposes of the Small Business Regulatory Enforcement Fairness Act of 1996.

## **Important Notice from Patriot Contractors 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 Patriot Contractors 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. Patriot Contractors has determined that the prescription drug coverage offered by the group medical plans, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
- 

### **When Can You Join A Medicare Drug Plan?**

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

**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.**

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



## **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 Patriot Contractors coverage may be affected.

If you do decide to join a Medicare drug plan and drop your Patriot Contractors 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 Patriot Contractors and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

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

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

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

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

**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:	1/1/2026
Name of Entity/Sender:	Patriot Contractors
Contact--Position/Office:	Carol Burpee, Human Resources
Address:	2590 Nature Park Dr. Suite #200 North Las Vegas, Nevada 89084
Phone Number:	(702) 220-5722

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

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

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

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>



MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

## Notes

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# Employee Benefits & Enrollment Guide

Prepared for:

**PATRIOT**  
CONTRACTORS

&



By your insurance consultants at:

 **Brown & Brown**

*This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.*

*Thank you*



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