Samco Capital Markets, Inc.

Employee Benefits Guide

January 1, 2013–December 31, 2013

SAMCO 2013 Benefits Program

SAMCO Capital Market is proud to offer employees a comprehensive benefits program in addition to your compensation. We provide a balanced program that has been carefully chosen to help meet the financial needs of employees and families.

Benefits Start/Effective Date: Hire Date

You are eligible to enroll in the following **Coverage Options**:

- Medical
- Dental
- Vision
- Life and AD&D
- Long Term Disability
- Health Savings Account
- Flexible Savings Account/Dependent Care
- Commuter Account

Next Opportunity to Enroll or Make Changes: January 1, 2014
Deductibles and Annual Maximums Reset: January 1st

Before selecting a health plan, consider the following…

What are your family's needs?

Consider your health costs over the last year. How often did you vist your provider? Do you have regular prescriptions?

Individuals that have very few office visits and prescriptions may save by choosing a plan with lower premiums and a higher deductible.

Families with frequent doctor visits and prescriptions may save more by choosing a plan with co-pays and higher premiums.

Are your needs changing?

If you know you are having a baby or expect to have additional medical expenses in the near future, you will want to pay close attention to the deductible and maximum out of pocket on the plan. You may meet these quickly if you anticipate having higher medical expenses.

Pay now or later?

When you pay more up front for your medical coverage, you pay less when you need to use it. Pay less up front and you pay more to use the benefits. If you don't anticipate having many medical expenses, it may be worthwhile to pay more should you need to use the benefits and have less taken from your paycheck.

Frequently Asked Questions

Can I change my elections or add a dependent to the plan at a later time?

Once you elect or decline coverage, you will not be able to make changes until next open enrollment unless you experience a qualifying event such as:

- Marriage
- Birth
- Adoption
- Divorce
- Gain or loss of coverage

What is a Pre-Existing Waiting Period?

If you have had a gap in medical coverage more than 63 days in the last 12 months, you could be subject to a 12 month waiting period for any pre-existing conditions. Cigna will reduce this waiting period by the length of time you were covered by a prior medical carrier. Pre-Existing Waiting Period waived for dependents under age 19.

Finding a Medical or Dental Provider

Go to www.cigna.com.
On the top of the page, select "Find a Doctor". You can then search by name or specialty. The network is the Cigna Open Access Plus or OAP.

Can I see a doctor out of the network?

You can choose any doctor you wish to see, regardless of whether they are In-Network. However, Cigna will pay a higher percentage to an In-Network provider in most cases. In addition, In-Network providers have agreed to accept a contracted rate from Cigna. They cannot bill you for any additional costs outside of this allowable amount.

Out-of-Network providers can choose to bill you for any remaining amount Cigna does not cover. This is on top of the amount applied to your deductible, co-insurance or co-pay.

Can I cover my dependents?

You can cover the following people on your plan:

- Spouse
- Dependent children up to age 26 – medical only
- Dependent children (Unmarried) up to age 25 – if full time student –Dental and Vision

When will I get my insurance cards?

You will receive a Cigna medical ID card in the mail approximately 15-21 business days after you enroll. MetLife dental and Guardian vision ID cards will not be re-issued unless you are enrolling in the plan for the first time.

Medical Details Cigna

	HSA	PPO
In-Network Deductible (Individual / Family)	$3,000 / $6,000	$1,000 / $3,000 In and out-of-network deductible are combined
Out-of-network Deductible (Individual / Family)	$6,000 / $12,000	
In-Network Coinsurance	0% (Plan Pays 100%)	20% (Plan Pays 80%)
In-Network OOP Maximum	$3,000 / $6,000	$4,000 / $12,000
Out-of-Network OOP Maximum	$12,000 / $24,000	$7,000 / $21,000
In-Network Office Visits	Deductible + 0%	$30 Co-pay
In-Network Preventive Care	$0	$0
Emergency Room (In Emergency Situations)	Deductible + 0%	$100 Co-pay
Urgent Care	Deductible + 0%	$55 Co-pay
Prescription Drugs	Deductible + 0%	$20 Generic $40 Preferred $60 Non-Preferred

See Plan Documents for details on how specific services are covered.

Monthly Rates	HSA	PPO
Employee Only	$0	$0
Employee + Spouse	$537.01	$689.85
Employee + Child	$433.17	$513.86
Employee + Family	$913.33	$1024.68

Health Savings Account

Electing the HSA plan allows you to open an HSA Savings Account to contribute pre-tax .

Terms to Know

Deductible – The amount you are required to pay each calendar year before any coinsurance payments will be made. Co-pays do not apply to the deductible. **Deductible resets January 1st of each year.**

Coinsurance – Plans pay a set percentage of the allowed amount of the covered expense. The amounts listed above reflect your responsibility up to the out-of-pocket (OOP) Maximum.

In-Network out-of-pocket (OOP) Maximum – The highest amount you are required to pay in coinsurance and deductibles for any covered expenses performed by an in-network provider in any calendar year.

Out-of-Network Out-of-pocket (OOP) Maximum – The highest amount you are required to pay in coinsurance and deductibles for covered expenses performed by an in or Out-of-Network provider in any calendar year. Using Out-of-Network providers may result in additional costs not included in this maximum if the provider bills more than the allowed amount. **OOP Maximum resets January 1st of each year.**

Preventive Care – Services include routine physical exams, certain routine test and immunizations. The plans pay 100% for these services performed in-network when they are coded by the provider as preventive services and are preformed in accordance with age and frequency requirements.

Dental Details MetLife

In-Network Benefits	DENTAL DHMO	DENTAL PPO PLAN
Calendar Year Maximum	Unlimited	$1,500
Deductible (Applies to Basic and Major Services)	$0	$50 Individual up to 3 per family
Preventive Services Exams, Bitewing X-rays, Cleanings, Fluoride, Sealants	100% (Plus $5 Co-pay)	100%
Basic Services Full Mouth X-rays, Fillings, Extractions, Oral Surgery, Periodontics, Endodontics	Fee Schedule (Plus $5 Co-pay)	80%
Major Services Dentures, Bridges, Crowns, Inlays, Onlays	Fee Schedule (Plus $5 Co-pay)	50%
Orthodontia	Fee Schedule (Adults & Children)	50 % up to $1,500 (Children to 19 years of age)

Monthly Dental Rates	DHMO	PPO
Employee Only	$4.09	$34.95
Employee + Spouse	$11.39	$66.35
Employee + Child	$22.60	$93.80
Employee + Family	$24.89	$120.38

Pre-Determine Benefits

Ask your dentist to request a pre-determination of benefits for treatments with anticipated charges of $300 or more. This will confirm how much the plan will cover and what you will owe

Network/Out-of-Network Billing

In-Network:
DHMO – You receive negotiated discounts from network doctors
PPO Plan – You receive regular contracted savings and you can visit any dentist but you pay less In-Network

Out-of-Network:
DHMO – there are no out-of-network benefits. You must use an In- Network doctor
PPO Plan – You pay at the 90% Usual and Customary Fee. Take average 9 of 10 dentists in a zip code and will pay up to that mark (deductible and coinsurance would apply)

Vision Details Guardian

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK REIMBURSES UP TO:
Vision Exam (every 12 months)	$10 Co-pay	$10 Co-pay
Lenses (every 12 months)	$25 Co-pay	$48 Single Vision $67 Bifocal $86 Trifocal
Frames (every 24 months)	Up to $120	Up to $48
Contact Lenses (every 12 months) **(In lieu of lenses and frames)**	Elective – up to $120 Medically Necessary – $0	Elective up to $105 Medically Necessary up to $210

Monthly Vision Rates	
Employee Only	$2.12
Employee + Spouse	$7.08
Employee + Child	$6.68
Employee + Family	$7.17

Out-of-Network Benefits

If you elect vision coverage and choose to use an Out-of-Network provider, you still receive a great benefit. You will be reimbursed up to the Out-of-Network maximums. In order to receive reimbursement, all you need to do is submit the itemized paid receipt(s), and the Vision Claim Form.

Long Term Disability (Employer Paid)

Guardian

SAMCO provides every eligible employee with company paid Long Term Disability. Benefits include:

- Provides you with income if you have an accident or illness that prevents you from working long term
- 60% of earnings up to $10,000 per month
- 90 day elimination period
- Benefit Duration to age 65 or to Social Security Normal Retirement Age

Life and AD&D Details (Employer Paid)

Guardian

Life Benefit: 2x Annual Salary up to $500,000
Accidental Death and Dismemberment: In the event of an accidental death, your benefit is doubled.
**Refer to plan documents for details.*

Need Assistance?

Wischmeyer Benefit Partners Benefit Consultants are to help you understand the benefits available at 972-663-7293 or email us at: groupbenefits@wischmeyerbenefitpartners.com.

Voluntary Life and AD&D Details

Guardian

Employee Coverage Options
Available in $10,000 increments up to maximum of $500,000. Your voluntary life coverage includes Accidental Death and Dismemberment (AD&D) coverage equal to one times the life benefit selected. First time eligible employees can get $100,000, not to exceed 5 times your annual salary, guaranteed, with no medical underwriting. If you are not a new employee or are currently enrolled and want to increase your coverage amount, you must submit an Evidence of Insurability (EOI) form for approval. See cost illustration on page 6 for rate details.

Spouse Coverage Options
Available in $5,000 increments, not to exceed 50% of the employee coverage amount, to a maximum of $250,000. First time eligible employees can get $50,000 of coverage for your spouse guaranteed, with no medical underwriting.

Child(ren) Coverage Options
Available in $2,000 increments to a maximum of $10,000, not to exceed 50% of the employee coverage amount. First time eligible employees can get $10,000 of coverage for your child(ren) guaranteed, with no medical underwriting. Child(ren) are covered up to 26 years of age, if a full time student.

Voluntary Life and AD&D Cost Illustration

See Guardian EPOD for additional Rates

Employee Monthly Premium Table					
	$100,000	$200,000	$300,000	$400,000	$500,000
0 – 24	9.00	18.00	27.00	36.00	45.00
25 – 29	9.00	18.00	27.00	36.00	45.00
30 – 34	10.00	20.00	30.00	40.00	50.00
35 – 39	12.00	24.00	36.00	48.00	60.00
40 – 44	17.00	34.00	51.00	68.00	85.00
45 – 49	26.00	52.00	78.00	104.00	130.00
50 – 54	38.00	76.00	114.00	152.00	190.00
55 – 59	60.00	120.00	180.00	240.00	*300.00*
60 – 64	93.00	186.00	279.00	372.00	465.00
65 – 69	146.00	292.00	438.00	584.00	730.00

The spouse rate is based on the employee's age as of the effective date of your benefits.

Spouse Monthly Premium Table										
	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
0 – 24	0.45	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50
25 – 29	0.45	0.90	1.35	1.80	2.25	2.70	3.15	3.60	4.05	4.50
30 – 34	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
35 – 39	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
40 – 44	0.85	1.70	2.55	3.40	4.25	5.10	5.95	6.80	7.65	8.50
45 – 49	1.90	3.80	5.70	7.60	9.50	11.40	13.30	15.20	17.10	19.00
50 – 54	3.00	6.00	9.00	12.00	15.00	18.00	21.00	24.00	27.00	30.00
55 – 59	4.65	9.30	13.95	18.60	23.25	27.90	32.55	37.20	41.85	46.50
60 – 64	7.30	14.60	21.90	29.20	36.50	43.80	51.10	58.40	65.70	73.00
65 – 69	11.95	23.90	35.85	47.80	59.75	71.70	83.65	95.60	107.55	119.50

All Children Monthly Premium Table					
	$ 2,000	$ 4,000	$6,000	$8,000	$10,000
Rate	.32	.64	.96	1.28	1.60

The child rate covers all children in the family.

If you are not a new employee or are currently enrolled and want to add or increase your spouse's coverage amount, you must submit an Evidence of Insurability (EOI) form for approval.

Health Savings Account (HSA)

Benchmark Bank

How it Works

Like an FSA, contributions to your HSA are pre-tax dollars set aside from your paycheck. Not paying taxes on these contributions can mean a savings of 15-25% or even more depending on your tax bracket.

You are NOT eligible to participate in an HSA if you are enrolled in:

- Full Flex Spending Account (applies to spouse as well) Limited FSA allowed
- A traditional PPO plan with co-pay benefits
- Medicare
- Military coverage (TriCare or VA benefits if used within past three months).

The HSA is a bank account. There are fees associated with the account, go online to **www.benchmarkbankhsa.com** to view.

You DO NOT have to submit receipts or show documentation of your expenses. However, it's recommended that you keep your receipts in case you are ever audited by the IRS.

Should you choose to do so, you can take money out of your HSA for ineligible expenses. However, the IRS will tax these withdrawals and assess a 20% penalty.

Contributing to the HSA

You can start or stop contributions to your HSA at any time during the year. It's important to remember to open the account as soon as your benefits are effective.

After making your initial contribution, you can use funds from the account to pay for any eligible expense. If you don't have the money in the account at the time of service, use another form of payment and you can reimburse yourself later after adding money to your HSA account.

	2013 IRS Max
Employee Only	$3,250
Family	$6,450
Catch Up Contribution (for those age 55+)	Additional $1,000

Section 125 Cafeteria Plan Details
ADP

Pre-Tax Deductions

Your payroll deductions for medical, dental, and vision coverage will be made on a pre-tax basis, reducing your federal, state, social security and Medicare tax liability. This will save you up to 25% on your premiums.

Full Flexible Spending Account (FSA)

Reduce your taxable income by contributing up to $2,500 pre-tax, per year to use for qualified **medical, dental and vision** expenses for you, your spouse, or your dependent children. Any money remaining in the account after the plan year ends will be forfeited. ***Important Note: The Full Flexible Spending Account is not available if you are contributing to a Health Savings Account (HSA) for 2013.***

Dependent Care Flexible Spending Account (Dependent)

Reduce your taxable income by contributing up to $5,000 pre-tax ($2,500 if married & file separate tax returns) for eligible child care expenses for children under age 13, disabled dependents and adult day care. Any money remaining in the account after the plan year ends will be forfeited.

Parking & Transit Reimbursement Account (Commuter)

Reduce your taxable income by contributing pre-tax dollars to reimburse expenses that you incur for parking and transit. Any money remaining in the account after the plan year ends will be forfeited. You can contribute up to $240 per month pre-tax for parking at or near your workplace or at a train or vanpool station and an additional $125 per month pre-tax for transit passes, tokens, fare cards, vanpooling.

Open Enrollment

How Do I Make My Elections?

All elections must be made using the Benefits Election Sheet. The Open Enrollment period is December 13th - December 17th. You **must** enroll by December 17th.

Once elections are entered you MUST submit to SAMCO Human Resources Department

If you have questions, please contact Wischmeyer Gallagher by calling 972-663-7293 or 800-293-8580.

Important Contact Information

Wischmeyer Gallagher
Benefits Customer Service
972-663-7293
Dallas-2.GBS.Eligibility@ajg.com

Cigna
Medical
1-800-Cigna24
www.mycigna.com

MetLife
Dental:
1-800-ASK-4MET
www.metlife.com
www.eyemedvisioncare.com/metlife

Guardian
Vision
1-888-278-4542
Life and Disability
1-888-278-4542
www.guardiananytime.com

Benchmark Bank
HSA Accounts
1-866-524-2483
www.benchmarkbankhsa.com

ADP
Section 125 (FSA, Dependent Care, Commuter Savings)
1-866-469-4910
www.flexdirect.adp.com

Important Notices

To all employees covered under the SAMCO Capital Markets, Inc. Group Health Plan:

You will receive a short document called a "Summary of Benefits and Coverage" ("SBC") along with a Glossary of Terms. The SBC will summarize the key features of your plan, such as the covered benefits, cost-sharing provisions, coverage limitations and exceptions, and provide coverage examples to show what proportion of the cost of care our health plan would cover for a sample patient for two common medical situations—having a baby and managing type 2 diabetes. The Glossary explains terms commonly used to describe your health insurance coverage such as "deductible" and "copayment."

These materials are intended to help you compare insurance choices and are required by the Patient Protection and Affordable Care Act (sometimes called "healthcare reform").

QUESTIONS: If you should have questions, please direct your inquiry to Joe Mannes at 214-765-1400 or Wischmeyer Benefits at (800) 293-8580.

To all employees covered under the SAMCO Capital Markets, Inc. Group Health Plan:

Our health plan provides coverage for the following without cost-sharing (i.e., without a copayment or coinsurance):

(1) well-woman visits;
(2) gestational diabetes screening for women 24 to 28 weeks pregnant;
(3) high-risk human papillomavirus ("HPV") DNA testing for women who are 30 or older;
(4) sexually transmitted infection ("STI") counseling;
(5) contraception and contraceptive counseling (including all FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling);
(6) breastfeeding support, supplies, and counseling; and
(7) domestic violence screening.

QUESTIONS: If you should have questions, please direct your inquiry to~~:~~
Joe Mannes at 214-765-1400 or Wischmeyer Benefits at (800) 293-8580.

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 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 to request special enrollment or obtain more information, contact Wischmeyer Benefits at 800-293-8580 or Joe Mannes at 214-765-1400.

Special Enrollment Notice

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

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

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for premium assistance under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request coverage within 60 days of being determined eligible for premium assistance or within 60 days after the loss of Medicaid or CHIP coverage.

General Notice of Preexisting Condition Exclusion

This plan imposes a preexisting condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the preexisting condition exclusion and creditable coverage should be directed to Wischmeyer Benefits at 800-293-8580 or Joe Mannes at 214-765-1400.

Important Notice from SAMCO Capital Markets, Inc. About Your Creditable Prescription Drug Coverage and Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage

set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

SAMCO Capital Markets, Inc. has determined that the prescription drug coverage offered by the SAMCO Capital Markets, Inc. Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to enroll in a Medicare prescription drug plan, and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop SAMCO Capital Markets, Inc. Group Health Plan coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the plan.

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

You should know that if you waive or leave coverage with SAMCO Capital Markets, Inc. Group Health Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SAMCO Capital Markets, Inc. Group Health Plan changes. You also may request a copy at any time.

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

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

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Visit www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

For more information about this notice or your prescription drug coverage, contact Wischmeyer Benefits at 800-293-8580 or Joe Mannes at 214-765-1400.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

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 March 3, 2010. You should contact your State for further information on eligibility.

ALABAMA – Medicaid	**CALIFORNIA** – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	**COLORADO** – Medicaid and CHIP
Website http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 602-417-5422	
ARKANSAS – CHIP	**FLORIDA** – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237
GEORGIA – Medicaid	**MONTANA** – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	**NEBRASKA** – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov CHIP Website: www.medicaid.idaho.gov Medicaid Phone: 208-334-5747 CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	**NEVADA** – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	
www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	
KANSAS – Medicaid	**NEW HAMPSHIRE** – Medicaid
https://www.khpa.ks.gov Phone: 800-766-9012	http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	**NEW JERSEY** – Medicaid and CHIP
http://chfs.ky.gov/dms/default.htm	Medicaid Website: http://www.state.nj.us/humanservices/

Phone: 1-800-635-2570	dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
www.dhh.louisiana.gov/offices/?ID=92 Phone: 1-888-342-6207	
MAINE – Medicaid	**NEW MEXICO –** Medicaid and CHIP
http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	
MINNESOTA – Medicaid	**NEW YORK –** Medicaid
http://www.dhs.state.mn.us/ Phone: 800-657-3739	http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	**NORTH CAROLINA** – Medicaid
http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**UTAH** – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	**VERMONT**– Medicaid
http://www.insureoklahoma.org Phone: 1-888-365-3742	http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	**VIRGINIA** – Medicaid and CHIP
http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	**WASHINGTON** – Medicaid
http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	**WEST VIRGINIA** – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	**WISCONSIN** – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more states have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565