



2019

Benefits Guide



At Allied World, nothing is more important than your overall sense of well-being. Our comprehensive suite of benefits supports every aspect of your health and wellness, and we urge you to take advantage of the broad range of available features.

Read on for all the details you need to make your benefits selections.

What's in this guide?

Benefit Basics	<u>3</u>
Medical Benefits	<u>5</u>
Cigna 90 Now	<u>6</u>
Health Savings Account (HSA)	<u>7</u>
Cigna Website & Tools	<u>10</u>
Cigna Telehealth Connection	<u>11</u>
Cigna Easy Choice Tool w/ One Guide	<u>12</u>
Other Cigna Programs	<u>13</u>
Dental Plan	<u>14</u>
Vision Plan	<u>15</u>
Life and Disability Benefits	<u>16</u>
Flexible Spending & Commuter Benefits	<u>17</u>
Employee Assistance Program (EAP)	<u>18</u>
Other Perks	<u>19</u>
Payroll Information	<u>20</u>
Employee Contributions	<u>21</u>
Important Contacts	<u>22</u>
Required Notices	<u>22</u>

This guide describes the benefit plans available to you as an employee of Allied World Assurance Company. The details of these plans are contained in the official Plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act).

BENEFIT BASICS

Allied World is pleased to offer a comprehensive benefits program to its valued employees.

Once you elect your benefits, your plan elections will remain in place until the end of the plan year, December 31, 2019. You may only change coverage due to a "Qualifying Life Event," and must do so within 31 days of the event. Allied World encourages you to review all your benefits and make your selections wisely.

Eligibility

All full-time active employees working at least 28 hours per week are eligible to enroll in the Allied World benefit programs. Your children may be covered to age 27 regardless of whether they depend on you for support, live with you, are students or are married (medical, dental and vision plans).

Benefits include:

- Medical
- Dental
- Vision
- Basic Life, AD&D & Supplemental Life
- Short-Term Disability
- Long-Term Disability
- Flexible Spending Accounts (Dependent Care & Health Care)
- Commuter Benefit Plan

Eligible dependents may include:

- Your spouse
- Your domestic partner (for medical benefits only)
- Your children:
 - Up to age 27 – Medical, Dental and Vision Plans
 - 27 or more years old – unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under the plan or another plan with no break in coverage.

fyi

DID YOU KNOW?

The Allied World Benefit Plan is designed to:

- Provide competitive and comprehensive benefits
- Create a program that considers individual needs
- Offer plans which provide financial security

Changes After Enrollment

If you experience a Qualifying Life Event, you must contact Human Resources within 31 days of the qualifying event.

Some examples of Qualifying Life Events are:

- Marriage
- Birth or adoption of child
- Dependent satisfies or ceases to satisfy eligibility requirements
- Dependent employer's open enrollment
- HIPAA special enrollment rights
- Changes due to a judgment, decree or court order
- Entitlement to Medicare or Medicaid

Your Benefits and Costs

Allied World provides a wide selection of benefits that help protect your health, financial security, and well-being. The company provides some benefits at no cost to you, while other benefits require a shared cost. The design of our benefits program provides you with plan options that best fit your needs and lifestyle. The table below highlights which benefits are provided by Allied World and which benefits are available to you on a contribution basis.

Benefit	Who Pays?	Deduction Status
Medical	Allied World & You	Pre-tax
Dental	Allied World & You	Pre-tax
Vision	You	Pre-tax
Basic Life and AD&D	Allied World	Company Paid Benefit
Supplemental Life	You	Post-tax
Short Term Disability	Allied World	Company Paid Benefit
Long Term Disability	Allied World	Company Paid Benefit
FSA/ Transit Options	You	Pre-tax
Traditional and ROTH 401k	Allied World & You	Pre-tax/Post-tax

Medical Benefits

On the Road to Wellness



In 2019, Allied World will offer two medical plans, the **Standard Plan** and the **High Deductible Health Plan (HDHP)**.

This gives employees the flexibility to choose a medical plan that suits their needs and the needs of their family.

Both plans provide 100% coverage for preventive care for you and your family.

Medical	Standard Plan		HDHP	
	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network
Deductible¹ Employee / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	20%	40%	20%	40%
Out-of-Pocket Maximum² Employee / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Care	Fully Covered	40% after deductible	Fully Covered	40% after deductible
Primary Care Physician	\$25	40% after deductible	20% after deductible	40% after deductible
Specialist Visit	\$40	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lab and X-Ray	No Charge (after office copay)	40% after deductible	20% after deductible	40% after deductible
Emergency Room	\$150	\$150	20% after deductible	20% after deductible
Urgent Care	\$25 copay	\$25 copay	20% after deductible	40% after deductible
Prescription				
Retail (30-Day Supply)				
Tier 1	\$5	30% after deductible	\$5 after deductible	40% after deductible
Tier 2	\$25		\$25 after deductible	
Tier 3	\$40		\$40 after deductible	
Cigna 90 Now or Mail Order (90-Day Supply)				
Tier 1	\$10	Not Covered	\$10 after deductible	Not Covered
Tier 2	\$63		\$63 after deductible	
Tier 3	\$100		\$100 after deductible	

1. Copays do not apply to the deductible

2. Includes deductible

Cigna 90 Now

90-Day Prescription Refills



Filling your maintenance medications just got easier with Cigna 90 Now! Your plan includes a new maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly, over time, to treat an ongoing health condition. Cigna 90 Now offers you more choice in how, and where, you can fill your prescription.

Choose What Works Best For You

- **90-day supply:** If you choose to fill your prescription in a 90-day supply, you have to use a 90-day retail pharmacy in your plan's new network, or Cigna Home Delivery PharmacySM.
- **30-day supply:** If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's new network.

Filling a 90-day Prescription

With Cigna 90 Now, your plan offers a new retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions.

There are thousands of retail pharmacies in your new network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop! If you prefer the convenience of having your medications delivered to your home, you can also use Cigna Home Delivery Pharmacy to fill your prescriptions.

For more information about your new pharmacy network, you can go to [Cigna.com/Rx90network](https://www.cigna.com/Rx90network).





Health Savings Account (HSA)

Take Charge of Your Healthcare

Take charge of your healthcare spending with a health savings account (HSA), which works alongside the **HDHP**. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket health expenses with pre-tax dollars.

HSA Overview

The contributions made to your HSA are tax-free, and the money remains in the account for you to spend on eligible expenses, no matter where you work or how long it stays in the account. HSAs allow you to control your own money, year in and year out.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high-deductible health plan (like the **HDHP**).
- You are not covered by another medical plan or your spouse's health care flexible spending account or a health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You are not receiving Social Security benefits.
- You have not received Veterans Administration benefits.

Individuals age 55 or older may make an additional \$1,000 annual contribution to their HSA.

Your HSA account can be used for your expenses and those of your spouse and dependents (excluding domestic partners), even if they are not covered by the HDHP. Eligible expenses include doctor's office visits, eye exams, prescription expenses, and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

fyi

Employer Contributions

Employees who elect the **HDHP** will have the opportunity to contribute a portion of their paycheck, tax-free, into an HSA.



The company will also contribute to your HSA if you open an account with HSA Bank. The table below outlines the contributions for different levels of coverage:

	HDHP
	Allied World Contribution
Employee Only	\$750
All Other Tiers	\$1,000

Individually Owned Account

You own and administer this HSA. You determine how much you will contribute to your account, when to use the money to pay for eligible medical expenses, and when to reimburse yourself. Like a bank account, you must have a balance in order to be reimbursed. Although receipts are not required for reimbursement, we recommend that you keep receipts for tax documentation. HSAs allow you to save and “roll over” money if you do not spend it in the calendar year. The money in this account is always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

Maximize Your Tax Savings

Contributions to an HSA are tax-free (they can be made through payroll deduction on a pre-tax basis when you open an account with HSA Bank). If your HSA is with another financial institution, you can make after-tax contributions and take the tax credit at the end of the year when you file your taxes.

- The money in this account (including interest and investment earnings) grows tax-free.
- As long as the funds and any earnings are used to pay for qualified medical expenses, they are spent tax-free.

Learn more by visiting www.HSABank.com.

HSA Funding and Limits

The 2019 IRS maximum contributions, including employer contributions for these accounts, are:

- Employee only — \$3,500
- All other tiers — \$7,000
- HSA Catch-Up (Age 55 or older) — \$1,000

The total of your 2019 pre-tax contributions and Allied World's contributions combined cannot exceed the IRS maximum. **You are responsible for keeping track of all contributions to ensure your account does not exceed the IRS limit.**



How does the HSA work?



Every little bit counts, and adds up quickly...

If you save:	Balance in 5 yrs	Balance in 10 yrs	Balance in 15 yrs
 \$50 per month	\$3,000	\$6,000	\$9,000
 \$100 per month	\$6,000	\$12,000	\$18,000
 \$250 per month	\$15,000	\$30,000	\$45,000

Save up to 30% on taxes!

\$100 without an HSA

\$70 in your pocket

\$30 in taxes

\$100 with an HSA

\$100 IN YOUR POCKET

NO TAXES!

Who can you use your HSA for?



You, your spouse, and dependent children...even if they're not covered by your health plan, can use your HSA to pay for qualified medical expenses.

You Own Your HSA

It goes where you go and carries over each year.



Save For the Future

Not many accounts allow you to make tax-free contributions and tax-free withdrawals—and enjoy tax-free growth. So why not use your HSA to help maximize your potential to save for your future?

Cigna Website and Tools

Easy to Register and Easy to Use!



Nothing is more important than your good health. That's why there is [myCigna.com](https://mycigna.com) — your online home for assessment tools, plan management, medical updates, and more. The website can also be used to answer a variety of questions that you may have about your benefits. You and your dependents can access this website from home or on-the-go using your smart phone or other mobile device.

Why should I register?

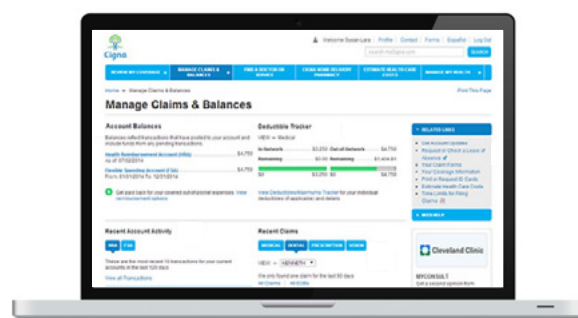
When you create an account with [myCigna.com](https://mycigna.com), you will be able to:

- Get answers to coverage questions
- Track claims activity and claims status
- Find a provider
- Manage your profile
- Print Temporary ID cards
- Complete your voluntary online Health Risk Assessment
- Research a variety of health and wellness related topics to make the best possible decisions
- Manage your health plan whenever and wherever you like
- Estimate healthcare costs and save on out-of-pocket expenses - Visit [myCigna.com](https://mycigna.com), log in and click on "Provider Search Tool"
- Learn how to live a healthier life

myCigna Mobile App

The **myCigna Mobile App** gives you an easy way to organize and access your important health information. Download the app today in your app store.

- Find a doctor, dentist or healthcare facility
- View ID card information for the entire family
- Review deductibles, account balances and claims



fyi

HOW TO REGISTER

1. Go to [myCigna.com](https://mycigna.com) and select "Register."
2. Enter your personal details like name, address and date of birth.
3. Confirm your identity with secure information like your Cigna ID, social security number or a security question. This will make sure only you can access your information.
4. Create a user ID and password.
5. Review and submit.

Please Note: If you are covered by another family member's Cigna plan, you may need to enter the Primary Customer's social security number or Cigna ID.

Cigna Telehealth Connection

24/7 Access to a Doctor



Provides immediate, on-demand 24/7/365 access to affordable, quality non-urgent care through a national network of licensed, board-certified doctors, including pediatricians via secure video chat or phone. You have the option to choose from two telehealth networks: AmWell and MDLIVE.

How it Works

REGISTER ONLINE

Register online with one or both vendors so you are ready to use service when needed.

- **AmWell:** AmWellforCigna.com
- **MDLIVE:** MDLIVEforCigna.com

SEE A DOCTOR VIA PHONE

- **Call toll-free** - Patient calls toll-free hotline available 24/7/365 including holidays: MDLIVE 888.726.3171 or American Well 855.667.9722.
- **Speak with a coordinator** - A consultation coordinator locates the next available doctor and prepares patient for the consultation.
- **Speak with the doctor** - Once an available doctor is located, the system automatically calls and connects the doctor to the patient vs. others.

SEE A DOCTOR VIA VIDEO CONFERENCE

- **Visit website** - Patient visits the American Well or MDLIVE website or can download each mobile app and log in with username and password.
- **Find a doctor** - System helps the patient search for a doctor by a criteria, such as specialty, language, gender, location, or simply finds the next available doctor.
- **See the doctor online** - Once an available doctor is located, the system automatically connects the doctor to the patient.

How much does it cost?

- **Standard Plan:** \$25 copay
- **HDHP Plan:** \$42 charge which would apply to the deductible, subject to coinsurance after deductible is met

Covered Conditions Include:

- Acne
- Allergies
- Cold and Flu
- Fever
- Headaches
- Pink Eye
- Rashes
- Sore Throat
- Sunburn
- Urinary Tract Infection

fyi

WHAT HAPPENS AFTER THE VISIT?

- **Email Communication** - Patient can elect for consultation history to be sent to personal doctor.
- **Prescription Services** - AmWell and MDLIVE doctors may prescribe medication when appropriate and send the prescription directly to your pharmacy.

Cigna Easy Choice Tool w/ One Guide

Choose a Plan With Confidence



Whether you're a current Cigna customer or considering Cigna for the first time, we understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why Cigna Easy Choice Tool with One Guide is available to you now.

Cigna Easy Choice Tool

Cigna Easy Choice Tool helps you choose the health plan that's right for you:

- Answer a few questions about what you want in a plan
- Based on your answers, we'll present the plans starting with your Best Fit, Next Best Fit, and so on
- Compare plans side-by-side to view costs, doctors and networks
- Create an Enrollment Checklist of your favorite plans
- Take the checklist with you when you enroll in your benefits

COMPARE PLANS TODAY

Access Cigna Easy Choice Tool by visiting bit.ly/2qcl1ei and entering your employee access code:

All Employees <\$50k
N2TZUKWY

All Employees \$50k – <\$100k
UJR9PA4H

All Employees \$100k – <\$250k
G272TUPR

All Employees \$250k+
W7MNEK47

Cigna One Guide

PRE-ENROLLMENT

Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance. Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers on any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

AFTER ENROLLMENT

After enrollment, the support continues for Cigna customers.

Your Cigna One Guide representative will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Cigna One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Don't wait until the last minute to enroll.

Call 888-806-5042 to speak with a Cigna One Guide representative today.¹

1. During enrollment, personal guides available Monday through Friday, 8:00 am–9:00 pm EST. Once your coverage begins, call the number on your ID card to speak with a personal guide. Additional customer service representatives are available 24/7.

Other Cigna Programs Designed For You



Cigna Lifestyle Management Programs

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no added cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone – or both.

- **Weight management:** Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier.
- **Tobacco:** Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good.
- **Stress management:** Learn what causes you stress in your life and develop a personal stress management plan.

ENROLL TODAY

To enroll in the program, or if you have questions, call 866.417.7848.

Or, if you want to enroll online, visit myCigna.com, select "My Health" tab, then "Programs and Resources," then select "Health Assistant" from the drop-down menu.

Cigna Healthy Rewards

Ready to work out? As a Cigna customer, you have access to a bunch of discounts on health programs and services, including gym memberships, through the Cigna Healthy Rewards® program.

SIGN UP TODAY

Start by logging in to myCigna.com and then:

1. Go to "My Plans" tab on the top left of your screen
2. Scroll down > "Stay Healthy"
3. Stay Healthy" > "Discount Programs—Healthy Rewards"
4. Find the blue tab > "Fitness & Mind/Body"
5. Scroll down > "Fitness Discounts" > "Low-cost Fitness Center Memberships" > "Learn More"

FIND A LOCAL GYM

From here the Active&Fit Direct™ page takes the heavy lifting out of finding a local gym and accessing your discounted membership – only \$25 per month!¹

From the home page, you can find a local gym by your zip code or city/state and get details on the facility. If you're ready to get your discounted membership, just click "Enroll Now."

Not ready to enroll? Click "Request Guest Pass Letter" in your search results, create an account and then print your guest pass.

1. Plus a \$25 one-time enrollment fee and applicable taxes

Cigna Healthy Pregnancies

Enrolling in the Cigna Healthy Pregnancies, Healthy Babies® program is an important first step toward a healthy future for you and your baby. They help you stay healthy before and during your pregnancy and in the days and weeks following your baby's birth.

Call 800-615-2906 to enroll today.

GET REWARDED

When you participate and complete the program you will receive:

- A \$75 incentive if you enroll by the end of your second trimester and complete the postpartum assessment; or
- A \$150 incentive if you enroll by the end of your first trimester and complete the postpartum assessment.



Dental Benefits

Keeping You Healthy



Taking care of your teeth is an important part of your overall health. That is why Allied World offers a dental plan that covers routine check-ups and additional services needed for your health. With the PPO plan, you receive benefits whether or not you and/or a dependent visit a participating dentist. You can maximize your benefits and lower your out-of-pocket costs by choosing a doctor in-network. A preventive incentive program is in place that increases the annual maximum by \$100, if you have diagnostic and preventive services done.

Dental	PPO Plan	
	In-Network	Out-of-Network
Deductible Employee / Family	\$50 / \$150	
Annual Benefit Maximum	\$1,000	
Preventive Services	100% (No Deductible)	100% of Reasonable & Customary Charge (No Deductible)
Basic Services	80% after deductible	80% of Reasonable & Customary Charge (No Deductible)
Major Services	50% after deductible	50% of Reasonable & Customary Charge (No Deductible)
Orthodontia	50%	
Lifetime Orthodontia Max	\$1,000	

fyi

NEED TO FIND A DENTIST?

Visit www.cigna.com or call (800) 997-1654 to learn more.



Vision Benefits

Cost Effective Peace of Mind

Allied World provides you with vision benefits through VSP. Choosing a vision provider in-network is a cost effective way to take advantage of the savings on exams, frames, lenses, and contacts. If you already have a vision provider that you would like to use, but is out-of-network, there are also savings available. These savings will not be as much as in-network, but they will help lower your out-of-pocket costs.

Vision	VSP Vision Plan	
	In-Network	Out-of-Network
Deductible Per Person	\$20	\$20
Vision Exam	Covered in Full ¹	Up to \$50 ¹
Contact Lens Exam Fitting and Evaluation	Up to \$60 ¹	
Frames	Covered up to Plan Allowance ¹	Up to \$70 ¹
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in Full ¹	Up to \$50 ¹ Up to \$75 ¹ Up to \$100 ¹ Up to \$75 ¹
Contact Lenses Elective Necessary	\$130 allowance for contacts	Up to \$105 ¹ Up to \$210 ¹
Frequency Exam Lenses Frames	Every 12 months Every 12 months Every 24 months	

fyi

**FIND THE RIGHT
EYE DOCTOR**

Visit www.vsp.com or call
(800) 877-7195 to learn more.

1. Less any applicable copays



Life & Disability Benefits

Always There For You



Allied World provides Basic and Supplemental Life, Accidental Death and Dismemberment, Short Term Disability, and Long Term Disability insurance to its employees through Prudential. The benefits through this plan are illustrated below:

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

- 2 x Annual Earnings to a maximum of \$1,000,000.
- Guaranteed Limit up to \$750,000.

Short-term Disability Insurance:

- Weekly benefit is 60% of weekly earnings to a maximum benefit of \$2,500 per week.
- Benefits begin on the 8th day of injury or illness.
- Maximum payment period: 26 weeks.
- Gross-up: You will be required to pay taxes on the premium, but the benefit will not be taxed.

fy

LOOKING FOR MORE INFORMATION?

Visit www.Prudential.com or call (800) 778-2255 to learn more.

Long-term Disability Insurance:

- Covers 60% of monthly earnings.
- Monthly maximum benefit up to \$15,000.
- Benefits begin after 180 days of disability.
- Gross-up: You will be required to pay taxes on the premium, but the benefit will not be taxed.

Supplemental Life Insurance:

- Individual: Up to 6 times annual earnings in increments of \$10,000 to a maximum of \$1,000,000.
- Spouse: Can be elected in units of \$5,000 to a maximum of \$250,000. Cannot exceed 50% of employee benefit.
- Dependent Children: Flat \$10,000. Maximum benefit for a dependent child who is less than 6 months old is \$500.
- Employee must elect coverage for self in order to elect for spouse/dependents.

Supplemental Voluntary Life Insurance Rates
(Per month per \$1,000 of coverage)

Age	Employee	Spouse
Under 25	\$0.060	\$0.060
25-29	0.060	0.060
30-34	0.080	0.080
35-39	0.090	0.090
40-44	0.100	0.100
45-49	0.150	0.150
50-54	0.230	0.230
55-59	0.430	0.430
60-64	0.660	0.660
65-69	1.270	1.270
70-74	2.060	2.060
75-99	6.035	6.035
Child Rate	\$2.00 per month for coverage	

Flexible Spending & Commuter Benefits

Pre-Tax Savings

Flexible Spending Account

Allied World offers employees the option to put money away tax free into a Flexible Spending Account (FSA) for Health Care and Dependent care expenses.

A Flexible Spending Account works like a savings account – each pay period a pre-tax payroll deduction is deposited to your Health Care and/or Dependent Care Flex Spending Account. You will be given a debit card associated with your Health Care FSA to use at the time of service or when paying bills manually.

Please keep in mind that funds in a Flexible Spending Account are subject to the “use it or lose it” rule. This means that you will have until March 15, 2020 to spend down your 2019 funds or any money left over will be forfeited. Make elections carefully and only choose to put away the money you predict you will spend in the upcoming plan year.

Account	Used For	Contributions
Health Care Flexible Spending Account	Most medical, dental, and vision care expenses (like co-payments, deductible, coinsurance, eyeglasses)	\$2,650 annual maximum
Dependent Care Reimbursement Account	Dependent care expenses (day care, after-school programs, or elder care programs) so you and your spouse can work or go to school full-time	\$5,000 annual maximum (per household) Up to \$2,500 annual maximum (if married, but filing separate return)

Commuter Benefit Plan

The Infinisource Commuter Benefit Plan provides you with the convenience and tax savings for doing what you already do – commute to and from work. You can deduct up to \$260 per month to pay for mass transit and \$260 per month to pay for parking costs on a pre-tax basis.

Please note: Transit amounts may only be spent on transit and parking amounts may only be spent on eligible parking.

fyi

LOOKING FOR MORE INFORMATION?

Please visit www.infinisource.net or call (866) 370-3040 to learn more.

Remember - You must re-enroll for the health care and dependent care FSA programs on an annual basis.

Employee Assistance Program

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges.

Confidential Counseling

The EAP is staffed by experienced clinicians and is available by phone 24 hours a day, seven days a week. A GuidanceConsultantSM is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Additional Resources

Financial issues can arise at any time, from dealing with debt to saving for college. Financial professionals are available to discuss your concerns and provide you with the tools and information you need to address your finances.

When a legal issue arises, attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Online Tools and Services

GuidanceResources[®] Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com.

Identity Theft Services

IDResources include:

- Assistance navigating the identity restoration process
- Notifying creditors and banks
- Contacting police departments to ensure that police reports are filed
- Ensuring identity theft affidavits are complete and submitted to credit card companies and credit reporting agencies

IDResources professionals understand the complex legal, financial, emotional and work-life issues that accompany identity theft.

Their integrated services help victims and their families cope with the prolonged effects of identity theft through:

- Counseling to address emotional issues
- Financial information from staff CPAs or CFPs to address credit issues
- Assistance with work-life needs

CONTACT THE EAP 24/7

Call: 800.311.4327

TDD: 800.697.0353

Online: guidanceresources.com

Your company Web ID: GEN311



Other Perks

401(k)

- **Eligibility:** Eligible day 1 of employment – enroll online in Oracle HRIS
 - Must be 21 years old to participate
- **Company Match:** up to 6% (dollar for dollar)
 - Vested at 100% from the day you enter plan
- **2019 Federal Max:** \$19,000
 - Note: \$19,000 is the IRS maximum limit that you contribute to retirement plan in 1 year, regardless of how many employers you had that year. Please be sure to consider contributions with previous employers when you decide on your AW contribution.
- **Age 50 & Over Catch Up Contribution:** \$6,000 (for anyone who turns 50 at any time during the year)
- Employees can change % at any time through the Oracle HRIS system
- Employees may roll over 401(k) from previous employers – contact HR

Paid Time Off (PTO) Days

- All time out of the office in one bucket (sick, personal and vacation days)
- Up to 5 PTO days can be carried over to next year
- All time out of the office needs manager approval
- Exempt employees will record their time out of the office in eDays and Non-Exempt employees will record all of their time in eTime

Referral Bonus

- Referral bonuses are awarded to employees who referred a candidate that was hired and stayed with the company for at least 6 months
 - If the position hired for is non-exempt the bonus is \$1,000
 - If the position hired for is exempt the bonus is \$2,000
- All employees except VP and above, HR and managers with hiring authority over the referred candidates are eligible for this bonus

fyi

UPDATE YOUR CONTRIBUTIONS

After your first paycheck, visit pensions123.com to choose your fund allocations. Until then, all 401(k) elections will default to the Balanced Fund- Invesco Equity and Income Investment Option.

First Time Logging In?

- Your username is your Social Security Number
- Your password is the last 6 digits of your SSN followed by your first and last initials.

Tuition Reimbursement

- For job related courses
- After you've been here for 6 months and are in good standing
- See Human Resources for more information

ESPP – Employee Share Purchase Plan

- Employees may contribute 1-10% of base salary through bi-weekly post-tax payroll deductions
- Shares are purchased bi-weekly and held in an account with Computershare
- 30% company match per pay period (also taxed)
- 20% company match at year end if company meets its financial targets
- Changes may be made to your election once per month or cancel at any time
- New hires must wait 6 months after hire date to enroll

Payroll Information



Overview

- Bi Weekly Payroll - Paid every other Thursday – 26 pay periods per year
- Paychecks mailed to each office, distributed by office administrator if receiving a live paycheck
- Direct Deposit – option to split between multiple accounts
 - Direct Deposit form located on the New Employee Orientation site
 - Takes 1 pay period to kick in; first check is a live check
 - No stubs will be issued - all stubs need to be obtained through the ADP iPay site
 - Once you receive your first paycheck, you will be able to register on the ADP iPay site

Register for ADP iPay Site

1. Go to <https://paystatements.adp.com> (save as a "Favorite" site)
2. Click on **"Register Now"**
3. Enter the self-service Registration Code which is: awac-ipay , then click on **"Next"**
4. Enter your Legal Name (like on your pay stub), enter SS# (no dashes), confirm SS#, then click on **"Next"**
5. Make note of your User ID for future access
6. Create and Confirm a Password (suggested specifications noted), then click on **"Next"**
7. Choose 3 security questions and enter the responses. Then click on **"Next"**
8. Input your email address
9. Enter phone numbers
10. In your preferred email, an **"Activation Code"** has been emailed to you for logging in
11. Retrieve and copy **"Activation Code"** from the email, and input into the area noted
12. Review data and click **"Submit"**
13. Click **"Done"**. You will see a message **"Registration is Complete"**

Employee Contributions

Your Contribution to Benefits

The following bi-weekly contributions are effective January 1, 2019:

Medical Plan	CIGNA Standard Plan	CIGNA HDHP
< \$50k		
Employee Only	\$21.89	\$5.12
Employee + Spouse	\$45.02	\$10.61
Employee + Child(ren)	\$36.56	\$8.60
Employee + Family	\$64.14	\$15.13
\$50k - <\$100k		
Employee Only	\$35.03	\$18.26
Employee + Spouse	\$72.04	\$37.62
Employee + Child(ren)	\$58.50	\$30.54
Employee + Family	\$102.98	\$53.98
\$100k - <\$250k		
Employee Only	\$76.62	\$43.08
Employee + Spouse	\$157.57	\$88.74
Employee + Child(ren)	\$127.97	\$72.04
Employee + Family	\$224.50	\$126.48
\$250k+		
Employee Only	\$113.84	\$80.30
Employee + Spouse	\$234.12	\$165.28
Employee + Child(ren)	\$190.12	\$134.19
Employee + Family	\$333.53	\$235.51

Dental Plan	CIGNA Dental Plan
Employee Only	\$4.75
Employee + Spouse	\$10.00
Employee + Child(ren)	\$10.00
Employee + Family	\$14.00

Vision Plan	VSP Vision Plan
Employee Only	\$5.07
Employee + Spouse	\$8.11
Employee + Child(ren)	\$8.28
Employee + Family	\$13.34



Important Contacts

Need additional information? Have a question about one of your benefits? Keep this brochure handy for a quick reference for all your benefit needs. Listed below are the carrier contacts for your reference. If you still have questions, please contact Human Resources.

Plan	Administrator	Website	Phone
Medical Benefits	Cigna	www.mycigna.com	1-800-997-1654
Cigna Telehealth Connection	AmWell	amwellforcigna.com	1-855-667-9722
	MDLIVE	mdliveforcigna.com	1-888-726-3171
Health Savings Account	HSA Bank	www.hsabank.com	1-800-357-6246
Dental Benefits	Cigna	www.mycigna.com	1-800-997-1654
Vision Benefits	VSP	www.vsp.com	1-800-877-7195
Life and AD&D Plan	Prudential	www.prudential.com	1-800-778-2255
Supplemental Life Plan			
Short Term Disability			
Long Term Disability			
Employee Assistance Program	ComPsych	www.guidanceresources.com Web ID: GEN311	1-800-311-4327
FSA	Infinisource	www.infinisource.com	1-866-370-3040
Commuter Benefit			

Required Notices

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA Special Enrollment Rights Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the Department of Labor website.

General Notice of COBRA Continuation Coverage Rights

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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. 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 it would otherwise end because of a life event. This is also called 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 required to pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 of the following qualifying events:

- 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 continuation 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. The employer must notify the Plan Administrator of the following qualifying events:
 - The end of employment or reduction of hours of employment;
 - Death of the employee;
 - The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation 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.

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. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. 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.

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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about 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.

Notice of Availability Allied World Assurance Company Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

Cigna (the "Plan") provides health benefits to eligible employees of Allied World Assurance (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Allied World Assurance Company Benefit Manager, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person.

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 Allied World Assurance Company may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna 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 is (are) a doctor 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 Human Resources.

GINA Notice to avoid Providing Genetic Information for Wellness Programs

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

Michelle's Law Notice

The Allied World Assurance Company Employee Benefits Plan (the "Plan") currently permits an employee to continue a child's coverage until the child's 26th birthday if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- Dependent child means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- Medically necessary leave of absence means a leave of absence or any other change in enrollment:
 - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
 - which is medically necessary
 - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

Women's Health and Cancer Rights Notice

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.

Availability of Health Insurance Marketplace Notice

General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

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

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 January 31, 2018. Contact your State for more information on eligibility:

ALABAMA – Medicaid	FLORIDA – Medicaid	MISSOURI – Medicaid	OREGON – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
ALASKA – Medicaid	GEORGIA – Medicaid	MONTANA – Medicaid	PENNSYLVANIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myalhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
ARKANSAS – Medicaid	INDIANA – Medicaid	NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid	NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-ato-z/hipp Phone: 1-888-346-9562	Medicaid Website: https://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhipp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999	Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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	Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
LOUISIANA – Medicaid	NEW YORK – Medicaid	UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1p10095.pdf Phone: 1-800-362-3002
MAINE – Medicaid	NORTH CAROLINA – Medicaid	VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP	
Website: http://www.mass.gov/cohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP	To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:	
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	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

Current as of March 22, 2018.

OMB Control Number 1210-0137 (expires 12/31/2019)



Questions?

If you have questions relating to the Allied World plans, please contact either:

Aleeta Jeamel at 25-1842 or aleeta.jeamel@awac.com

Dina Bonola at 25-1434 or dina.bonola@awac.com

Kathy Corneliuson at 25-1638 or kathy.corneliuson@awac.com

Please note that the benefits described in this guide may be changed at any time and does not represent a contractual obligation on the part of Allied World.