

Conga Corporation Benefit Guide 2025

A background image of a surfer riding a wave. The surfer is wearing a blue helmet and a black wetsuit, with their arms outstretched. The water is blue and white with foam, and the sky is a pale, hazy blue.

**2025 BENEFITS OPEN ENROLLMENT: NOVEMBER
4 – NOVEMBER 22, 2024**

Open Enrollment Begins (11/4/24)

Now Is the Time to Focus on You.

Your physical, emotional and financial health are important, especially during challenging times. Conga cares about you and your overall well-being, that's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2025 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans and choose what works best for you.

Be Ready for Enrollment

Conga provides a full range of benefits that address your needs now and in the future.

For Your Health

- Medical and prescription drug insurance
- Telemedicine
- Health advocacy
- Health savings account (HSA)
- Dental insurance
- Vision insurance
- Flexible spending accounts (FSAs)
- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance
- Wellness program

For Your Wealth

- Short-term disability insurance (STD)
- Long-term disability insurance (LTD)
- Basic life and accidental death and dismemberment (AD&D) insurance
- Supplemental life and accidental death and dismemberment (AD&D)

For Your Lifestyle

- Identity theft insurance
- Pet insurance
- Employee assistance program (EAP)
- Retirement 401(k) savings plan
- Fertility benefits

Employee benefits will rollover to 2025 if you do not take any action. **Our supplemental medical plans (Critical Illness and Accident Protection) will be moving to Cigna and you will automatically be re-enrolled in the Cigna Critical Illness and Accident Protection if you do not take any action. Your tax savings plans (FSA, HSA, and Transit) will not automatically rollover so you must take action.** Your new elections made during Open Enrollment will become effective 1/1/2025.

What's Changing for 2025?

Introducing the following new benefits:

- Cigna is replacing Aetna as our new supplemental medical plans (Accidental, Critical Illness, Hospital Indemnity) carrier.
- We are adding Hospital Indemnity coverage through Cigna.
- The Health Savings Account (HSA) contribution maximum is increasing to \$4,300 ind. / \$8,550 fam.
- The Healthcare and Limited Purpose Flexible Spending Account (FSA) contributions are increasing to \$3,300 and the FSA carryover is increasing to \$660. Commuter benefits are increasing to \$325.
- The lens copays on our vision plan is reducing from \$25 to \$20.
- Payroll deductions are changing. Visit mybenefits.conga.com to review new deductions.
- Per IRS regulations, the Out-of-Pocket Maximum deductible is going from \$3,500 ind. / \$7,000 fam. to \$3,600 ind. / \$7,200 fam. on the High Deductible Health Plan
- Carrot Fertility benefit will be increasing from \$10,000 to \$15,000 per year and lifetime.

Domestic Partner Coverage

Domestic partners are eligible to enroll as dependents in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. A domestic partnership is different than a marriage with an individual of the same-sex. A same-sex spouse is a federal tax dependent for group health plan purposes; whereas a domestic partner often is not. If you cover a domestic partner, a domestic partner's child or another person who is not considered an IRS tax dependent for group health plan purposes, Conga is required to report income for you that reflects the value of coverage for tax-reporting purposes by IRS. This is known as imputed income. You will receive a W-2 annually for the value of coverage for any dependent who is not an IRS tax dependent.

Enrollment Information

Do I Need to Enroll?

No, if you are currently enrolled in benefits this year you do not need to reenroll in order to ensure coverage for the 2025 calendar year. However, you will not be automatically enrolled in any pre-tax accounts (HSA or FSA) so you must re-elect these plans if you wish to contribute.

When Can I Enroll?

Benefits-Eligible Employee:

- As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period.
- Annual Open Enrollment is November 4 – November 22, 2024, with your benefit choices being effective January 1, 2025. Our benefit plan year is January 1st to December 31st.

New Employee:

- If you're enrolling as a new employee, you become eligible for benefits on your date of hire (DOH) and must enroll within 30 days from your date of hire to have coverage for the rest of the plan year.
- You will also need to enroll for the next plan year's benefits during the open enrollment period.

Who We Cover

Employees:

- Employees who work 20 hours per week or more are eligible for the benefits described in this guide.

Dependents:

- Your legal spouse or domestic partner. If enrolling a domestic partner, please complete an affidavit of domestic partnership.
- Your children up to age 26 (children may include biological, adopted, step-children, and children for whom you have legal guardianship).
- Your children over age 26 who are not able to support themselves due to a physical or mental disability.

Gathering Information for Enrollment:

Be prepared for your enrollment season by gathering information for yourself, your dependents and your life insurance beneficiaries.

You will need:

- Full Names
- Dates of birth
- Social Security numbers



How to Enroll

1) Evaluate

- **Coverage:** Evaluate your coverage options for all dependents who meet eligibility requirements.
- **Consider expenses:** Review your past expenses to help plan for your future needs. Don't forget to also look at possible future expenses. Are you having a baby, considering surgery, or in treatment for a chronic condition? Estimate the level of health care you may need in the upcoming to cover planned or unforeseen medical expenses.

2) Review options

Review this benefit guide and go to **mybenefits.conga.com** to compare your available options. Each plan is different, and it is important to look at each plan design to see which one is best for you.

3) Enrollment

- **Online:** All enrollments are completed in Workday. Resources such as the SBC, FAQs, links to carriers, etc. can be found at **mybenefits.conga.com** site.

Medical Benefits

Coverage provided by Kaiser Permanente & Cigna

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

SCHEDULE OF BENEFITS		Kaiser CO HMO	Kaiser CA HMO	CIGNA OAP 750		CIGNA OAP HDHP 2000	
		IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual/ Calendar Year Deductible	Individual	\$0	\$0	\$750	\$1,000	\$2,000	\$4,000
	Individual with Family Coverage	N/A	N/A	N/A	N/A	\$3,200	\$6,400
	Family	\$0	\$0	\$1,500	\$2,000	\$4,000	\$8,000
Out-of-Pocket Maximum ¹	Individual (includes deductible)	\$1,500	\$1,500	\$3,500	\$7,000	\$3,600	\$7,000
	Individual with Family Coverage	N/A	N/A	N/A	N/A	\$3,600	\$7,000
	Family (includes deductible)	\$3,000	\$3,000	\$7,000	\$14,000	\$7,200	\$14,000
Coinsurance (portion you pay)		0%	0%	20%*	40%*	20%*	40%*
Physician Services	Preventive Care Visit	Covered 100%	Covered 100%	Covered 100%	40%*	Covered 100%	40%*
	Office Visit	\$20	\$20	\$20	40%*	\$20	40%*
	Specialist Visit	\$35	\$35	\$20	40%*	\$20	40%*
Telemedicine		No cost	No cost	\$20	Not Covered	20%*	Not Covered
Chiro & Acupuncture		\$20 copay (limit 20 visits)	\$15 copay (limit 20 visits)	\$20 (limit 30 days chiro/20 days acupuncture)	40%* (limit 30 days chiro/20 days acupuncture)	20%* (limit 30 days chiro/20 days acupuncture)	40%* (limit 30 days chiro/20 days acupuncture)
Lab & X-ray Services		\$0	\$0	20%*	40%*	20%*	40%*
Inpatient Hospital Services (per admission)	Inpatient	\$250 per admit	\$250 per admit	20%*	40%*	20%*	40%*
	Outpatient	\$250 per copay	\$35 per procedure	20%*	40%*	20%*	40%*
Emergency Care		\$250 per admit	\$100 per admit	20% after \$250 copay		20% coinsurance	
Urgent Care		\$20	\$20	\$20	40%*	20%*	40%*
SEMI-MONTHLY PAYCHECK DEDUCTIONS ²							
Employee Only		\$40	\$42.50	\$77.50		\$44	
Employee + Spouse		\$115	\$117.50	\$200		\$125	
Employee + Child(ren)		\$87.50	\$90	\$165		\$92.50	
Family		\$155	\$157.50	\$267.50		\$160	
¹ Includes all copays and deductibles. ² Per Paycheck Costs is based semi-monthly refer to Workday for weekly deduction amounts. Note: actual costs may vary slightly due to rounding							
*After deductible. Medical Waiver <ul style="list-style-type: none">Are you already covered on another health plan outside of Conga?You have the option to decline medical coverage.You will receive a \$100 medical waiver reimbursement per month.							

Prescription Drug Benefits

Coverage provided by Kaiser Permanente & Cigna

Prescription coverage is included in your medical plan. Your prescription plan details are as follows:

PRESCRIPTION DRUGS	Kaiser CO HMO	Kaiser CA HMO	CIGNA OAP 750		CIGNA OAP HDHP 2000	
	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Retail (30-Day Supply)						
Generic	\$10	\$10	\$5	20% Coinsurance	\$10	20% Coinsurance
Preferred Brand	\$20	\$35	\$25		\$30	
Non-preferred Brand	\$35	N/A	\$40		\$50	
Specialty	20% up to \$250	\$35	\$45		N/A	N/A
Mail Order (100-Day Supply)			Mail Order (90-Day Supply)			
Generic	\$ 20	\$20	\$10	Not Covered	\$20	Not Covered
Preferred Brand	\$ 40	\$70	\$50		\$60	
Non-preferred Brand	\$70	N/A	\$80		\$100	
Specialty	30% up to \$250	\$35	\$45		N/A	

Rightway Advocacy

Employees have access to your own “Personal Health Advocate.” This program will aid in finding the best doctors and hospitals, scheduling timely appointments (especially with specialist physicians), and obtaining services for your elderly parents. The program also offers assistance when faced with serious illness or injury, as well as claims and billing issues. Find more information at <https://www.rightwayhealthcare.com/>, or call **1-305-851-7310**.

Telemedicine

Coverage provided by Cigna and Kaiser

When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, video visits are available through Cigna and Kaiser. These can be done in just minutes with no travel time. It's quick, convenient, and saves you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

Get Care for:

- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies and rashes
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Trauma and grief counseling
- Insomnia, depression, and mood swings

To learn more, visit mycigna.com and kp.org. Make an appointment today by downloading the Cigna or Kaiser app

Controlling Health Care Costs

With the rising cost of health insurance, keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use **network providers**.
You will receive a higher level of benefits if you use providers who participate in the network.



Request **generic** rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your **family physician** rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a **proper diet**. The healthier you are, the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

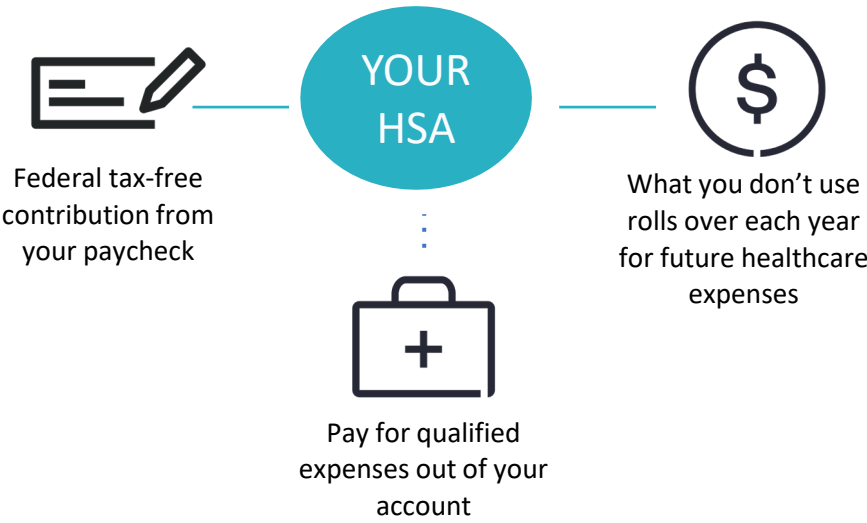
Health Savings Account (HSA)

Administered by Inspira Financial

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants. Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

You can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages.

Being enrolled in the High-Deductible Health Plan (HDHP) does not automatically open a Health Savings Account. You still need to enroll in a Health Saving Account separately through Inspira Financial.



HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

Important!

When enrolling in an HSA and/or FSA, be sure to coordinate with other coverage that you may be enrolled in. For example, if you are enrolled in your spouse's HDHP with HSA, enrolling in a Health Care FSA through Conga may cause a tax issue. When in doubt, talk to your tax advisor.

Keys to Growing Your HSA

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL CONGA CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMMOUNT
Employee Only Coverage	\$4,300	\$500	\$3,800
Family Coverage	\$8,550	\$1,000	\$7,550

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional \$1,000.

Flexible Spending Accounts (FSAs)

Administered by Inspira Financial

Reduce your tax bill while putting aside money for health care, Dependent Day Care, and transportation needs. Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Conga offers 3 types of accounts — a healthcare FSA, a Dependent Day Care FSA and a commuter FSA.

How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for **health care, Dependent Day Care, and transportation expenses**.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are **separate** — you may choose to participate in all 3 FSA types, only some, or none at all. You cannot use money from the health care FSA to cover expenses eligible under the Dependent Day Care FSA or vice versa.

Run-Out Period: You have a 90-day run-out period until March 31, 2025, to request reimbursement for eligible FSA expenses that occurred between January 1, 2024, and December 2024. Any funds that are in excess of \$660 that are not used before the run-out period expires will be forfeited.

Commuter Flexible Spending Account:

You can enroll, change, or cancel commuter benefits at any time in the Inspira Financial system. However, there is a monthly deadline of the 10th for making updates for the next month. If you miss it, you will have to wait until the following month. Commuter benefits do not expire. Funds roll over from month to month, and year to year, as long as you’re with Conga. Commuter funds can’t be refunded or transferred between transit and parking accounts. You have 180 days from the date the claim was incurred to submit for reimbursement

PLAN TYPE	ANNUAL MAXIMUM CONTRIBUTION ¹	EXAMPLES OF COVERED EXPENSES	Eligible Medical Plan
Healthcare FSA	\$3,300	Copays, deductibles, orthodontia, over-the-counter medications, etc.	Cigna OAP or Kaiser HMO
Limited Purpose FSA	\$3,300	Eligible dental and vision expenses	Cigna HDHP
Dependent Day Care FSA	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.	No restriction
Commuter FSA	\$325	Parking, mass transit, vanpooling, etc.	No restriction

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Examples of FSA Eligible Items:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

Go to www.benefitsquest.com/fsa for a complete list of covered expenses.

Use it or Lose it!

Be sure to calculate your FSA contributions carefully. These funds **do not roll over** from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.

Dental Benefits

Coverage provided by Cigna

Your dental health is an important part of your overall wellness. You may choose from the following dental insurance plan(s) through Cigna.

SCHEDULE OF BENEFITS	DENTAL PPO BASE	DENTAL PPO BUY-UP
Annual/Calendar Year Maximum	\$1,750	\$3,250
Annual/Calendar Year Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Preventive Services	100%	100%
Basic Services	90%	90%
Major Services	60%	60%
Orthodontia Lifetime Maximum (Adult & Children)	Not Covered	\$2,000
SEMI-MONTHLY PAYCHECK DEDUCTIONS ¹		
Employee Only	\$5	\$8
Employee + Spouse	\$10	\$15.50
Employee + Child(ren)	\$11.50	\$18.50
Family	\$16.50	\$26.50
<i>1 Per Paycheck Costs is based semi-monthly. Refer to Workday for weekly deduction amounts. Note: actual costs may vary slightly due to rounding.</i>		

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money by limiting necessary procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Vision Benefits

Coverage provided by VSP

Conga offers vision coverage through VSP. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

BENEFIT		IN-NETWORK	OUT-OF-NETWORK
Exam (every 12 months)		\$10	Up to \$45
Lenses (every 12 months)		\$20	Up to \$70
Frames (every 24 months)		\$25 / \$200 Frame allowance	Up to \$70
Contact Lenses Instead of Glasses (every 12 months)	Conventional/Dispensible	Up to \$200	Up to \$105
	Medically Necessary	Covered in full	Up to \$210
SEMI-MONTHLY PACHECK DEDUCTIONS			
Employee Only		\$0.77	
Employee + Spouse		\$1.32	
Employee + Child(ren)		\$1.35	
Family		\$2.18	

NOTE: ID Card not required for vision services.

5 Tips for a Lifetime of Healthy Vision

1. Schedule **yearly eye exams**. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to **wear sunglasses**. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a **break from digital devices**. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit **smoking**. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice **safe wear and care** of contact lenses. Keep them clean and follow the recommendations for use and wear.

Disability Insurance



Your ability to bring home a paycheck is a valuable asset. We help you protect it through Disability coverage through Lincoln Financial. If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Short-Term Disability (STD)

Short-term disability (STD) insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

Conga provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for seven days and declared disabled, you will receive 60% of your base earnings for up to a maximum of \$2,500 per week.

Long-Term Disability (LTD)

Long-term disability (LTD) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is also fully paid for by the company and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of \$12,000 per month. Benefits begin after 180 days.

You have an option as to whether to receive a taxable or non-taxable benefit:

- **Non-taxable benefit option(s):** you will pay the imputed income only (tax on the value of the premium) now and any benefits you receive would be free of taxes
- **Taxable benefit option(s):** there will be no cost to you now but, any benefits you receive would be taxable
- If you do not actively make an election, you will be defaulted into the taxable benefit option
- Both will be 100% employer-paid premiums

Imputed Income

What is imputed income?

The IRS requires the cost of the actual premium (not the value of the benefit) be taxed; this taxable amount is called imputed income. The cost of coverage is included in your taxable wages and reported on your W-2. Imputed income is subject to Social Security and withholding taxes.

When you get paid, ADP adds the amount of premium to your income, applies taxes based on your withholding election, and then backs out the premium so it doesn't change your actual pay.

Employees can be covered by employer paid life insurance up to \$50,000 on a tax-free basis and do not have to report the premium payment as income.

However, coverage in excess of \$50,000 will trigger taxable income for the "economic value" of the coverage provided to you. This is reflected on your paycheck as imputed income.

If you don't want to pay imputed income:

- **Disability Coverage:** Elect a taxable benefit in the event you have a disability claim.
- **Basic Life Insurance:** Elect to limit your life insurance benefit to \$50,000.
- **AD&D Insurance:** Imputed income does not apply.

Life and Accidental Death and Dismemberment (AD&D) Insurance

Always be there financially for your loved ones. Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures that your family’s future is financially secure if you’re no longer there to provide for them.

Conga provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

Basic Term Life and AD&D Provided by Lincoln Financial Group

Conga provides eligible employees with basic term life and AD&D coverage at no cost to you and enrollment is automatic.

- **Basic Term Life:** The benefit is equal to 2 times your base annual earnings to a maximum of \$600,000 or a flat \$50,000.
- **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible for two times Basic Annual Earnings to a max of \$600,000.

NOTE: New hires will be defaulted into 2x your base annual salary, rounded to the next highest \$1,000, unless you elect the flat \$50,000 option.
REMINDER: Be sure to name a beneficiary and always keep your beneficiary selection up to date. Life Insurance benefits are paid to the designated person on file.

Supplemental Life and AD&D Provided by Lincoln Financial Group

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Basic Term Employee:** Increments of \$10,000 to a maximum of \$750,000.
 - **Guarantee issue amounts:** \$300,000
- **Spouse/Domestic Partner:** \$5,000 increments, up to \$250,000 or 50% of employee’s supplemental life insurance coverage.
 - **Guarantee issue amounts:** \$25,000
- **Child(ren):** \$10,000, up to 50% of employee’s supplemental life insurance coverage
 - **Guarantee issue amounts:** N/A

NOTE: Coverage reduces to 50% of original coverage when you reach age 70.
Evidence of insurability (EOI) is required if you or your spouse/domestic partner choose coverage over the guarantee issue amount, when electing coverage after your initial enrollment period, for family status changes, or if you have previously been denied coverage. For the 2024 Annual Enrollment, EOI is needed for 1 level up for spousal coverage and more than 5 levels up for employee coverage.

SUPPLEMENTAL LIFE RATES PER \$1,000	MONTHLY
	Employee & Spouse
0-19	\$0.040
20-24	\$0.040
25-29	\$0.040
30-34	\$0.050
35-39	\$0.070
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.410
60-64	\$0.660
65-69	\$1.100
70-74	\$1.810
75+	\$2.060
VOL. AD&D RATE PER \$1,000	
Employee AD&D Rate	\$0.030
Family AD&D Rate	\$0.040
VOL. CHILD RATE PER \$1,000	
Life Rate	\$0.170
EEs Electing Family AD&D Rate	\$0.040

Supplemental Medical

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don’t have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds as you choose. You receive the full benefit even if you have other insurance. Conga offers critical illness insurance, accident insurance, and hospital indemnity insurance.*

Critical Illness Insurance Provided by Cigna

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all the expenses of a serious medical condition like a heart attack or cancer. Critical illness insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses Include:

- Heart attack
 - Stroke
 - Cancer
- Paralysis
 - End stage renal (kidney) failure
- Coronary artery bypass surgery**
 - Major organ transplant

Plan Features:

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

See plan summaries for coverage details. The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.

** The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery.

	Good	Better	Best
Employee	\$10,000	\$20,000	\$30,000
Spouse	100% of Employee Issued Amount	100% of Employee Issued Amount	100% of Employee Issued Amount
Child(ren) ¹	100% of Employee Issued Amount	100% of Employee Issued Amount	100% of Employee Issued Amount

Critical Illness - \$10,000 Monthly Premiums				
Attained Age	EE Only	EE + SP	EE + CH	FAMILY
0-24	\$1.62	\$4.23	\$1.62	\$4.23
25-29	\$2.11	\$5.21	\$2.11	\$5.21
30-34	\$3.02	\$7.02	\$3.02	\$7.02
35-39	\$4.38	\$9.74	\$4.38	\$9.74
40-44	\$6.59	\$14.17	\$6.59	\$14.17
45-49	\$9.12	\$19.23	\$9.12	\$19.23
50-54	\$13.57	\$28.19	\$13.57	\$28.19
55-59	\$19.52	\$40.11	\$19.52	\$40.11
60-64	\$28.71	\$58.55	\$28.71	\$58.55
65-69	\$39.36	\$79.89	\$39.36	\$79.89
70-74	\$55.12	\$111.45	\$55.12	\$111.45
75-79	\$55.12	\$138.40	\$55.12	\$138.40
80-84	\$55.12	\$138.40	\$55.12	\$138.40
85+	\$55.12	\$138.40	\$55.12	\$138.40

Critical Illness - \$20,000 Monthly Premiums				
Attained Age	EE Only	EE + SP	EE + CH	FAMILY
0-24	\$3.24	\$8.46	\$3.24	\$8.46
25-29	\$4.22	\$10.42	\$4.22	\$10.42
30-34	\$6.04	\$14.04	\$6.04	\$14.04
35-39	\$8.76	\$19.48	\$8.76	\$19.48
40-44	\$13.18	\$28.34	\$13.18	\$28.34
45-49	\$18.24	\$38.46	\$18.24	\$38.46
50-54	\$27.14	\$56.38	\$27.14	\$56.38
55-59	\$39.04	\$80.22	\$39.04	\$80.22
60-64	\$57.42	\$117.10	\$57.42	\$117.10
65-69	\$78.72	\$159.78	\$78.72	\$159.78
70-74	\$110.24	\$222.90	\$110.24	\$222.90
75-79	\$110.24	\$276.80	\$110.24	\$276.80
80-84	\$110.24	\$276.80	\$110.24	\$276.80
85+	\$110.24	\$276.80	\$110.24	\$276.80

Critical Illness - \$30,000 Monthly Premiums				
Attained Age	EE Only	EE + SP	EE + CH	FAMILY
0-24	\$4.86	\$12.69	\$4.86	\$12.69
25-29	\$6.33	\$15.63	\$6.33	\$15.63
30-34	\$9.06	\$21.06	\$9.06	\$21.06
35-39	\$13.14	\$29.22	\$13.14	\$29.22
40-44	\$19.77	\$42.51	\$19.77	\$42.51
45-49	\$27.36	\$57.69	\$27.36	\$57.69
50-54	\$40.71	\$84.57	\$40.71	\$84.57
55-59	\$58.56	\$120.33	\$58.56	\$120.33
60-64	\$86.13	\$175.65	\$86.13	\$175.65
65-69	\$118.08	\$239.67	\$118.08	\$239.67
70-74	\$165.36	\$334.35	\$165.36	\$334.35
75-79	\$165.36	\$415.20	\$165.36	\$415.20
80-84	\$165.36	\$415.20	\$165.36	\$415.20
85+	\$165.36	\$415.20	\$165.36	\$415.20

¹Child(ren) only eligible if Employee is enrolled. Birth to age 26. Children 26+ only eligible if disabled.

Supplemental Medical (continued)

Accident Insurance Provided by Cigna

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be. Accident insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.), hospitalization, physical therapy, emergency room treatment, and transportation.

Plan Features

- **Family Coverage:** You can elect to cover your spouse/domestic partner and children
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job
- **Portable Coverage:** You can take your policy with you if you change jobs or retire

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states and it has exclusions and limitations which, may affect any benefits payable.

Reminder: When you get your annual physical done by seeing your primary care physician, you are eligible to redeem your \$50 wellness credit through Cigna!

Claims Example

Employee falls down the stairs, breaks his leg (closed reduction) and spends three days in the hospital.¹

	Cost of Claim	Low	High
Ground Ambulance	\$400	\$400	\$500
Hospital Admission	\$3,500	\$1,000	\$2,000
3 days Confinement in Hospital	-	\$300	\$600
Fracture (Leg, Non-Surgical)	\$6,000	\$750	\$1,125
Emergency Room Visit	\$1,000	\$125	\$250
X-Ray	\$170	\$50	\$75
Physician Follow-up Visits (2)	\$200	\$100	\$200
Physical Therapy Visits (4)	\$400	\$100	\$100
MRI Diagnostic Exam	\$1,500	\$100	\$150
Appliance (Crutches)	\$50	\$125	\$250
Medicine	\$50	\$10	\$10
Total Paid to Insured	\$13,270	\$3,060	\$5,260

¹ These claim examples are hypothetical claim scenarios to be used for benefit payment illustration purposes only. Other details of the claim may be needed in order to make a claim determination as well as determine the appropriate benefits to be paid.



Accident Plan Low Monthly Premiums			
Employee Only	Employee + Spouse	Employee + Child	Family
\$3.96	\$7.98	\$8.38	\$12.36

Accident Plan High Monthly Premiums			
Employee Only	Employee + Spouse	Employee + Child	Family
\$5.83	\$11.66	\$12.25	\$18.08

Supplemental Medical (continued)

Hospital Indemnity Insurance Provided by Cigna

Receive payments to help cover the cost of a hospital stay. If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage. You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some and it has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your summary plan description (SPD) for complete details.

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required
- **Family Coverage:** You can elect to cover your spouse/domestic partner and children
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions
- **Portable Coverage:** You can take your policy with you if you change jobs or retire

MONTHLY RATES	
Employee	\$13.86
Employee + Spouse	\$35.33
Employee + Child(ren)	\$26.93
Family	\$48.40

How Hospital Indemnity Insurance Works

Carly is admitted to the hospital for treatment of COVID-19. Over the course of her illness, she spends 14 days in the hospital, including four days in an intensive care unit and six days in an inpatient rehabilitation unit. Thankfully, Carly's condition improves, and she is well enough to return home. She uses her Hospital Indemnity insurance to help cover her medical bills so she can focus on what matters most – making a full recovery.

How Carly's Hospital Indemnity Benefit was calculated:

MEDICAL SERVICE	SAMPLE BENEFIT	TOTAL
Hospital Admission	\$1,500 per admission	\$1,500
Hospital Confinement	\$200 per day (4 days)	\$800
Intensive Care Unit	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (6 days)	\$1,200
TOTAL SAMPLE BENEFIT		\$4,300

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purpose of this example to show you how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule offered to you.

Additional Benefits

We offer a variety of additional benefits that give you options beyond health care and income protection.

Identity Theft Insurance

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts. We offer comprehensive identity theft insurance through Allstate that monitors multiple gateways into your identity and credit and also alerts you of fraudulent activity.

Protection Services Include:

- Credit reports and monitoring
- Court records monitoring
- Bank account takeover monitoring
- Sex offender monitoring
- Criminal bookings monitoring
- Credit application monitoring
- Real time authorization notifications
- Change of address monitoring
- Child Social Security number monitoring
- Full-service identity restoration services

MONTHLY PAYCHECK DEDUCTIONS	
Employee Only	\$6.50
Family	\$12.50

Pet Insurance

Get coverage for every member of the family. With pet insurance, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more. To enroll visit www.petsbest.com/CONGAPET or call 1-888-984-8700.

Pets Best Plan Options

Accident & Illness Plan

BestBenefit plans cover accidents, illnesses, cancer, hereditary conditions, emergency surgeries and Rx meds.

CUSTOMIZABLE COVERAGE LEVELS	COST
Annual Coverage Limits	\$5,000 - Unlimited
Annual Deductible Options	\$50 - \$1,000
Reimbursement Options	70% - 90%

Optional Benefits

- Accident & Illness exam fees
- Rehabilitative, acupuncture, and chiropractic coverage

NOTE: Terms and conditions apply. See policy for details.

Accident Only Plan

Covers the treatment of accidents, including exams, x-rays, surgeries, hospitalization and medications.

COVERAGE LEVELS	COST
Annual Coverage Limits	\$10,000
Annual Deductible Options	\$250
Reimbursement Options	90%

Pet Wellness Coverage

Routine care coverage can be added to any plan to help pay for:

- Vaccinations
- Spay/neuter
- Bloodwork
- Heartwork preventive
- And more!

Additional Benefits

Employee Assistance Program (EAP) Administered by Optum

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. Conga knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

Plan Features

- Provided at no cost to you and your household members
- Confidential services provided by licensed professionals
- Available 24/7/365
- To access the EAP, call **1-866-248-4096** or visit www.liveandworkwell.com Access code: conga.

Wellness Benefits

Living a healthy lifestyle is key to improving and maintaining our wellbeing. The everyday choices we make can help us live healthier, happier, and more fulfilling lives both at work and at home. Conga is taking steps to encourage you to make healthy living a priority with these wellness resources.



Wellness Coach

Wellness Coach is an all-encompassing digital wellness platform that provides real coaching and tools for mental, physical, social and financial wellbeing.

Visit <https://www.wellnesscoach.live/app/login> and use your company email address to set up an account OR scan the QR code.

Mental Wellbeing

Through medication and mindfulness, achieve self-awareness, sense of purpose, positive outlook, resiliency, stress & anxiety management, fulfillment & gratitude, and motivations.

Physical Wellbeing

Develop health sleep habits, cardio fitness (HIIT, dance, etc.), strength training, yoga, immunity boosting and nutrition.

Emotional/Social Wellbeing

Active listening, body language, intentionality, empathy, appreciation, parenting & family life balance, sense of belonging, role in society.

Financial Wellbeing

Boosting earning potential, managing debt, retirement planning, rainy day fund, managing liquid accounts, safe investing.

Additional Benefits



Carrot Fertility Benefit

Meet Carrot, your fertility and family forming benefit. Carrot makes it easy to access fertility care, from basic checkups to egg freezing and in-vitro fertilization (IVF) to adoption and gestational carriers. There's no need to have an infertility diagnosis to qualify, opening doors for individuals, LGBTQ+ couples, and anyone interested in building a family now or in the future.

- Through Carrot, Conga **will reimburse 100% of fertility care (for you and your family) up to \$15,000 per year with a \$15,000 lifetime benefit.**
- **All full-time employees are eligible for coverage regardless of medical plan enrollment.**
- For members enrolled in a high-deductible health plan (HDHP), there is a separate Carrot plan deductible to comply with IRS regulations. Carrot will track your out-of-pocket expenses to coordinate with the deductible and to ensure medically necessary services are not paid until the deductible is met. For 2024 the individual deductible is \$1,600 and the annual family deductible is \$3,200. The deductibles are set to reset each year on January 1st.

What does Carrot Benefits Include?

- Personalized support - no matter what path to parenthood you're on
- A directory of qualified providers
- A dedicated care team available to answer questions, connect you to experts, and facilitate appointment booking
- Get help understanding your clinical options, costs, and any special circumstances
- Unlimited, free, virtual visits with reproductive endocrinologists, adoption experts, emotional wellness experts, and more
- Access educational resources like videos and expert-authored articles to learn more about the process and feel confident making decisions

Getting Started

1. Sign Up

Visit get-carrot.com/signup and enter your work email address. From there, you can activate your fertility benefits.

2. Chat with a Carrot expert

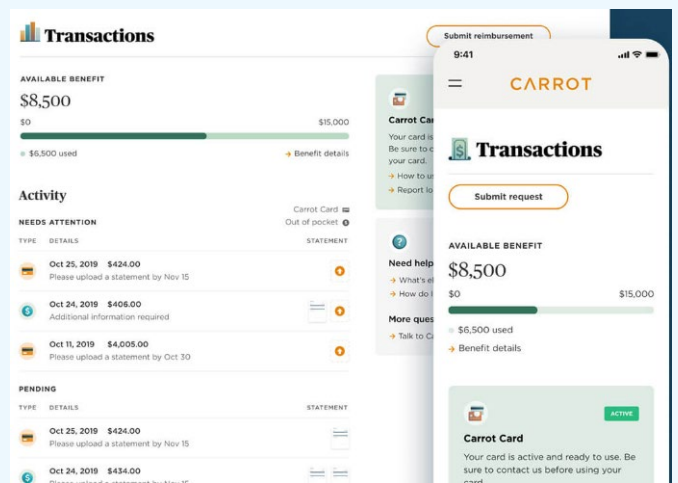
Not sure where to start? You'll have direct access to Carrot's fertility experts, whether you're looking for an exploratory conversation or mid-treatment support.

3. Find a clinic or agency

Carrot finds the best clinic or agency for you, with no need to ask if they're in-network. You'll get customized recommendations based on your location, transportation needs, and more.

4. Get reimbursed

Conga reimburses 100% up to \$10,000 annually, \$10,000 lifetime, for employees who undergo a family forming service - and to protect your privacy, Carrot handles the reimbursement for you.



Questions?

Your dedicated Carrot Care Team is here to answer your questions, help get you started, and support you along your personal path to parenthood. Get in touch at support@get-carrot.com for help.

Additional Benefits

401(k) Retirement Plan Administered by Fidelity

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with the 401(k) plan. With contributions deducted before federal taxes are calculated, there is less of an impact to your take-home pay than you might think.

Plan Features

- Save from 1% to 90% of your pay on a pre-tax basis through convenient payroll deductions.
- Reduce the amount of your current taxable income by the amount you contribute.
- You don't pay federal, and in most cases, state income taxes on any investment earnings as long as they remain in the plan.
- Choose how to invest your contributions among the plan's multiple investment options.
- Conga matches 100% of your first 3% of contributions, up to \$4,000 per year with immediate vesting.
- Learn more by contacting Fidelity at **1-800-354-7120** or **www.netbenefits.com**.

ELIGIBILITY	<ul style="list-style-type: none">• Eligibility: Age 21• Service Eligibility: Immediate• Enter: Immediate following eligibility
AUTOMATIC ENROLLMENT	Unless you actively enroll or decline enrollment in the 401(k) plan, you will automatically be enrolled in the plan at a contribution rate of 4% for your eligible pay each pay period after a 30-day notices period has expired. Your contributions will automatically be invested into an age appropriate target date fund.
DEFERRAL TYPES	<ul style="list-style-type: none">• Traditional (pre-tax)• Roth (post-tax)• After-tax
DEFERRAL LIMITS	<ul style="list-style-type: none">• 1%-90% of your eligible pay on a pre-tax basis• You may change your deferral percentage at any time (changes to deferral percentages will take 1-2 pay periods to go into effect)• 2024 IRS Limit is \$23,000, plus catch-up limit for ages 50+• The IRS limit is a combined limit for any deferral type or employer match in the calendar year, notify payroll of your YTD contributions with your prior employer. It is your responsibility to ensure you do not exceed the IRS limit.
EMPLOYER MATCH	<ul style="list-style-type: none">• The company will match 100% of employee contributions, up to 3% of eligible employee compensation (max \$4,000)• You must be deferring at least 3% to receive the maximum match• You're immediately 100% invested
LOANS	50% of account balance, up to \$50,000 maximum
ROLLOVERS	<ul style="list-style-type: none">• Allowed (initiate with your previous employer)• Rollover contribution form required for our provider• Does not count against deferral limit

Pre-tax, Roth, and After-Tax

The 401(k) plan gives you the flexibility to save for retirement in a variety of ways. You can make pre-tax contributions, Roth (post-tax) and After-tax contributions.

Pre-tax Contributions

- The money goes into your account **before** taxes are deducted, you keep more of your take-home pay.
- Then, you'll owe taxes on both your contributions and any investment earnings when you withdraw your money in retirement (when you may be in a lower income tax bracket).

Roth Contributions

- The money goes into your account **after** taxes are withheld. Roth contributions and any earnings grow tax-free.
- Upon withdrawal, you will not pay income tax on contributions or earnings, provided you have reached 59½ and made your first Roth contribution at least five years prior to withdrawal.

After-tax Contributions

- Allow you to **save above and beyond** the standard \$23,000 or \$30,000 IRSA limits inside the Conga 401(k) plan.
- Like Roth, contributions are made into your account **post-tax**. Contributions and earnings grow tax-free. You will not owe taxes on a withdrawal of traditional after-tax contributions. However, unlike Roth contributions, you will owe income taxes on any earnings at the time of your withdrawal, unless you choose to convert your after-tax contributions to Roth.

Get More Information

FOR QUESTIONS ABOUT	CONTACT	WEBSITE/EMAIL	PHONE NUMBER
Cigna	Cigna	www.myCigna.com	1-800-244-6224
Kaiser (SoCal)	Kaiser	www.kp.org	1-888-681-7878
Kaiser (NorCal)			1-844-201-5824
Kaiser (CO)			1-800-632-9700
Health Advocacy	Rightway	www.rightwayhealthcare.com/	1-305-851-7310
Dental	Cigna	www.myCigna.com	1-800-997-1654
Vision	VSP	www.VSP.com	1-800-877-7195
Supplemental Life Claims	Lincoln Financial	www.mylincolnportal.com One-Time Registration Code: CONGA	1-888-408-7300
STD & LTD Claims	Lincoln Financial	www.mylincolnportal.com One-Time Registration Code: CONGA	1-888-408-7300
Basic Life & AD&D Claims	Lincoln Financial	www.mylincolnportal.com One-Time Registration Code: CONGA	1-888-408-7300
Flexible Spending Accounts	Inspira Financial	www.inspirafinancial.com/	1-844-729-3539
Employee Assistance Program	Optum	www.liveandworkwell.com?pin=conga	1-866-248-4096
401(k) Retirement Plan	Fidelity	www.netbenefits.com	1-800-354-7120
Health Savings Account	Inspira Financial	www.inspirafinancial.com	1-844-729-3539
Critical Illness Insurance	Cigna	www.cigna.com/employers/additional-insurance/	1-800-754-3207
Accident Insurance	Cigna	www.cigna.com/employers/additional-insurance/	1-800-754-3207
Hospital Indemnity Insurance	Cigna	www.cigna.com/employers/additional-insurance/	1-800-754-3207
Identity Theft Insurance	Allstate	www.myaip.com	1-800-789-2720
Pet Insurance	Pets Best	www.petsbest.com/congape (Access Code: CONGAPET)	1-888-984-8700
Wellness Benefits	Wellness Coach	www.wellnesscoach.live/app/login	N/A
Fertility Benefits	Carrot	support@get-carrot.com	N/A
Human Resources	Human Resources	benefits@conga.com hr@conga.com	N/A

ABOUT THIS GUIDE:

This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

2025 Benefits Open Enrollment: **November 4 – November 22, 2024**

IMPORTANT NOTICES

About This Guide

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

Reminder of Availability of Privacy Notice

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

Conga, Human Resources
13699 Via Varra

Broomfield, CO 80020

If you have any questions, please contact the Conga Human Resources Office at

1-650-445-7700.

Women’s Health and Cancer Rights Act

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

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

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

If you would like more information on WHCRA benefits, call your plan administrator

1-650-445-7700.

Newborns’ and Mothers’ Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or

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

USERRA

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

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

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

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

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Conga coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current 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 Conga 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 Conga changes. You also may request a copy of this notice at any time.

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at:

- www.socialsecurity.gov
- or call: 1-800-772-1213 (TTY: 1-800-325-0778)

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: October 2024
Name of Entity/Sender: Conga
Contact: Human Resources
Address: 13699 Via Varra
Broomfield, CO 80020
Phone Number: 1-650-445-7700.

YOUR ERISA RIGHTS

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

Receive Information About Your Plan and Benefits
You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest

annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;

- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

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

Prudent Actions by Plan Fiduciaries

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

Enforce Your Rights

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

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

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do

not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;

- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

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

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/aboutebsa/about-us/regional-offices>.

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

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at: 1-866-444-3272. You may also visit the EBSA's website on the Internet at:

<https://www.dol.gov/agencies/ebsa>.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

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

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

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

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs.

Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

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

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

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

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

When Is COBRA Coverage Available?

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

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility or coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Conga Human Resources or COBRA Administrator.

How Is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child’s losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement.

For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Disability Extension of 18-Month Period of Continuation Coverage

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

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated,

or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S.

Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at <https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.)

For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

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

(Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.)

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

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

Conga Benefits Supervisor

Address: 13699 Via Varra
Broomfield, CO 80020

Phone Number: **1-650-445-7700**.

Summaries of Benefits and Coverage (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Conga website at

<https://mybenefits.conga.com/>. If you would like a paper copy of the SBCs (free of charge), you may also call Conga benefits department at **1-650-445-7700**.

Conga is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

HIPPA Special Enrollment Rights

If you are declining enrollment 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 the Conga group health 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. To request special enrollment or obtain more information, contact the Conga benefits department at **1-650-445-7700**.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility

1. ALABAMA – Medicaid Website: <http://myalhipp.com/> Phone: 1-855-692-5447
2. ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid Website: <http://myarhipp.com/> Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp> Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <https://hcpf.colorado.gov/child-health-plan-plus> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/HIBI> Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid Website: <https://www.flmedicaidtprrecovery.com/flmedicaidtprrecovery.com/hipp/index.html> Phone: 1-877-357-3268
7. GEORGIA – Medicaid GA HIPP Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid 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: 1-800-403-0864 Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki) Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid-hipp> Phone: 1-800-338-8366 Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki> Hawki Phone: 1-800-257-8563 HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp> HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid Website: <https://www.kancare.ks.gov/> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: <https://kyconnect.ky.gov> Phone: 1-877-524-4718 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms> Phone: 1-800-977-6740 TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP Website: <https://www.mass.gov/masshealth/pa> Phone: 1-800-862-4840 TTY: 711 Email: masspremiassistance@accenture.com
15. MINNESOTA – Medicaid Website: <https://mn.gov/dhs/health-care-coverage/> Phone: 1-800-657-3672
16. MISSOURI – Medicaid Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573-751-2005
17. MONTANA – Medicaid Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid Website: <http://www.ACCESSNebraska.ne.gov> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
19. NEVADA – Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid Website: <https://medicaid.ncdhhs.gov/> Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid Website: <https://www.hhs.nd.gov/healthcare> Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP Website: <http://www.insureoklahoma.org> Phone: 1-888-365-3742
26. OREGON – Medicaid Website: <http://healthcare.oregon.gov/Pages/index.aspx> Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html> Phone: 1-800-692-7462 CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html> CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
29. SOUTH CAROLINA – Medicaid Website: <https://www.scdhhs.gov> Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid Website: <http://dss.sd.gov> Phone: 1-888-828-0059
31. TEXAS – Medicaid Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program> Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP Medicaid Utah’s Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/> Email: upp@utah.gov Phone: 1-888-222-2542 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/>
33. VERMONT – Medicaid Website: <https://dvha.vermont.gov/members/medicaid/hipp-program> Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select> <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs> Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid Website: <https://www.hca.wa.gov/> Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP Website: <https://dhhr.wv.gov/bms/> <http://mywvhipp.com/> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> Phone: 1-800-362-3002
38. WYOMING – Medicaid Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 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
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

