

# 2024 Plan Year

## State Farm Group Health and Welfare Plan

### Summary of Material Modifications

The State Farm Insurance Companies Group Health and Welfare Plan for United States Employees includes the component benefit options listed below.

The following benefit options have changes, other than rates, effective January 1, 2024:

- Group Medical PPO plan and Pre-65 Retiree Group Medical PPO option, administered by BCBSIL
- NEW: Group Medical Qualified High Deductible Health Plan administered by BCBSIL
- NEW: Limited Purpose Flexible Spending Account (LPFSA) administered by Optum Financial
- Health Care Flexible Spending Account (HCFSA) administered by Optum Financial
- Group Medical Plan – ACO (Aetna Option) (Offered in limited locations)
- Group Medical Plan - Insured Option (includes HMOs) (Offered in limited locations)
- Group Vision Plan

The following benefit options will not have any substantive changes, other than rates, if applicable:

- Group Dental PPO Plan
- Group Dental Plan - Insured Option (DHMO) (Offered in limited locations)
- Dependent Care Flexible Spending Account (DCFSA) administered by Optum Financial
- Group Life and Accidental Death & Dismemberment (AD&D) Plan
- Group Voluntary Accidental Death & Dismemberment (AD&D) Plan
- Group Long Term Disability Plan
- Retired Employee Health Reimbursement Arrangement (RHRA) Plan
- Employee Assistance Plan (EAP)

Each of the benefit options are described in their respective Summary Plan Descriptions / Certificate of Coverage and in the Summaries of Material Modifications that have been issued since the date of the Summary Plan Description / Certificate of Coverage. These may be found on the Total Rewards intranet site under the Quick Links for [Plan Documents](#) or online at the My State Farm Benefits Resource website at [www.statefarmbenefits.com](http://www.statefarmbenefits.com) under the Plan Documents link on the left side.

Important notices regarding your rights with respect to mastectomy coverage, newborns' and mothers' health protections, and the children's health insurance protection as well as information about accessing Summaries of Benefits and Coverage and HIPAA privacy begin on page 6. These "Annual Notices" may also be viewed under Annual Notices on the My State Farm Benefits Resource website or by visiting the Total Rewards intranet site under Health & Welfare, under More Health & Welfare Benefits.

For more information on specific benefits, please view the [Annual Enrollment Benefit Fair website](#). Within that site, under the Enrollment tab, use the Rate Modeler to see which benefits you are qualified for based on your location and use the Benefit Contact list to find the contact information for the various benefits.

## Group Medical PPO plan and Pre-65 Retiree Group Medical PPO option, administered by BCBSIL

Plan Changes Effective January 1, 2024:

Bariatric Surgeries will only be covered when provided by SurgeryPlus™

- The SurgeryPlus™ benefit is a comprehensive surgical program that provides a personalized concierge experience from dedicated Care Advocates and access to quality-centric health care through a network of credentialed surgeons.
- Deductible and Coinsurance will be waived.
- For more information, call a SurgeryPlus™ Care Advocate at 833-469-2019

Orthoptic Therapy / Visual Therapy will be a covered service.

- These services will be subject to the Deductible, Coinsurance Percentage, and the Major Medical Services' Out-of-Pocket Expense Limit.
- Orthoptic therapy is a program of eye exercises that aims to improve or correct eye problems such as lazy eye, crossed eyes, or poor eye condition.

The \$200 Emergency Room co-pay will be waived, if the member is admitted.

- Emergency Room Visit Charge for each Visit to an Emergency Room, the first \$200 in Eligible Charges is the Covered Individual's responsibility. This \$200 charge will be applied toward the satisfaction of the applicable Out-of-Pocket Expense Limit. If admitted, this charge will be waived.
- HRA funds may not be used to reimburse this member Out-of-Pocket expense.

The plan will no longer cover expenses for educational, instructional, or vocational training and materials such as but not limited to books, tapes, videos, pamphlets, software, and self-management tools related to diabetes, asthma, or other conditions.

Christian Science practitioner services will no longer be a covered service.

Prescription Drug Updates: Caremark Cost Saver

The Plan is amended to provide Caremark Cost Saver to help lower pharmacy out-of-pocket drug costs. With this program, members will have automatic access to GoodRx's prescription pricing to allow them to pay lower prices, when available, on generic medications.

- The amount paid will automatically be applied to members' deductible and out-of-pocket thresholds.
- Plan members will utilize their existing benefit card at their preferred in-network pharmacy. No action is required by members.

## Group Medical Qualified High Deductible Health Plan (QHDHP) administered by BCBSIL

Plan Changes Effective January 1, 2024: NEW PLAN

The Group Medical Qualified High Deductible Health Plan (QHDHP), also referred to as the 4E QHDHP (HSA) plan, offers an alternative to existing health plans and features a lower monthly premium than most State Farm medical plans. It has a higher deductible that must be met before the plan starts to cover qualifying costs, and there is NO out-of-network coverage. This plan is available to employees nationwide (except HI). This plan meets the criteria for a qualified high deductible health plan. Therefore, an employee may open a Health Savings Account (HSA). An employee in this option may not use the HCFSA for all types of medical expenses, but may participate in the Limited Purpose Flexible Spending Account (LPFSA) option for dental and vision expenses.

If an employee elects the QHDHP (HSA) option, they will be given an opportunity to sign up for an HSA, administered by Optum Financial. Employees will be prompted to open an account upon enrollment. While the employee does not have to open that HSA, if the account is opened, the Company will contribute to it. Here is some general information about HSAs:

- An HSA is an individually owned tax-advantaged account. The funds and their earnings are not subject to federal income tax if used for qualified medical expenses.
- An HSA is only compatible with a qualified high deductible health plan.
- Employees may contribute pre-tax dollars to their HSA and earn interest on those funds. If the account balance is \$1,000 or more, you may elect to invest those funds.
- The HSA funds belong to YOU so you can take the balance, including any interest and State Farm contributions, with you should you leave the plan or State Farm®.
- If you elect the 4E QHDHP (HSA) option and open an HSA with Optum, State Farm will contribute up to \$600 for individual coverage (\$1,200 for all other tiers), evenly split over the first two checks of each month throughout the year. The State Farm bi-monthly contributions will be prorated if you join the plan mid-year.
- While State Farm may contribute funds to the HSA account, State Farm is not involved with HSA account administration and does not participate in the establishment or selection of interest rates or investment options. Your HSA would be opened with Optum Financial and would be subject to the terms and conditions set forth in the Optum materials.

**NOTE:** Bariatric Surgeries will only be covered when provided by SurgeryPlus™, as outlined below:

- The SurgeryPlus™ benefit is a comprehensive surgical program that provides a personalized concierge experience from dedicated Care Advocates and access to quality-centric health care through a network of credentialed surgeons.
- Deductible will apply, but Coinsurance will be waived.
- For more information, contact a SurgeryPlus™ Care Advocate at 833-469-2019

### **Limited Purpose Flexible Spending Account (LPFSA) administered by Optum Financial**

Plan Changes Effective January 1, 2024: NEW BENEFIT

If you elect the 4E QHDHP (HSA) option, you may also elect to enroll in a Limited Purpose Flexible Spending Account (LPFSA) with Optum Financial.

- The LPFSA operates like the Health Care Flexible Spending Account (HCFSA). You may elect to contribute pre-tax dollars to this plan to cover eligible dental and vision expenses only. The LPFSA may not be used for other medical expenses.
- You may contribute up to the IRS maximum limits for LPFSA.
- If you participated in the HCFSA option during 2023 and have an outstanding balance as of December 31, 2023, that balance may be accessed until March 31, 2024, and may only be used for expenses incurred during 2023.
  - Outstanding HCFSA balances that, as of March 31, 2024, are at, or between, \$30 and \$550 will be rolled into your LPFSA. The rollover funds will be available in mid-April.
  - Amounts less than \$30 and greater than \$550 will be forfeited.

## Health Care Flexible Spending Account Plan (HCFSA)

Plan Changes Effective January 1, 2024:

Contributions:

- Members may contribute up to the IRS maximum limits for HCFSA.
- Members electing the 4E QHDHP (HSA) option are not eligible for the HCFSA. (See LPFSA above.)

Rollover rules:

- HCFSA fund balance must be at least \$30 in order to rollover to the next plan year.
- HCFSA fund balances at, or between, \$30 and \$550 will roll over to the next plan year. Funds under \$30 or over \$550 will be forfeited.
- HCFSA rollover funds will be available mid-April 2024 (after the 2023 plan year has closed).
- If a member elects the 4E QHDHP (HSA) option for 2024, the rollover of 2023 HCFSA will go to the LPFSA option (above).

**Reminder:** Participants have until March 31, 2024 to submit claims for 2023 plan year.

## Group Medical Plan – ACO (Aetna Option)

Plan Changes Effective January 1, 2024:

The Plan has removed the copay for Habilitative Services (Physical Therapy, Occupational Therapy and Speech Therapy – PT/OT/ST), Autism PT/OT/ST, and Autism Applied Behavioral Analysis (ABA).

Prescription Drug Updates: Caremark Cost Saver

The Plan is amended to provide Caremark Cost Saver to help lower pharmacy out-of-pocket drug costs. With this program, members will have automatic access to GoodRx's prescription pricing to allow them to pay lower prices, when available, on generic medications.

- The amount paid will automatically be applied to members' deductible and out-of-pocket thresholds.
- Plan members will utilize their existing benefit card at their preferred in-network pharmacy. No action is required by members.

**Reminder:** Eligibility for coverage under this plan is based on the employee's location.

## Group Medical Plan - Insured Option (includes HMOs)

Changes in Insured Carriers: None

Plan Changes Effective January 1, 2024:

Deductible: The Kaiser HMO plans will have deductibles of \$350 individual and \$700 for employee +1 or more.

- Hawaii is not impacted by this change.

Out of Pocket Maximum: The Kaiser HMO plans will now have an out-of-pocket maximum of \$3,000 individual and \$6,000 for employee +1 or more.

- Hawaii is not impacted by this change.

Copays, laboratory services, urgent care, inpatient, outpatient, and/or prescription coverage may have changed.

Please verify the plan coverage that applies by reviewing the insurer's documents, like the Summary of Benefits and Coverage (SBC).

**Reminders:**

- Eligibility for coverage under an HMO or other insured option is based on the employee's location.
- These plans are fully-insured and administered by the applicable insurance carrier, which is not State Farm. **As such, please pay close attention to the individual carrier's plan documents and supplemental information for coverage details as they may make changes to the coverage that is provided.** If you would like more information, please contact the applicable carrier or the State Farm Benefits Center.

**Group Vision Plan**

Plan Changes Effective January 1, 2024:

Base Plan Allowance Enhancements:

- Frame allowance at VSP Doctors and Retail Chains: \$175 (previously \$150)
- Frame allowance at VSP Featured Frame Brands: \$195 (previously \$175)
- Frame allowance at Costco® Optical: \$95 (previously \$80)
- Prescription Contact Lens Allowance, in lieu of glasses: \$175 (previously \$150)

No change to Easy Options plan.

**Group Dental PPO Plan**

Plan Changes Effective January 1, 2024: None.

**Group Dental Plan - Insured Option (DHMO)**

Plan Changes Effective January 1, 2024: None

**Dependent Care Flexible Spending Account Plan (DCFSA)**

Plan Changes Effective January 1, 2024: None.

**Reminders:**

- After April 1, 2023, unused DCFSA funds are no longer permitted to carry over into the next Plan year.
- Participants have until March 31, 2024 to submit claims for 2023 plan year.

**Group Life and AD&D Plan**

Plan Changes Effective January 1, 2024: None.

**Group Voluntary AD&D Plan**

Plan Changes Effective January 1, 2024: None

**Reminder:** You may choose to cover your Dependent Adult under the Individual Coverage option or the Family Coverage option. If the Dependent Adult (Spouse or Partner) is covered under Individual Coverage, the coverage for each child doubles from 5% of the Employee's coverage amount to 10%.

**Group Long Term Disability (LTD) Plan**

Plan Changes Effective January 1, 2024: None

**Reminder:** if switching from the 50% to the 60% coverage option, pre-existing condition limitations may apply if you have a disability claim within 12 months from January 1, 2024.

### Retiree Health Reimbursement Arrangement (RHRA) Plan

Plan Changes Effective January 1, 2024: None.

**Reminder:** this Plan is for Inactive Employees (generally, retirees who meet hire date, age, and years of service requirements) and the eligible Dependents of some of those Inactive Employees who become eligible for Medicare due to age.

### Employee Assistance Plan (EAP)

Plan Changes Effective January 1, 2024: None.

**Reminder:** Effective May 2023, the EAP provider changed its name to TELUS Health.

### Annual Notices

- **Mastectomy Coverage**  
As required by the Women's Health and Cancer Rights Act of 1998, the Group Medical PPO Plan provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Deductibles and coinsurance limitations may apply as set out in the plan. For more information on these benefits, contact the State Farm Benefits Center at 1- 866-935-4015 from 7 a.m. to 6 p.m., Central Time, Monday through Friday or reach out to the health plan.
- **Statement of Rights Under the Newborns' and Mothers' Health Protection Act (NMHPA)**  
Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact the State Farm Benefits Center at 1- 866-935-4015 from 7 a.m. to 6 p.m., Central Time, Monday through Friday or reach out to the health plan.

- **Summary of Benefits and Coverage (SBC)** The Affordable Care Act generally requires all group health plans and health insurance issuers offering group health insurance coverage to provide enrollees with a standardized Summary of Benefits and Coverage so enrollees and participants are able to compare plans more easily. You

can find the applicable Group Medical Plan's SBCs on the My State Farm Benefits Resource website at [www.statefarmbenefits.com](http://www.statefarmbenefits.com).

- Important Information About Your Privacy The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. You may obtain a copy of this Notice by accessing the My State Farm Benefits Resource website at [www.statefarmbenefits.com](http://www.statefarmbenefits.com), by contacting the State Farm Benefits Center at 1-866-935-4015 from 7 a.m. to 6 p.m., Central Time, Monday through Friday, or by mailing your request to State Farm Insurance Companies, Total Rewards - Benefits, C-1, One State Farm Plaza, Bloomington, IL 61710-0001.
- 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 are 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 are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

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If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2023. Contact your State for further information on eligibility –

<p align="center"><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a></p> <p>Phone: 1-855-692-5447</p>	<p align="center"><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com</p> <p>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>
<p align="center"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center"><b>CALIFORNIA – Medicaid</b></p> <p>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>
<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a></p>	<p align="center"><b>COLORADO – Continued</b></p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442</p>
<p align="center"><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>	<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479</p> <p>All other Medicaid Website: <a href="http://www.in.gov/medicaid/Phone">http://www.in.gov/medicaid/Phone</a> 1-800-457-4584</p>	<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/membersMedicaid">https://dhs.iowa.gov/ime/membersMedicaid</a> Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562</p>



<b>KANSAS – Medicaid</b>	<b>KENTUCKY – Medicaid</b>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884 HIPP Phone: 1-800-697-4660</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>
<b>LOUISIANA – Medicaid</b>	<b>MAINE – Medicaid</b>
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a></p> <p>Phone: 1-800-977-6740 TTY: Maine relay 711</p>
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>MINNESOTA – Medicaid</b>
<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840 TTY: 711</p> <p>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>	<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>
<b>MISSOURI – Medicaid</b>	<b>MONTANA – Medicaid</b>
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>

<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://ACCESSNebraska.ne.gov">http://ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll-Free number for HIPP program: 1-800-852-3345, ext 5218</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>
<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a></p> <p>Phone: 1-844-854-4825</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>
<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></p> <p>Phone: 1-800-699-9075</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a></p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a></p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p>

<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059	Website: <a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>  Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>	<b>VERMONT – Medicaid</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669	Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>  Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>   <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone:  1-800-432-5924	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-669-8447)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002

<b>WYOMING – Medicaid</b>	
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269	

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

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

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

**Additional Information**

For more information about the Plan, contact the State Farm Benefits Center at 1-866-935-4015 Monday – Friday, 7 a.m. – 6 p.m., CT or by accessing My State Farm Benefits Resource website at [www.statefarmbenefits.com](http://www.statefarmbenefits.com). Upon written request to the State Farm Benefits Center at Dept 01283, P.O. Box 1590, Lincolnshire, IL 60069-1590, copies of this document or the summary plan description will be furnished to you on paper, fees may apply.

In the case of a conflict between the information presented here and any of the benefit plans, the terms of the applicable plan shall govern. State Farm reserves the right, in its sole and unfettered discretion, to amend, modify or terminate the benefit plans at any time, in whole or in part, without the consent of the participants.