



*Focus on You*



## 2026 BENEFIT ENROLLMENT GUIDE

**sportgroup**

THE SURFACE SPECIALISTS

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 14 for more information.



# OPEN ENROLLMENT BEGINS NOVEMBER 10, 2025

## NOW IS THE TIME TO FOCUS ON YOU

Your physical, emotional, and financial health are important, especially during challenging times. Sport Group cares about you and your overall well-being, that’s why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2026 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.

### TAKE ACTION!

All employees are required to complete an Open Enrollment session to review, elect, or waive coverages for 2026. All elections made during Open Enrollment will become effective January 1, 2026. If you do not actively enroll, you will NOT have coverage.



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# ENROLLMENT INFORMATION

## Do I Need to Enroll?

Before deciding whether you need to enroll in Sport Group's health and group benefits, take a close look at all the benefits and options we offer you. You may experience changes from year to year, and there likely will be changes to what you pay for coverage each year. It's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

You must enroll if you want coverage for 2026.

## When Can I Enroll?


As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our benefits enrollment period. Open Enrollment is November 10, 2025 - November 21, 2025 with your benefit choices being effective January 1, 2026. Our benefits plan year is January 1, 2026 - December 31, 2026.

If you do not enroll during Open Enrollment, you cannot make changes until next year unless you have a qualified life event. The IRS imposes specific rules regarding when you can make a change to benefits that are paid for on a pre-tax basis. See your SPD for details.

If you're enrolling as a new employee, hourly employees are eligible for benefits the first of the month following 60 days, while salary employees are eligible for benefits upon date of hire. New employees must enroll within 30 days to have coverage for the rest of the plan year. You will also need to enroll for the next plan year's benefits during the enrollment period.

## How to Enroll

During open enrollment, we offer different ways to enroll to give you the level of support that is best for you.

 **By Phone:** Call **1-865-346-9831** Monday-Friday from 12:00 pm - 9:00 pm to speak with someone who will walk you through your benefits and take your elections over the phone. English-speaking and Spanish-speaking representatives are available, but you must have your Paycom login information when calling.

**Online:** Visit [Paycom.com](https://www.paycom.com), enter company code OEL93, and enter your username and password to log in to the Employee Self Service (ESS). You can also enroll on the Paycom app. Follow the prompts to complete your self-service enrollment.

## Preparing for Your Enrollment Session

### GATHER INFORMATION

Please be prepared for your enrollment session by gathering information for yourself, your dependents, and your life insurance beneficiaries. You will need:

- Full names
- Dates of birth
- Social Security numbers





## MEDICAL & PRESCRIPTION DRUG BENEFITS

Each person’s health care needs are different. That’s why we offer two options so that you can choose the coverage level

best-suited to your personal situation. Prescription coverage is included in your medical plan through United Healthcare (UHC).

### DID YOU KNOW?

Nearly half of adults (48%) with medical debt are paying off **\$2,000 or more.**

Commonwealth Fund, 2024 Biennial Health Insurance Survey, 2024



BENEFIT	SUREST PPO		2500 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual/Calendar Year Deductible (Individual/Family)</b>	\$0	\$0	\$2,500/\$5,000	\$5,000/\$10,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$5,500/\$11,000	\$11,000/\$22,000	\$6,000/\$12,000	\$12,000/\$14,000
<b>Coinsurance</b>	N/A	N/A	20%	50%
<b>Physician Services</b>				
Doctor’s Office Visit	\$25-\$130	N/A	Deductible + 20%	Deductible + 50%
Specialist Office Visit	\$25-\$130	N/A	Deductible + 20%	Deductible + 50%
<b>Lab &amp; X-Ray Services</b>	\$0/\$0	N/A	Deductible + 20%	Deductible + 50%
<b>Hospital Services</b>				
Inpatient	\$350-\$3,500	N/A	Deductible + 20%	Deductible + 50%
Outpatient	\$40-\$3,500	N/A	Deductible + 20%	Deductible + 50%
<b>Emergency Care</b>	\$850		\$500 + Deductible + 20%	
<b>PRESCRIPTION DRUGS (IN-NETWORK)</b>				
<b>Retail (30-Day Supply)</b>				
Generic	\$10		Deductible + 20%	
Preferred Brand	\$35		Deductible + 20%	
Non-preferred Brand	\$70		Deductible + 20%	
<b>Mail Order (90-Day Supply)</b>				
Generic	\$25		Deductible + 20%	
Preferred Brand	\$87.50		Deductible + 20%	
Non-preferred Brand	\$175		Deductible + 20%	

**NOTE:** Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at <https://www.uhc.com/health-and-wellness/preventive-care>.

**NOTE:** Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, customary, and reasonable charges apply for all out-of-network benefits.



## HEALTH SAVINGS ACCOUNT (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants through Optum Bank.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

You can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years and in some circumstances may be invested. Better yet, HSAs provide tax advantages.



### HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

### Keys to Growing Your Health Savings Account (HSA):

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT
<b>Individual Coverage</b>	\$4,400*
<b>Family Coverage</b>	\$8,750*

**NOTE:** If an individual reaches age 55 by the end of the calendar year, they can contribute an additional \$1,000.

**NOTE:** Amounts change yearly per IRS guidelines.



## DENTAL BENEFITS

Your dental health is an important part of your overall wellness. The following dental insurance option is offered through United Healthcare (UHC).

BENEFIT	LOW PLAN	HIGH PLAN
Annual/Calendar Year Maximum	\$1,250	\$1,750
Annual/Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Lifetime Maximum	Not Covered	\$1,000 (Child Only)

### What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



**Routine dental checkups and cleanings** should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



**Professional fluoride treatments** can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



**Dental sealants** go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



**X-Ray images** of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.



## VISION BENEFITS

Sport Group offers vision coverage through United Healthcare (UHC) and includes eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

BENEFIT	IN-NETWORK
<b>Exam</b>	\$10
<b>Lenses</b>	\$10
<b>Frames</b>	\$150 allowance, then 20% discount
<b>Contact Lenses Instead of Glasses</b>	
Conventional/Disposable	Up to 6 boxes
Medically Necessary	Covered at 100%
<b>Frequency</b> (Exam/Lens/Frames)	12/12/12

NOTE: ID Card not required for vision services.



### 5 Tips for a Lifetime of Healthy Vision

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean, and follow the recommendations for use and wear.



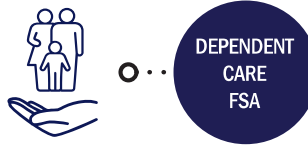
## FLEXIBLE SPENDING ACCOUNTS (FSAs)

Reduce your tax bill while putting aside money for health care and dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Sport Group offers two types of accounts — a health care FSA and a dependent care FSA.



Deductibles, copays, prescription drugs, medical equipment, etc.



Babysitters, day care, day camp, home nursing care, etc.

### How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate — if eligible, you may choose to participate in one, all, or none. You cannot use money from the health care FSA to cover expenses eligible under the dependent care FSA or vice versa.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
<b>Health Care Flexible Spending Account</b>	\$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.
<b>Dependent Care Flexible Spending Account</b>	\$7,500	Day care, nursery school, elder care expenses, etc.

NOTE: Limits may vary for highly compensated employees.

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

### Use It or Lose It!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.

- **Health Care FSA:** You may carry over up to \$680 for use in the next plan year, but all additional balance will be forfeited.



### Health Care Items You Might Not Realize Are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

For a complete list of covered expenses, go to [fsafeds.gov/support/eligibleexpenses](https://fsafeds.gov/support/eligibleexpenses).



# DISABILITY INSURANCE

Your ability to bring home a paycheck is a valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

## Short-Term Disability (STD)

Short-term disability (STD) insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

Sport Group has negotiated a special rate that allows eligible employees to purchase short-term coverage at an affordable cost. The voluntary coverage allows you to protect yourself if you are out of work. After you are out of work for 7 days and declared disabled, you will receive 60% of your base earnings up to a maximum of \$1,000 per week for up to 12 weeks.

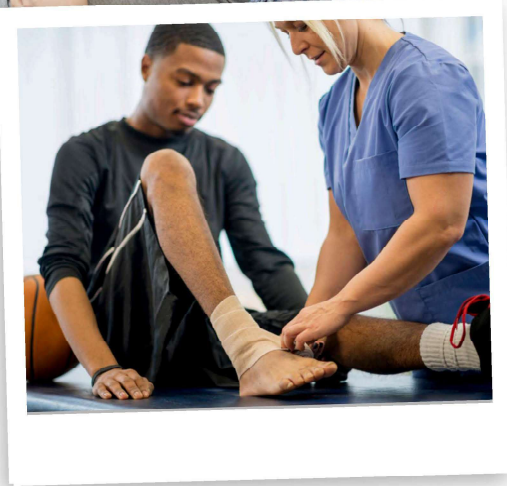
## Long-Term Disability (LTD)

Long-term disability (LTD) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. You will be able to purchase this coverage at a discounted rate because it is sponsored by Sport Group. The benefit is equal to 60% of your base monthly earnings to a maximum of \$10,000. Benefits begin after 90 days.

### DID YOU KNOW?

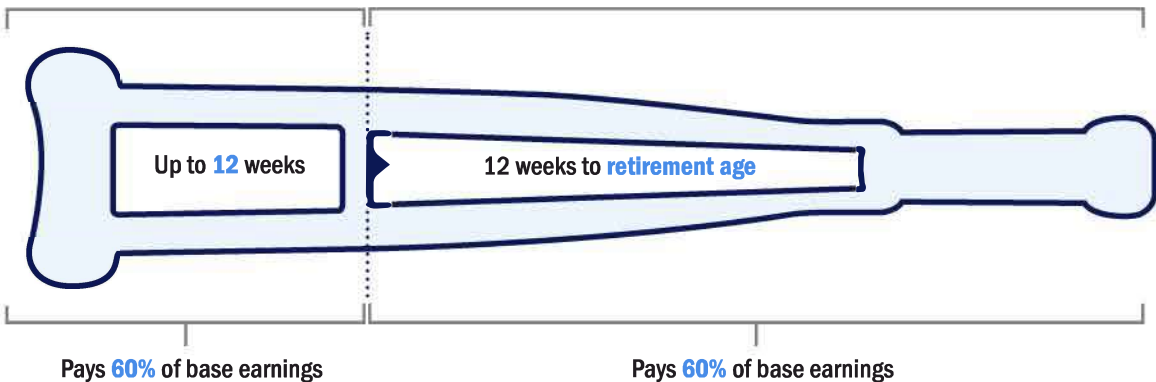
- 44% of people 65 or older have a disability.
- 28% of people 45 to 64 have a disability.
- 21% of people 18 to 44 have a disability.

Disability Insurance Statistics and Facts, 2024



### SHORT-TERM DISABILITY

### LONG-TERM DISABILITY





## LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family’s future is financially secure if you’re no longer there to provide for them.

Sport Group provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

### Basic Term Life and AD&D Insurance

Sport Group provides eligible employees, spouses, and dependents with basic term life and accidental death and dismemberment (AD&D) coverage at no cost to you, and enrollment is automatic.

	SALARIED	HOURLY
<b>Employees</b>	\$50,000	\$25,000
<b>Spouses</b>	\$5,000	\$5,000
<b>Child(ren)</b>	\$2,500*	\$2,500*

\*Live birth to 6 months is a \$1,000 benefit

### Supplemental Voluntary Life Insurance

You may also choose to purchase voluntary life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Employee:** 5 x annual base earnings up to \$500,000. Guaranteed Issue: \$150,000.
- **Spouse:** \$5,000 increments up to \$250,000, not to exceed employee's voluntary life amount. Guaranteed Issue: \$50,000.
- **Child(ren):** \$2,000 increments up to \$10,000.

### PLAN FEATURES

- New Hires or Employees new to One America in 2026 are able to elect coverage up to the Guaranteed Issue with no health questions or Evidence of Insurability (EOI).
- Current employees are able to increase your voluntary life coverage by \$10,000 each year with no EOI. New elections over 10,000 will need to answer health history questions (Evidence of Insurability EOI) in order to be approved.
- To purchase coverage for your spouse or children, you must enroll yourself. Premiums are based on your age. Age reductions may apply to life insurance amounts.
- Make sure your beneficiaries are up to date – you can change your beneficiary at any time.

LIFE INSURANCE PLAN COMPARISON CHART	
Basic Term Life	Voluntary Life
The premiums are fully company paid.	The premiums increase as you age.
This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.	This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.



## SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. Sport Group offers critical illness insurance, accident insurance, and hospital indemnity insurance.\*

**Please note: These plans are not replacements for medical insurance.**

**NOTE:** The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. Please see your Summary Plan Description (SPD) for complete details.

### Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical illness insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

#### COVERED ILLNESSES INCLUDE:

- Heart attack
- Major organ transplant
- Alzheimer's Disease
- Stroke
- End stage renal (kidney) failure
- Multiple Sclerosis
- Cancer


#### PLAN FEATURES

- You can choose between a \$10,000 - \$25,000 benefit.
- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children as riders to your coverage.\*
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

**NOTE:** This plan is not a replacement for medical insurance.



### HEALTH SCREENING BENEFIT

The critical illness insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

#### DID YOU KNOW?

Yearly out-of-pocket costs were equal to **10% or more** of household income.

Commonwealth Fund, 2024 Biennial Health Insurance Survey, 2024





# SUPPLEMENTAL MEDICAL BENEFITS

## Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

### PLAN FEATURES

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.\*
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

**NOTE:** This plan is not a replacement for medical insurance.

## Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

### PLAN FEATURES

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.\*
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

**NOTE:** This plan is not a replacement for medical insurance.

### HEALTH SCREENING BENEFIT



The accident insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

### HEALTH SCREENING BENEFIT



The hospital indemnity insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



## ADDITIONAL BENEFITS

### Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. Sport Group knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Substance abuse
- Relationship and family matters
- Work-related issues
- Grief and loss
- Financial and legal concerns
- Parenting
- Child and elder care

### PLAN FEATURES

- Provided at no cost to you and your household members
- Includes up to 3 counseling sessions
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call **1-855-387-9727** or visit [guidanceresources.com](http://guidanceresources.com).

## GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
<b>Medical &amp; Prescription Drug</b>	United Healthcare	benefits.surest.com myuhc.com	1-866-683-6440
<b>Health Savings Account</b>	United Healthcare	myuhc.com	1-800-791-9361
<b>Dental</b>	United Healthcare	myuhc.com	1-877-816-3596
<b>Vision</b>	United Healthcare	myuhc.com	1-800-638-3120
<b>Flexible Spending Accounts</b>	McGriff	mcgriffinsurance.com/flex	1-800-768-4873 or 1-800-930-2441
<b>Short- &amp; Long-Term Disability</b>	OneAmerica	employeebenefits.aul.com	1-800-553-5318
<b>Basic Life &amp; Voluntary Life &amp; AD&amp;D</b>	OneAmerica	employeebenefits.aul.com	1-800-553-5318
<b>Critical Illness Insurance</b>	United Healthcare	myuhcfc.com	1-800-539-0038
<b>Accident Insurance</b>	United Healthcare	myuhcfc.com	1-800-539-0038
<b>Hospital Indemnity Insurance</b>	United Healthcare	myuhcfc.com	1-800-539-0038
<b>Employee Assistance Program</b>	ComPsych	guidanceresources.com	1-855-387-9727
<b>Employee Self Service (ESS)</b>	Paycom	paycomonline.net or Paycom App	Contact HR
<b>Human Resources</b>	Sport Group Human Resources	hr-sportgroup.com	1-706-272-4351

**ABOUT THIS GUIDE:** Actual plan provisions for Sport Group (“the Company”) benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Updated: November 2025

## IMPORTANT NOTICES

### ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at [Paycom.com](https://www.paycom.com); you may also request a copy free of charge by calling **1-706-272-4351**.

Enclosed are important notices about your rights under your health and welfare plan, the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Sport Group reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

### REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Sport Group (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Sport Group Privacy Notice upon your written request to the Human Resources Department, at the following address:

Sport Group, Human Resources  
421 Callahan Road SE  
Dalton, GA 30721

If you have any questions, please contact the Sport Group Human Resources Office at [larisa.torres@astro turf.com](mailto:larisa.torres@astro turf.com).

### PATIENT PROTECTION NOTICE

Sport Group generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-706-272-4351**.

### NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Sport Group for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

### IMPORTANT NOTICE FROM SPORT GROUP ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

#### MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sport Group 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. Sport Group has determined that the prescription drug coverage offered 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.

## 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 15th through December 7th.

However, if you lose (or are losing) 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 join a Medicare drug plan, your current Sport Group coverage will not be affected.

Your Sport Group coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

## 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 Sport Group 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 19 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 the person listed below for further information. 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 Sport Group changes. You also may request a copy of this notice 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 prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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 on the web at [www.ssa.gov](http://www.ssa.gov), or
- Call **1-800-772-1213**. TTY users should call **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: November 2025

Name of Entity/Sender: Sport Group

Contact: Human Resources

Address: 421 Callahan Rd SE, Dalton, GA 30720

Phone Number: **1-706-272-4351**

## YOUR ERISA RIGHTS

**As a participant in the Sport Group benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.**

## RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

## CONTINUED GROUP HEALTH PLAN COVERAGE

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

## PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

## ENFORCE YOUR RIGHTS

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

## ASSISTANCE WITH YOUR QUESTIONS

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

## GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

### INTRODUCTION

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to Sport Group Human Resources.

## HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

### Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

## IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## PLAN CONTACT INFORMATION

Sport Group Human Resources  
421 Callahan Rd SE  
Dalton, GA 30720  
**1-706-272-4351**

## HIPAA SPECIAL ENROLLMENT RIGHTS

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 the Sport Group group health 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 the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Sport Group Human Resources at **1-706-272-4351**.

## 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](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 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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

- ALABAMA – Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447
- ALASKA – Medicaid**  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
- ARKANSAS – Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)
- CALIFORNIA – Medicaid**  
Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)
- COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442
- FLORIDA – Medicaid**  
Website: <https://www.flmedicaidprecovery.com/>  
[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)  
Phone: 1-877-357-3268
- GEORGIA – Medicaid**  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2
- INDIANA – Medicaid**  
Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584
- IOWA – Medicaid and CHIP (Hawki)**  
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562
- KANSAS – Medicaid**  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660
- KENTUCKY – Medicaid**  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
- LOUISIANA – Medicaid**  
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
- MAINE – Medicaid**  
Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711
- MASSACHUSETTS – Medicaid and CHIP**  
Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)
- MINNESOTA – Medicaid**  
Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672
- MISSOURI – Medicaid**  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005
- MONTANA – Medicaid**  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)
- NEBRASKA – Medicaid**  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178
- NEVADA – Medicaid**  
Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900
- NEW HAMPSHIRE – Medicaid**  
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)
- NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)
- NEW YORK – Medicaid**  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831
- NORTH CAROLINA – Medicaid**  
Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100
- NORTH DAKOTA – Medicaid**  
Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825
- OKLAHOMA – Medicaid and CHIP**  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742
- OREGON – Medicaid**  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075
- PENNSYLVANIA – Medicaid and CHIP**  
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>  
CHIP Phone: 1-800-986-KIDS (5437)
- RHODE ISLAND – Medicaid and CHIP**  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
- SOUTH CAROLINA – Medicaid**  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820
- SOUTH DAKOTA – Medicaid**  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059
- TEXAS – Medicaid**  
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493
- UTAH – Medicaid and CHIP**  
Utah's Premium Partnership for Health Insurance (UPP)  
Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>
- VERMONT – Medicaid**  
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427
- VIRGINIA – Medicaid and CHIP**  
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924
- WASHINGTON – Medicaid**  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022
- WEST VIRGINIA – Medicaid and CHIP**  
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**  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002
- WYOMING – Medicaid**  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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**