



2025-2026

OPEN ENROLLMENT GUIDE

Welcome to Auto Lenders! —

At Auto Lenders, we are committed to providing our employees with a comprehensive, valuable benefits package and the resources you need to understand all the options available to you.

As an employer, we recognize that our employees are our most valuable asset and the health and well-being of you and your dependents is very important to us. We want to ensure that we continue in our commitment to you by providing you with valuable benefit options and the tools and resources you need to stay committed to your own health. We will continue to partner with the employee benefits firm, Conner Strong & Buckelew (CSB) to assist us in our efforts. Together, we have worked diligently to enhance our plan offerings while maintaining the plan features.

We encourage you to carefully review this guide to familiarize yourself with our new benefits offering and ensure that you are making the best decisions for you and your respective family members.

The benefits outlined in this guide will be effective through March 31, 2026. If you have any questions about the benefits outlined, please see page 12 of this guide for a list of benefit resources available to assist you with the open enrollment process.

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Eligibility & Enrollment Details

What You Need to Know

**Open Enrollment will be held from
February 24th - March 7th**

Who is Eligible to Elect Benefits?

All full-time employees (working 30 hours or more per week) are eligible to for benefits.

How to Enroll

To enroll in benefits, waive coverage and update your dependent information, you must complete your enrollment during the open enrollment period. Any coverage that you may have previously enrolled in will not continue into the new plan year if it is not elected during open enrollment. All employees must complete an enrollment, even if you are waiving coverage. Please reach out to Human Resources at HR@autolenders.com with any questions.

IMPORTANT: Once you have made your benefit elections, you will not be able to make changes to your elections during the plan year unless you experience a Qualifying Life Event.

Qualifying Life Events

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.



Benefit Highlights

- The medical plans will remain with Aetna
- The medical prescription plan will remain with RxBenefits.
- The dental and vision plans will remain with Aetna.
- Life and AD&D insurance will remain with Unum.
- Voluntary benefits will remain with Unum.



Medical & Prescription Plan Options

Aetna & Rx Benefits

Eligible employees may elect to participate in one of the following two medical and prescription drug plan options, administered by Aetna and Rx Benefits.

	EPO	HDHP
IN-NETWORK BENEFITS		
Deductible <i>Individual/Family</i>	\$1,500 / \$3,000	\$2,500 / \$5,000
Out-of-Pocket Maximum <i>Individual/Family</i>	\$4,000 / \$8,000	\$5,250 / \$10,500
Preventive Care Services	100%	100% covered - Deductible Waived
PCP Office Visit	\$30 copay	\$20 copay after deductible
Specialist Office Visit	\$50 copay	\$40 copay after deductible
Diagnostic Laboratory	100%	100% covered after deductible
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	80% after deductible	100% covered after deductible
Emergency Room	80% after \$250 copay	\$100 copay after deductible (waived if admitted)
Urgent Care Center	\$50 copay	\$40 copay after deductible
Inpatient Hospital	80% after deductible	\$300 copay per day after deductible \$1,500 maximum copay
Outpatient Surgery	80% after deductible	\$150 copay after deductible
OUT-OF-NETWORK BENEFITS		
Deductible <i>Individual/Family</i>	N/A	\$4,000 / \$8,000
Out-of-Pocket Maximum <i>Individual/Family</i>	N/A	\$10,000 / \$20,000
Coinsurance (% Plan Pays)	N/A	80% after deductible
PRESCRIPTION DRUG BENEFITS (RETAIL: UP TO A 30-DAY SUPPLY / MAIL ORDER: UP TO A 90-DAY SUPPLY)		
Retail Pharmacy		
<i>Generic</i>	\$10 copay after deductible	\$15 copay after deductible
<i>Formulary Brand</i>	\$75 copay after deductible	\$35 copay after deductible
<i>Non-Formulary Brand</i>	\$150 copay after deductible	\$75 copay after deductible
<i>Specialty Medications</i>	\$150 copay after deductible	\$75 copay after deductible
Mail Order		
<i>Generic</i>	\$20 copay after deductible	\$30 copay after deductible
<i>Formulary Brand</i>	\$150 copay after deductible	\$70 copay after deductible
<i>Non-Formulary Brand</i>	\$300 copay after deductible	\$150 copay after deductible
<i>Specialty Medications</i>	\$300 copay after deductible	\$150 copay after deductible

Finding a Participating provider: Please visit www.aetna.com and click "Find a Doctor" to see the Aetna network of doctors.
You are eligible for a Health Savings Account if you choose the HDHP Plan.

Dental Plan Options

Aetna

Eligible employees may elect to participate in one of the following dental plans administered by Aetna.

	LOW PPO PLAN		HIGH PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible <i>Individual/Family</i>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Calendar Year Maximum <i>(per patient)</i>	\$1,250	\$1,250	\$1,250	\$1,250
Preventive & Diagnostic Services <i>Oral Exams, Routine X-rays, Labs and Diagnostic tests, Dental Prophylaxis, Fluoride treatment, Sealants, Space Maintainers</i>	100%	100%	100%	100%
Basic Restorative Services <i>Restorations (Amalgams or Composite), Emergency Treatment, Simple Extractions, Oral Surgery/Extractions, Periodontics, Endodontics</i>	90% after deductible	80% after deductible	100% after deductible	90% after deductible
Major Restorative Care Services <i>Inlays/Onlays/Crowns, Dentures, Removable Prosthetics, Fixed Partial Dentures (Bridges)</i>	60% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia Benefits <i>(Children up to age 19 only)</i>	50% after deductible \$1,000 lifetime max	50% after deductible \$1,000 lifetime max	50% after deductible \$1,000 lifetime max	50% after deductible \$1,000 lifetime max



Vision Plan

Aetna

Eligible employees may elect to participate in the following vision plan, administered by Aetna.

AETNA VISION PLAN

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	\$25 reimbursement
Frames	\$130 allowance	\$65 reimbursement
Lenses		
Single Vision Lenses	\$25 copay	\$10 reimbursement
Bifocal Lenses	\$25 copay	\$25 reimbursement
Trifocal Lenses	\$25 copay	\$55 reimbursement
Lenticular Lenses	\$25 copay	\$55 reimbursement
Contact Lenses (in lieu of eyeglasses)	\$105 allowance	\$75 reimbursement
Frequency		
Vision Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months



Employee Contributions

Per-Pay

The per-pay employee contributions outlined below are effective April 1, 2025.

Medical/Prescription Drug Benefits

	EPO		HDHP	
	Wellness	Non- Wellness	Wellness	Non- Wellness
Employee Only	\$103.36	\$118.13	\$87.12	\$102.12
Employee & Spouse	\$233.64	\$248.42	\$199.76	\$214.76
Employee & Child(ren)	\$191.36	\$206.13	\$163.19	\$178.19
Family	\$345.75	\$360.53	\$296.67	\$311.67

* In accordance with Healthcare Reform, your contribution per pay will be the lesser of the amount shown or 9.5% of your W-2 earnings.

Dental Benefits

	LOW PLAN	HIGH PLAN
Employee Only	\$13.68	\$16.95
Employee & Spouse	\$27.85	\$34.49
Employee & Child(ren)	\$33.67	\$41.63
Family	\$48.36	\$59.70

Vision Benefits

	AETNA PLAN
Employee Only	\$1.91
Employee & Spouse	\$3.62
Employee & Child(ren)	\$3.80
Family	\$5.59



Additional Aetna Benefits

Aetna

Transform Oncology

Resources for your cancer journey

A cancer diagnosis is life changing and you probably have a million things on your mind as you navigate your treatment. Aetna® is here for you with the resources and support you may need to manage your care, understand your benefits and locate the right providers.

Aetna Cancer Support Center

The Aetna Cancer Support Center brings resources to your fingertips, serving as your trusted source for information and guidance on what to expect while managing cancer treatment and care.

The Aetna Cancer Support Center:

- Serves as a free, convenient digital information hub designed around your needs
- Provides details about diagnostic tests, treatments and benefits specific to your coverage
- Offers self-service support for breast, colorectal, prostate, lung, ovarian, uterine and other cancers

Personal Navigator

This is your dedicated advocate with experience in cancer diagnosis and treatments who will provide you and your caretaker with personalized support whenever you need it. Get easy access to your navigator through a "**Request a call**" button located on the Aetna® Cancer Support Center site.

Your personal navigator can:

- Answer insurance questions
- Help with prior authorizations and appeals
- Connect you with care management
- Assist with finding local resources

For more information, visit the Aetna Cancer Support Center.

Three ways to log in:

1. Visit [Aetna.com](https://www.aetna.com) and navigate to your member website
2. Visit [Aetna.com/cancersupport](https://www.aetna.com/cancersupport)
3. Text "cancercare" to **66902** and receive a link to log



Life and AD&D Insurance

Unum

Basic Life and AD&D

All active, full-time employees regularly working at least 30 hours or more each week are eligible for the Life and Accidental Death and Dismemberment (AD&D) plan administered by Unum. **This coverage is available at no cost - the company pays 100% of the Life and AD&D premium.** The Life and AD&D benefit is a flat benefit of \$35,000. Benefit reduces to 65% at age 65 and 50% at age 70.

Supplemental Term Life and AD&D *Employee*

All active, full-time employees working at least 30 hours per week are eligible to participate in the supplementary employee term life plan. **Since this plan is optional, the employee is responsible for 100% of the premium.**

- **Benefit Increments:** \$10,000
- **Maximum Benefit:** \$500,000

You can purchase coverage for yourself in increments of \$10,000 or up to 5 times salary or \$500,000, whichever is less. You will be required to submit Evidence of Insurability (EOI) if enrolling after you were first eligible or if increasing your election amount.

Supplemental Term Life and AD&D *Spouses*

You have the option of purchasing life insurance, for your spouse, at your own expense. **Since this plan is optional, the employee is responsible for 100% of the premium.**

- **Benefit Increments:** \$5,000
- **Maximum Benefit:** \$100,000

In order to elect spousal coverage an employee needs to be enrolled in the supplemental plan for their self and they can not elect more than the employees coverage.

Supplemental Term Life and AD&D *Child(ren)*

You have the option of purchasing life insurance, for your child(ren), at your own expense. **Since this plan is optional, the employee is responsible for 100% of the premium.**

- **Benefit Increments:** \$1,000
- **Maximum Benefit:** \$10,000

In order to elect child(ren) coverage an employee needs to be enrolled in the supplemental plan for their self and they can not elect more than the employees coverage.

Voluntary Benefits

Unum

The following voluntary benefits offered through Unum are 100% employee paid.

Short-Term Disability

Voluntary Short-Term Disability (STD) can help you remain financially stable should you become injured or ill and cannot work. After seven calendar days of continuous disability, you may receive 60% of your salary up to a weekly benefit maximum of:

- \$1,500 if you work outside of New Jersey, or
- \$2,000 if you work in New Jersey*

** If you work in NJ and make less than \$62,000 per year, the state of NJ automatically provides you with a STD benefit. As a result you are not eligible to enroll in the Unum Voluntary STD plan.*

Long-Term Disability

Long-Term Disability (LTD) works the same as STD in that it will replace a portion of your income, but for longer term injuries/illnesses that prohibit active employment.

- **Benefit:** 60% of pre-disability earnings up to a maximum benefit of \$6,000 per month
- **Coverage Period:** After 180 day elimination period, coverage lasts until employee is able to return to work at their job, or any other job they are qualified, otherwise the benefit lasts until Social Security Retirement Age.

Elections or requests to increase current elections for you, your spouse, or child(ren) made after your initial eligibility period require the completion of an EOI form and a new application form for review and approval by Unum. It is your responsibility to complete the EOI form the ADP portal and submit it to Unum. If an EOI form is not completed, you will not receive coverage for the amount you have elected.

Accident Insurance

Accidents happen and can affect your financial health. With Accident Insurance, benefits help pay for costs associated with a covered accident or injury. You can use the money however you'd like.

Accident Insurance Covers:

- Initial & emergency care
- Hospitalization
- Fractures & dislocation
- Follow-up care

Critical Illness Insurance

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, like cancer, heart attack or stroke. This plan can help you ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit.

Benefits can be used for expenses such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatments and doctor visits
- Copays and deductibles
- Prescription drug costs

Unum's voluntary accident and critical illness benefits include a \$50 wellness benefit for getting your annual screening. Common screenings include triglyceride levels, fasting blood glucose tests, and biometric tests. To file a claim and receive the benefit log on to www.unum.com or call **800.635.5597**.

Additional Health Resources

Goldfinch Health

A Better Approach to Surgery & Recovery

Auto Lenders will continue to partner with partnered with Goldfinch Health to protect you and your family from the pitfalls of surgery. Today, surgery doesn't need to be so invasive to your body, budget and life.

When you're considering surgery, Goldfinch Health's team of surgery experts - at NO COST TO YOU - can help you and your family make the best decisions when it comes to surgery and the recover that follows.

Your personal Goldfinch Nurse Navigator can help you:

- Find a great surgeon
- Get your questions answered every step of the way
- Shorten your recovery time after surgery by 2x or more
- Have a surgery experience that minimizes opioid painkiller use
- Reduce pain and complications
- Enjoy a better surgery and recovery

No one should have to go through surgery and recovery alone. Connect with your Goldfinch Nurse Navigator today at **Hello@GoldFinchHealth.com** or call **833.453.3624**.

REGENEXX

For the new plan year employees will have access to Regenexx procedures as a covered benefit under the Auto Lenders healthcare plan. Regenexx implements your body's natural healing agents by employing your own stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon and ligament tissues - eliminating the need for up to 70% of elective orthopedic surgeries.

To learn more, visit: **<https://regenexxbenefits.com>**.

EAP

TELUS

Feel supported and connected with a confidential Employee Assistance Program (EAP) and innovative wellbeing resource. Life can be complicated. Get help with all of life's questions, issues and concerns with TELUS Health. Any time, 24/7, 365 days a year.

We offer support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to TELUS Health for a confidential service that you can trust.

Download the TELUS Health One app or visit one.telushealth.com or call 1-800-433-7916.

Username: autolenders

Password: eap

Husk Wellness

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 (formerly GlobalFit).

To get started, visit **<https://marketplace.huskwellness.com/connerstrong>**, call **800.294.1500** or email **customerservices@huskwellness.com**.

Additional Benefit Resources

BenePortal & Member Advocacy



BenePortal

At Auto Lenders, you have access to a full-range of valuable employee benefit programs. You are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week! By using BenePortal, our online tool that houses our benefit program information, you can:

- Review all benefits related information
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carriers' websites
- Download plan designs, affidavits, etc.

You and your family can access BenePortal anytime at: www.autolendersbenefits.com

Benefits Member Advocacy Center

The Benefits Member Advocacy Center (Benefits MAC), provided by our benefits consultant Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with any questions you have regarding the benefits being offered during 2025 Open Enrollment.

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: **cssteam@connerstrong.com**

Carrier Contacts

LINE OF COVERAGE	COMPANY	WEBSITE	PHONE
Medical	Aetna	www.aetna.com	800-872-3862
Prescription Drug	Rx Benefits	www.rxbenefits.com	800-334-8134
Dental	Aetna	www.aetna.com	800-872-3862
Vision	Aetna	www.aetnavision.com	877-973-3238
Life/AD&D and Voluntary Benefits	Unum	www.unum.com	866-679-3054
EAP	TELUS	one.telushealth.com	1-800-433-7916



Legal Notices & Disclosures

Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your **request** for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption.

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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact 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 or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

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 benefits. If you have any questions, please speak with Human Resources.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Auto Lenders offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

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>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

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CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health 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

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

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://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

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)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/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: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 617-886-8102

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

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 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

Legal Notices & Disclosures

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notice Regarding Wellness Program

The Auto Lenders Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete you will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a contribution discount for completing the biometric screening. Although you are not required to complete the biometric screening, only employees who do so will receive contribution discount.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Danielle Moshons at 856-335-0910. The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Auto Lenders may use aggregate information it collects to design a program based on identified health risks in the workplace, the Auto Lenders Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse or health coach in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Danielle Moshons at 856-335-0910.

Notes _____

[illegible]

Notes _____

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Auto Lenders reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.