RETIREES

2025
BENEFITS GUIDE

CONTENTS

What Happens if I Don't Make Changes?

If you do not submit changes (or submitted changes are not received by the deadline), your current elections will roll over to 2025 at the new contribution rates.

About This Guide

This guide describes the benefit plans available to you as a retiree of Bi-State Development (BSD). The details of these plans are contained in the official plan documents. This guide is meant to cover the major points of each plan only and does not contain all of the terms and conditions of the plans. In the event of a discrepancy between the information in this guide and the information in the plan documents, the plan documents will govern.

2025 OPEN ENROLLMENT INFORMATION

If you are not making any changes to your plan, no action is needed.

Your current benefits will roll over to 2025 automatically at the new contribution rates.

Bi-State Development (BSD) is pleased to offer generous medical plan options to our valued retirees. This Benefits Guide will provide you with summary information about your medical plan choices and what options you have for making changes during the open enrollment period.

Open Enrollment for 2025 Benefits will run October 7-25, 2024.

Changing Medical Plans

If you want to change your retiree medical election, the enclosed enrollment/change form should be completed, signed and dated before sending it back to BSD for processing. Forms must be received by the BSD Benefits Department no later than 4:00 p.m. on Friday, October 25, 2024, in order for the change to be made. Benefit changes will take effect on January 1, 2025.

See the FAQs on page 4 for detailed information on how completed enrollment forms can be submitted to BSD.

If you are not making any changes, you do not need to complete and return the form. Your medical benefits will automatically rollover to 2025 at the new rate.

MEDICAL PLAN COMPARISON

Plan Year January 1, 2025 – December 31, 2025

	PREMIUM		PREFERRED		ECONOMY	
	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
Annual Deductible	$0 - Individual $0 - Family	$500 - Individual $1,000 - Family	$500 - Individual $1,000 - Family	$700 - Individual $1,400 - Family	$700 - Individual $1,400 - Family	$1,300 - Individual $2,600 - Family
Employee Co-Insurance	0%	20%	20%	30%	30%	40%
Out-of-Pocket Max (IncludesDeductible)	$0 - Individual $0 - Family	$2,300 - Individual $4,600 - Family	$2,300 - Individual $4,600 - Family	$3,300 - Individual $6,600 - Family	$3,300 - Individual $6,600 - Family	$5,400 - Individual $10,800 - Family
Office Visit	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Well Child Care (See SPD for further clarification)	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Well Adult Care (See SPD for further clarification)	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Inpatient Hospital (Includes physicians services)	No Charge Plan Pays 100%	You pay 20% Plan pays 80% after deductible is met	You pay 20% Plan pays 80% after deductible is met	You pay $200 per admission, then you pay 30%. Plan pay 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Pre-Certification: Inpatient	A Pre-Certification must be obtained prior to all Inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of confinement. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.					
Pre-Certification: Outpatient	A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.					
Outpatient Surgery	No Charge Plan Pays 100%	You pay 20% Plan pays 80% after deductible is met	Plan pays 100% No deductible applies	You pay 30% Plan pays 70% after deductible is met	Plan pays 100% No deductible applies	You pay 40% Plan pays 60% after deductible is met
Emergency Room (Co-pay waived if admitted from ER)	You pay $150 per visit, then plan pays 100%	You pay $150 per visit, then plan pays 100%	You pay $150 per visit, then you pay 20%, plan pays 80% after deductible is met	You pay $150 per visit, then you pay 20%, plan pays 80% after deductible is met	You pay $150 per visit, then you pay 30%, plan pays 70% after deductible is met	You pay $150 per visit, then you pay 30%, plan pays 70% after deductible is met
Urgent Care (Co-pay waived if admitted) (See SPD for further clarification)	You pay $40 per visit, then plan pays 100%	You pay $40 per visit, then plan pays 100%	You pay $30 per visit, then plan pays 100%. No deductible applies	You pay $30 per visit, then plan pays 100%. No deductible applies	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met

This summary was prepared to show the member's copay and member's portion of the co-insurance and deductibles. This is for illustrative purposes only and does not cover all the terms and conditions of the plan. In the event of any discrepancies, the Plan document will prevail.

PRESCRIPTION PLAN

Provided by Express Scripts	SAL/ATU	IBEW
30-day Retail	$20 – Generic* $25 – Brand $40 – Multi-Source	$8 – Generic* $30 – Brand $45 – Multi-Source
90-day Retail/Mail	$40 – Generic* $50 – Brand $80 – Multi-Source	$20 – Generic* $75 – Brand $112.50 – Multi-Source

* Max amount you can pay on Generic.

2025 RETIREE MONTHLY MEDICAL/RX RATES

SALARIED						
Monthly Retiree Rates	PREMIUM		PREFERRED		ECONOMY	
Tier 3 Retired 12/1/04 and After	Single	Family	Single	Family	Single	Family
Tier 3 Non-Medicare	$451.79	$1,075.25	$172.31	$447.02	$34.26	$136.48
Tier 3 Medicare	$239.49	$501.98	$108.20	$244.70	$25.89	$103.24
Tier 2 Retired 10/1/02-11/1/04	Single	Family	Single	Family	Single	Family
Tier 2 Non-Medicare	$425.28	$1,015.65	$145.80	$387.42	$7.75	$76.88
Tier 2 Medicare	$222.84	$469.36	$91.55	$212.08	$5.83	$58.15
Tier 1 Retired Before 10/1/02	Single	Family	Single	Family	Single	Family
Tier 1 Non-Medicare	$319.48	$708.23	$40.00	$80.00	$5.20	$14.05
Tier 1 Medicare	$156.29	$307.28	$25.00	$50.00	$3.86	$10.41

ATU						
Monthly Retiree Rates	PREMIUM		PREFERRED		ECONOMY	
Tier 3 Retired 12/1/04 and After	Single	Family	Single	Family	Single	Family
Tier 3 Non-Medicare	$478.29	$1,075.25	$198.81	$447.02	$60.76	$136.48
Tier 3 Medicare	$256.14	$501.98	$124.85	$244.70	$45.94	$103.24
Tier 2 Retired 10/1/02-11/1/04	Single	Family	Single	Family	Single	Family
Tier 2 Non-Medicare	$425.28	$1,015.65	$145.80	$387.42	$7.75	$76.88
Tier 2 Medicare	$222.84	$469.36	$91.55	$212.08	$6.53	$65.13
Tier 1 Retired Before 10/1/02	Single	Family	Single	Family	Single	Family
Tier 1 Non-Medicare	$319.48	$708.23	$40.00	$80.00	$5.20	$14.05
Tier 1 Medicare	$156.29	$307.28	$25.00	$50.00	$3.86	$10.41

IBEW						
Monthly Retiree Rates	PREMIUM		PREFERRED		ECONOMY	
Tier 3 Retired 12/1/04 and After	Single	Family	Single	Family	Single	Family
Tier 3 Non-Medicare	$465.04	$1,105.05	$185.56	$476.82	$47.51	$166.28
Tier 3 Medicare	$247.81	$518.30	$116.52	$261.02	$35.91	$125.77

TERMS TO KNOW

Tier 1: Retired before October 1, 2002
Tier 2: Retired between October 1, 2002 and November 1, 2004
Tier 3: Retired after December 1, 2004
Non-Medicare: Not eligible for Medicare, Part A and Part B
Medicare: Eligible for Medicare, Part A and Part B — Must provide Benefits Department with Medicare Card

BASIC LIFE INSURANCE

Bi-State Development provides Basic Life insurance at no cost to retirees as follows:

Basic Term Life Insurance Amount	SAL Retirees ATU Retirees IBEW Retirees	$5,000 $6,000 $6,000
Term Life Plan Features	Accelerated Death Benefit	

It is important to keep your beneficiary information up-to-date. A beneficiary form is included and may be submitted to the BSD Benefits Department at any time.

FREQUENTLY ASKED QUESTIONS

1. **Who do I contact if I have questions?**
   Contact the BSD Benefits Department:
   Phone: 314.982.1400, ext. 3006
   Fax: 314.335.3431
   Email: Benefits@BiStateDev.org
   Monday – Friday | 8:00 a.m. – 4:00 p.m.

2. **How do I submit my completed enrollment form?**
   Completed forms can be emailed to: Benefits@BiStateDev.org (preferred), faxed to 314.335.3431, or mailed via USPS to:

   ATTN: Mail Stop 125
   Bi-State Development
   211 N. Broadway, Suite 700
   St. Louis, MO 63102

   Mailing via USPS is not recommended as the Bi-State Benefits Department is not responsible for delayed or misdirected mail.

3. **What happens if BSD's Benefits Department doesn't receive my completed enrollment form by October 25?**
   Forms received after the deadline will not be honored. The next opportunity to submit the change will be during Open Enrollment for 2026 benefits.

4. **If my medical deduction amount is changing, when will I see it on my pension check?**
   It depends. For Salaried retirees who retired prior to 1/1/2014, the new deduction will appear on your 1/1/2025 pension check. For all others, it will appear on your 2/1/2025 pension check.

5. **Who do I contact if the deduction from my pension check is not as expected?**
   Contact the BSD Benefits Department:
   Phone: 314.982.1400, ext. 3006
   Fax: 314.335.3431
   Email: Benefits@BiStateDev.org
   Monday – Friday | 8:00 a.m. – 4:00 p.m.

6. **What if there is an issue with my pension check not related to the medical deduction?**
   For all pension questions/issues other than the medical deduction, contact Milliman at 1.877.265.7703.

7. **Who should I contact if I didn't receive an ID card?**
   Contact the appropriate coverage carrier. Carrier contact information can be found on page 14. The same card can be used and a new card will only be issued if you made changes to your plan.

8. **What if my covered spouse or I will be turning age 65 before 1/1/2025?**
   This guide and the open enrollment process only applies to members who are or will be under age 65 for all or a part of 2025. Anyone turning age 65 prior to 1/1/2025 will receive separate information on the Post 65 plan for which they are eligible. Three months prior to your 65th birthday, you will be sent information about transitioning to Medicare.

9. **What happens if I don't submit an enrollment change form?**
   Your current benefit elections will roll over to 2025 at the new contribution rates.

Important Notice from Bi-State Development about Your Prescription Drug Coverage and Medicare

(Medicare Part D Certificate of Creditable Coverage Notice)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bi-State Development and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bi-State Development has determined that the prescription drug coverage offered by Express Scripts is, on average for all plan participants, expected to pay out as much as the 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 decide to join a Medicare drug plan at a later date.

When can you join a Medicare drug plan?

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

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 do decide to join a Medicare drug plan and drop your current Bi-State Development coverage, be aware that you and your dependents will not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Bi-State Development and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about...

This Notice or Your Current Prescription Drug Coverage
Contact Bi-State Development's Director of Benefits for further information or call the Benefits Department at 314.982.1400, ext. 3006.

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 Bi-State Development changes. You also may request a copy of this notice at any time.

Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.Medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) 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. For information about this extra help, visit Social Security online at: www.SocialSecurity.gov or call: 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2024
Name of Entity/Sender:	Bi-State Development
Contact–Position/Office:	Benefits Department, Mail Stop 125
Address:	211 North Broadway, Suite 700 St. Louis, MO 63102
Phone Number:	314.982.1400, ext. 3006

Women's Health and Cancer Rights Act Annual Notice

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 1.800.244-6224 for more information.

Notice for Grandfathered Health Plans

Bi-State Development believes its self-funded plan, administered by Cigna, is a "grandfathered health plan" under the Patient Protection and the Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from the grandfathered health plan status can be directed to the Plan Administrator at 1.800.244.6224.

Bi-State Development Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 and the regulations thereunder ("HIPAA") require a health plan to notify participants about its privacy policies and procedures with respect to participants' health information. This document is intended to satisfy HIPAA's notice requirement.

This notice is effective as of September 1, 2023. If you have any questions about this notice, please contact:

Director of Benefits
Bi-State Development
211 North Broadway, Suite 700
St. Louis, Missouri 63102-2759
314.982.1400, ext. 3006

Bi-State Development and its Affiliates (the "Employer") maintain the Bi-State Development Health Plan and the Bi-State Development Employee Assistance Program (individually and collectively referred to as the "Plan" and the "Plans" throughout this notice). The Plans have authorized certain employees of the Employer to have access to your health information (referred to as "employees with access"), so that they may perform certain administrative functions for the Plans. These administrative functions—treatment, payment, and health care operations—are described below. Employees with access also may use and disclose your health information for other purposes, which are outlined in this notice.

Third party "business associates" that perform various services for the Plans also may have access to your health information. However, the Plans' business associates have agreed to safeguard your health information in accordance with HIPAA.

This notice will tell you about the ways in which employees with access to your health information and the Plans' business associates may use and disclose such information. It also describes the Plans' obligations and your rights regarding the use and disclosure of your health information.

The Plans are required by HIPAA to:

- Make sure that your health information is kept private;
- Give you this notice of the Plans' legal duties and privacy practices with respect to your health information; and
- Follow the terms of the notice that is currently in effect.

The Plans also are required to designate a Privacy Officer who is responsible for the development and implementation of the Plans' Privacy Policies and Procedures. The Plans have designated the Director of Benefits as the Privacy Officer. The Privacy Officer may be contacted as follows:

Director of Benefits
Bi-State Development
211 North Broadway, Suite 700
St. Louis, Missouri 63102-2759
314.982.1400, ext. 3006

How Employees with Access and Business Associates May Use and Disclose Your Health Information

The following categories describe different ways in which employees with access and the Plans' business associates are permitted or required to use and disclose your health information. Not every use or disclosure in a category will be listed.

For Treatment. Employees with access and business associates may use and disclose your health information to facilitate medical treatment or services by health care providers. For example, if you are unable to provide your medical history as the result of an accident, a business associate may advise an emergency room physician about the types of prescription drugs you currently take.

For Payment. Employees with access and business associates may use and disclose your health information to make coverage determinations and payment in accordance with the terms of the Plan (this includes billing, claims management, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorization). For example, a business associate may tell your health care provider whether you are eligible for Plan coverage. Also, your health information may be shared with another health plan to coordinate benefit payments. Members of the Plan's Claims Review Committee will have access to any of your health information that is relevant to an appeal you file under the Plan.

For Health Care Operations. Employees with access and business associates may use and disclose your health information to enable the Plan to operate or to operate more efficiently. This includes conducting quality assessment and improvement activities, submitting claims for stop-loss coverage, determining employee contributions, conducting or arranging for medical review, legal services, audit services, disease management, case management, planning and development, and general Plan administrative activities. For example, the Plan may use your claims information to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing functions. In addition, the Plan may contact you to provide you information about treatment alternatives or other health-related benefits that may be of interest to you.

Other Permitted Uses and Disclosures.

- The Plan may be required by law to disclose your health information.
- The Plan will make your health information available to you, and to the Secretary of the Department of Health and Human Services for purposes of HIPAA enforcement.
- Your health information may be disclosed to a public health agency. This may include disclosing your health information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment that are involved in your care.

- Your health information may be disclosed to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the healthcare system or for government benefit programs.
- Your health information may be disclosed as authorized by law to comply with workers' compensation laws.
- Your health information may be disclosed in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Your health information may be disclosed to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- Your health information may be used or disclosed to avert a serious threat to health or safety if the use or disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public, and is disclosed to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.
- Your health information may be used or disclosed for limited research purposes, provided that a waiver of the authorization required by HIPAA has been approved by an appropriate privacy board.
- If you are a member of the armed forces, the Plan may disclose your health information as required by military command authorities or to evaluate your eligibility for veteran's benefits. The Plan may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- Your health information may be disclosed to coroners, health examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- Your health information may be disclosed to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- The Plan may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your health information to the correctional institution or law enforcement official.
- Your health information may be disclosed to your spouse, a family member or a close personal friend if the health information is directly relevant to your spouse's, family member's or close personal friend's involvement with payment related to your health care.

Pursuant to an Authorization. The following uses and disclosures of your protected health information will only be made with your written authorization:

- Uses and disclosures of psychotherapy notes
- Disclosures that constitute a sale of your protected health information
- Uses and disclosures of your protected health information for marketing purposes
- Uses and disclosures of your protected health information beyond the uses and disclosures described in this notice

If you give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer. Disclosures that were made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights with Respect To Your Health Information

You have the following rights with respect to your health information:

Right to Inspect and Copy. You have the right to inspect and copy your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. To inspect and copy such information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may file a complaint regarding the denial.

Right to an Electronic Copy of Electronic Medical Records. If your protected health information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format that you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a reasonable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified if any of your unsecured protected health information is breached.

Right to Amend. You have the right to request that the Plan amend your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. You have the right to request an amendment for as long as the information is maintained by or for the Plan.

To request an amendment, you must submit your request in writing to the Privacy Officer. In addition, you must provide a reason that supports your request.

If your request is denied in whole or in part, the Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your health information.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of the Plan's disclosures of your health information during a time period which may be no longer than six years prior to the date of your request. There are exceptions to the types of disclosures for which the Plan is required to account. For example, the Plan is not required to give you an accounting of

disclosures of your health information for purposes of treatment, payment or health care operations, and is not required to account for disclosures made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, the Plan may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction on the health information that the Plan may use or disclose about you for treatment, payment or health care operations, or that the Plan may disclose to your spouse, a family member or a close personal friend who is involved with payment related to your health care.

We are not required to agree to your request.

Requests for restrictions must be made in writing to the Privacy Officer. In your request, you must provide: (1) what information you want to restrict; (2) whether you want to restrict use, disclosure or both; and (3) to whom you want the restrictions to apply.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you in a certain way or at a certain location, such as only at work or by mail.

Requests for confidential communications must be made in writing to the Privacy Officer. The Plan will attempt to honor all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Changes To This Notice

The Plan reserves the right to change the terms of this notice. The Plan reserves the right to make the revised notice effective with respect to all of your health information already maintained by the Plan, as well as any of your health information maintained by the Plan in the future. In the event of a material change to the notice, a revised version of the notice will be provided by mail.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Director of Benefits listed at the beginning of this notice. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

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 (1.877.543.7669) 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 (1.866.444.3272).

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Fax: 916-440-5676
COLORADO **Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecover y.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra PHONE: 678-564-1162, PRESS 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (HAWKI)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra PHONE: 678-564-1162, PRESS 2
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: http://myalhipp.com/ Phone: 1-855-692-5447 Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820s	Website: https://www.scdhhs.gov Phone: 1-888-549-0820 Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program I Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program I Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

RESOURCES

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Bi-State Development Benefits Hotline	211 N. Broadway, Suite 700 Attn: Benefits St. Louis, MO 63102	314-982-1400, ext. 3006 Fax: 314-335-3431	www.BiStateDev.org Email: Benefits@BiStateDev.org
Medical	Cigna	1-800-244-6224	www.MyCigna.com
Employee Assistance Program (EAP)	Cigna Behavioral	1-877-622-4327	www.MyCigna.com Employer ID: metrostlouis
Prescriptions	Express Scripts	1-866-509-9660	www.Express-Scripts.com
Pension	Milliman	1-877-265-7703	www.MillimanBenefits.com


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DEVELOPMENT
metro
GATEWAY
ARCH
ST. LOUIS
DOWNTOWN AIRPORT
RIVERBOATS
ST LOUIS REGIONAL
FREIGHTWAY