



**maximus**

# Forward together

Your 2023 Benefits Guide

SCA

At Maximus, we are better together. We take pride in our partnership with you because we know that moving forward together gives us all the best chance for success.

Your benefits at Maximus are the perfect example of this philosophy – we provide you with options and information to help support you along your life journey. By investing in your physical health, financial wellbeing, and work/life balance, we aim to give you the support you need for all the moments that matter. When you thrive, we all win.

This guide outlines the benefits available to you in 2023 along with information to help you choose what options are best for you and your family. Take the time to review your options carefully, think about your needs, and make the selections that best suit you.

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# Your benefits at Maximus



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Maximus is dedicated to the health and financial wellbeing of our employees. We know that our benefits program is an important part of the total compensation package that helps us attract and retain a talented group of team members.

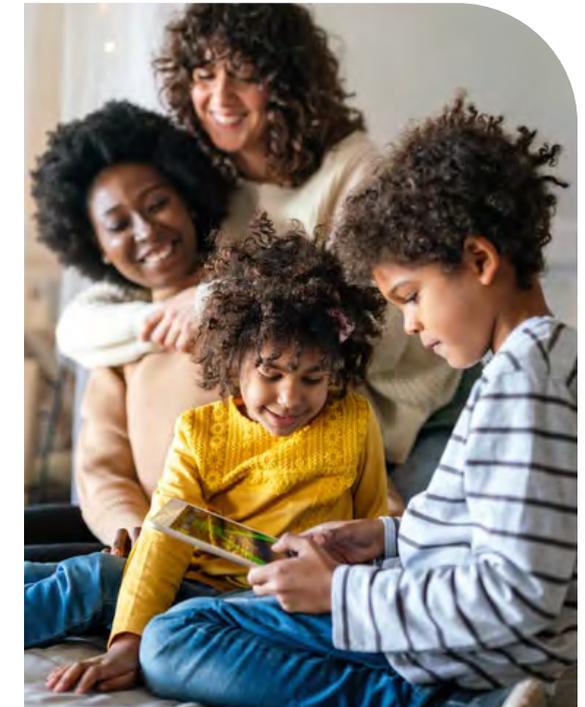
Our benefits program:

- Gives you choice, flexibility, and comprehensive coverage.
- Is competitive and generous with many benefits covered at 100% by Maximus.
- Provides you with high-quality provider networks so you and your family have access to the best available care.

As you make decisions about your benefits coverage, we encourage you to:

- Carefully review this guide and our online materials on [GSA National](#).
- Understand and evaluate your options.
- Think about your needs and goals as well as those of your family.
- Use the many available materials and tools to help you get the most out of your benefits.

This guide is intended as a summary of plans and coverages offered as part of your benefits package. In the event of disputed plan information, the plan documents govern.



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- **New medical plan option.** We are adding a PPO medical plan option with a health reimbursement account (HRA). Earned wellbeing incentives will be paid directly into this account.
- **New health reimbursement account (HRA).** If you enroll in the PPO plan, you will be automatically enrolled in an HRA. Earned wellness incentives will be paid directly into this account.
- **Streamlined HSA plan requirements.** Maximus will continue to provide bi-weekly contributions to your HSA in addition to the enhanced wellbeing incentives for those enrolled in the Buy-up plan.
- **Lower costs for your dental coverage.** Our Cigna Dental PPO plan will feature lower rates for 2023.
- **Fertility assistance through WINFertility, partnered with Anthem.\*** Fertility management (including medical treatment, pharmacy, and genetics), can help build families by providing access to the best doctors, technology, and support. This benefit is available for employees enrolled in an Anthem medical plan only and has a lifetime maximum limit of \$10,000.\*

- **LiveHealth Online Healthy Joints and Back through SWORD.** Overcome both chronic and post-surgical back and joint pain from home.
- **Adoption and surrogacy advocacy through WINFertility.\*** This benefit is available to all benefits-eligible employees regardless of enrollment in the Anthem medical plans. The benefit has a \$10,000 lifetime maximum benefit. Adoption and surrogacy support will be effective on October 1, 2022.
- **Virtual second opinions from Anthem.** Have your diagnosis and/or treatment plan reviewed by an expert specialist, at no cost to you, from the comfort of your home.
- **Expanded legal plan.** The MetLife legal plan now includes four hours of attorney work for non-covered matters not expressly excluded.

\*Please note the lifetime maximum benefit of \$10,000 for infertility services will cross-accumulate with the adoption and surrogacy benefit.



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## Full-time employees

If you are scheduled to work 30 hours per week or more, you are eligible for the following benefits:

### Maximus pays:

- Employee-only Core HSA plan medical coverage coverage
- Employee Assistance Program (EAP)
- Basic life insurance
- Short-term disability (STD)
- Long-term disability (LTD)
- Sick leave (when needed)
- Paid time off (PTO)
- Dependent care reimbursement account
- Maximus GSA Retirement Plan
- 401(k) matching
- Health coaching
- Headspace and Wellbeats
- HSA contributions for the Buy-up HSA plan
- Wellbeing incentives

### You pay:

- The difference between the Core plan premiums and the HSA Buy-up plan premium
- Dental
- Vision
- Your HSA contributions
- Supplemental life insurance
- Dependent medical coverage
- Dependent life insurance
- Legal plan
- Personal purchased time (if eligible)
- Critical illness insurance
- Accident insurance
- Hospital indemnity
- Commuter benefits
- 401(k) contributions

## Part-time employees

If you are scheduled to work less than 30 hours per week, you are eligible for the following benefits:

### Maximus pays:

- Basic life insurance
- Sick leave (when needed)
- Paid time off (PTO)
- Dependent care reimbursement account
- Maximus GSA retirement plan
- 401(k) matching
- Employee Assistance Program (EAP)
- Health coaching
- Headspace and Wellbeats

### You pay:

- Dental
- Vision
- Supplemental life insurance
- Dependent life insurance
- Legal plan
- Personal purchased time (if eligible)
- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance
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As a new employee, you will be given 14 days\* from your date of hire to select your benefits.

Your medical, dental, vision, life insurance, and voluntary coverages will become effective on the first of the month following 30 days of employment. For example, if your start date is February 8, your benefits will be effective April 1.

Short- and long-term disability are available to employees working at least 30 hours per week on the first of the month following six months of employment with Maximus.

\*If you require more than 14 days to make your new hire election, you must contact GSA National and request an extension. Extension requests for longer than 30 days following hire date will not be considered.

## To enroll in (or view) your benefits:

1. Visit [GSA National](#).
2. Click "Employee/Client Access" in the upper right-hand corner.
3. Click "GSA Online: Employee Login."
4. Enter "Maximus" in the search bar.

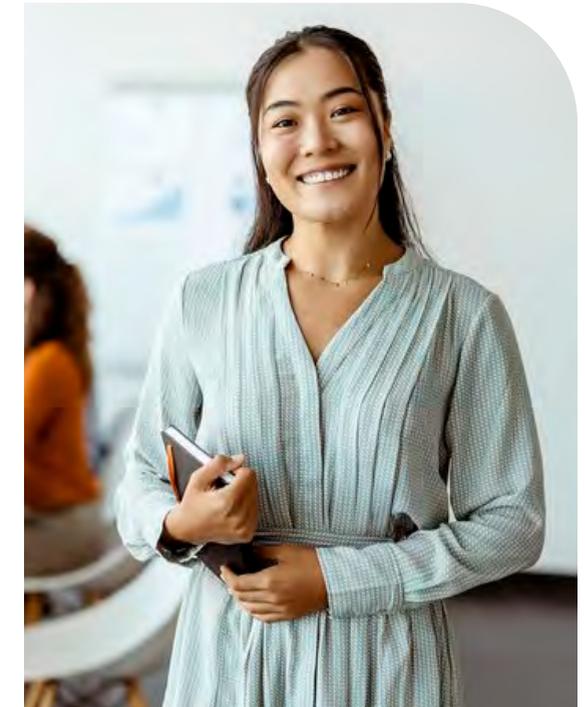
## Your pre-assigned username is:

- MMSemployee ID (MMS123456)

## Your pre-assigned password is:

- Date of birth (Format: MMDDYYYY)

If you have any questions, please visit [GSA National](#) or call [800.250.2741](tel:800.250.2741).



# Making mid-year benefits changes

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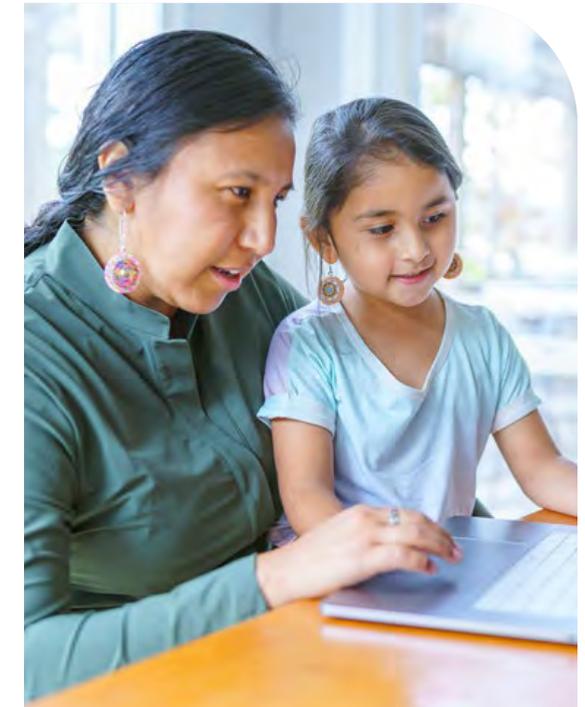
## Need to enroll in benefits or make changes mid-year?

You may be able to update your benefit elections if you have certain changes in your circumstances, also known as a qualifying life event (QLE), as defined by the IRS.

Approved benefits changes typically become effective on the first day of the month following the QLE date, except for a birth where coverage is effective on the date of birth. Please be aware that the changes you can make are limited by IRS guidelines and will vary depending on your situation.

### You must request changes to your benefits within 31 days of a QLE by:

1. Visiting [GSA National](#) and logging into your account.
2. Select "Change Benefits" to request a change and submit supporting documentation.
3. If you need assistance, contact GSA National at [800.250.2741](tel:800.250.2741).



# How to enroll in your benefits

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1. Visit [GSA National](#).
2. Click "Employee/Client Access" in the upper right-hand corner.
3. Click "GSA Online: Employee Login."
4. Enter "Maximus" in the search bar.
5. Enter your username and password, or register if a first-time user.

### Your pre-assigned username is:

- MMS+ Employee ID (MMS+ EID)  
(Example: MMS222222)

### Your pre-assigned password (must be changed upon first login) is:

- Date of birth (Format: MMDDYYYY)

6. Compare the plans and select your benefits.
7. Review your selections to ensure that they are right for you and your family.
8. Provide the required documentation for your dependent enrollments.
9. Continue the process until you reach the "Congratulations" page. Don't miss the deadline to submit!



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Read about your benefits in the guide.

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Enroll in your benefits at [GSA National](#) during open enrollment or within 14 days of your date of hire.\*

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If opting out of medical coverage, submit your proof of other credible coverage to [GSA National](#) within 14 days of your enrollment window.

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If enrolling dependents, provide proof of dependent status to [GSA National](#) within 30 days of your enrollment window.

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If you wish to make voluntary 401(k) contributions, go to [401k.com](#). 401(k) contributions can be changed at any time.

\*Note: Although new hires have up to 30 days to elect benefits and submit documentation, we encourage you to submit your elections promptly, within 14 days, to avoid any delay in coverage. If you need additional time beyond 14 days, please notify GSA National via email or chat.



### Questions? Contact GSA National

Monday - Friday

8:30 a.m. to 7:00 p.m. ET

800.250.2741

[gsanational.com](#)

[customersupport@gsanational.com](mailto:customersupport@gsanational.com)

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## What happens if I don't enroll?

- If you do not complete your enrollment within your new hire or open enrollment window, **you will be automatically enrolled in employee-only medical coverage in the Core Anthem HSA medical plan.**
- All employees receive basic life insurance, the Employee Assistance Program (EAP), as well as short-term disability (STD) and long-term disability (LTD) coverage after meeting service requirements.

## When will my deductions start?

Benefits are pre-funded. For example, hours paid and deductions from January's paychecks will pay for benefit coverage in February.

- **For new hires**, deductions will start the calendar month before your benefits become effective.
- **For open enrollment elections**, deductions for the new plan year will begin in December of the previous year.

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## Can I opt out of medical coverage?

You will only be able to opt out of medical coverage if you have acceptable medical coverage from another source or person, such as your spouse.

- You must provide documentation showing coverage is current and effective on your start date as well as yearly during benefits open enrollment. You are required to select a medical plan during your online enrollment until you have provided proof of other coverage, at which time your medical plan election will be canceled. Upload proof of other coverage to the [Alight WorkLife portal](#) or to [GSA National](#) for secure transfer. New hires have 14 days from date of hire to submit the documentation.
- If you opt out of medical coverage and paperwork is not processed before your first month of coverage, the funds deducted from your Premium Reserve Account (PRA) will be corrected in the following month.

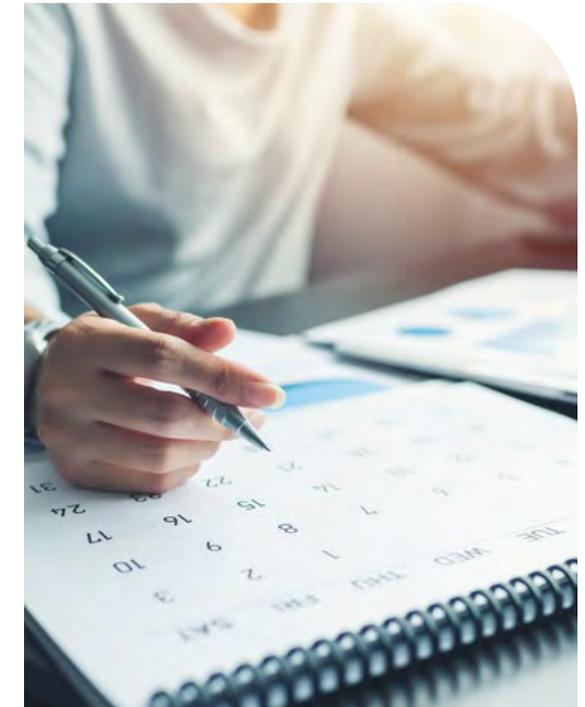
## Acceptable proof:

- ✓ Current premium bill or current letter stating that your coverage is in effect
- ✓ TRICARE coverage
- ✓ CHAMPVA/VA insurance
- ✓ Letter from spouse's employer
- ✓ Indian Health insurance card

**Note:** If you have coverage through Indian Health Service, you are only required to provide proof of coverage during your initial enrollment period.

## Unacceptable proof:

- ✗ Medicare, Medicaid, or Arizona Health Care Cost Containment System (AHCCCS) coverage
- ✗ Insurance ID cards (additional proof required)
- ✗ Discount (non-insurance) cards
- ✗ Short-term (gap coverage) insurance
- ✗ Insurance applications or temporary ID cards



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## How do I enroll my dependents?

If you wish to enroll dependents in our benefit programs, you will need to provide the following documents to [GSA National](#):

- **For your legal spouse:** A marriage certificate or a copy of last year's tax return verifying your marital status (financial data can be redacted). Spouses with access to employer-sponsored medical benefits are not eligible for coverage under the Maximus medical plans.
- **For child(ren) under 26 years of age:** A birth certificate, adoption paperwork, or legal guardianship paperwork.

**Note:** Dependent child(ren) can be covered on the medical, dental, and vision plans up to age 26. A child who is incapable of self-support due to developmental, mental, or physical disability will be eligible for coverage beyond the limiting age of 26 subject to terms and conditions.

Submit your documentation to the [Alight WorkLife portal](#) or to [GSA National](#).

## Don't forget

You will need to submit your benefit elections within your enrollment window. You must also provide any necessary dependent documentation (such as birth or marriage certificates) within the enrollment window. Failure to complete the above will result in your dependents not being covered in any Maximus insurance plans. Outside of an eligible enrollment window, the only time you may make changes is during the next annual open enrollment period, unless you experience a qualifying life event.



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## How are my benefits funded?

Your benefits are funded in full or in part by Maximus through an account set up just for you called a Premium Reserve Account (PRA).

- GSA National manages your PRA, which works like a bank account.
- Maximus makes contributions on your behalf and you "buy" benefits with the money deposited into your PRA.
- You also make your own contributions through payroll deductions to the PRA when you select benefits that cost more than what Maximus contributes (such as buy-up plans) or to fund other elected benefits.
- The funds in your account are used to pay monthly premiums not covered by Maximus. Depending on your account balance, PRA funds can also be used to contribute to dependent care reimbursement accounts or to fund your retirement plan.

## What if I have surplus funds?

Surplus funds in your Premium Reserve Account (PRA) are transferred to your retirement account on a quarterly basis if you meet all of the following criteria:

- Your individual PRA balance exceeds six months of insurance premiums based on your current elections.
- You have been hired, rehired, or transferred to a position with GSA-administered benefits by the first day of the second month of the quarter.
- You are an active employee on the last day of the quarter.

If your employment is terminated, funds remaining in your PRA are forfeited.



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## How do I maintain medical coverage?

To maintain medical coverage, employees must work a minimum average of 30 eligible hours for each weekly timesheet ending within the previous month. Eligible hours include all paid time and paid leave, up to a maximum of 40 hours per timesheet.

Failure to earn at least 30 hours per week of Health & Welfare funds can cause your PRA to be underfunded and unable to cover your medical insurance premiums.

Medical insurance will be suspended in any month that you:

- Fail to average 30 hours per week.
- Have a PRA balance of negative \$1,000 or less.
- Are not covered by the Family and Medical Leave Act (FMLA) or other protected leave of absence.





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# Medical plans

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Maximus has partnered with Anthem Blue Cross Blue Shield to provide our medical insurance coverage.

## Employees may choose from three Anthem medical plans:

 **The Core plan**

 **The Buy-up plan**

 **The PPO plan**

All three Anthem plans cover the same services and use the same provider network.

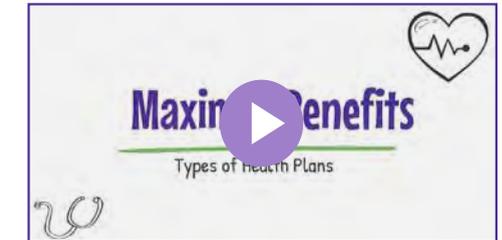
The main differences between the plans are:

1. What you pay out of pocket for your medical services through your deductible and coinsurance (if applicable).
2. The funding method used to pay for your out-of-pocket expenses, including the deductible.
3. What you pay each pay period in premiums.

Maximus medical plans provide the coverage, tools, and resources to help you take control of your health and spending by offering:

- Preventive care covered at 100% under all health plans for eligible services when using in-network providers.
- Real-time health support from a nurse advocate, when you call the Anthem Nurseline, available 24/7/365.
- Support from an Anthem Health Guide by phone or chat, Monday - Friday, 8:00 a.m. to 8:00 p.m. ET.
- Cost savings when using in-network providers.
- Access to virtual care and virtual second opinion 24/7 through LiveHealth Online telemedicine.
- Access to various health and wellbeing support programs.

The Core plan offers affordable medical coverage with at least the minimum benefit value (called essential benefits) required under the Patient Protection and Affordable Care Act. You may also enroll in health plans through the Marketplace at [healthcare.gov](https://healthcare.gov). However, while some low-income individuals may qualify for subsidized coverage, Maximus employees generally will not qualify because of the cost and benefit value of our health plans.



[Video: Types of health plans at Maximus](#)



[Video: Understanding key terms](#)

# Compare your medical plans

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	Core plan		Buy-up plan		PPO plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Annual company contribution</b> • Individual • Family	N/A		\$500 \$1,000		N/A	
	You pay:					
<b>Annual deductible</b> • Individual • Family	Aggregate deductible \$2,000 \$4,000	Aggregate deductible \$6,000 \$12,000	Aggregate deductible \$1,500 \$3,000	Aggregate deductible \$5,000 \$10,000	Embedded deductible \$700 \$1,400	Embedded deductible \$2,000 \$4,000
<b>Coinsurance</b>	20% after deductible	50% after deductible	0%	50% after deductible	20% after deductible	40% after deductible
<b>Annual out-of-pocket (OOP) limit</b> (Includes deductible) • Individual • Family	\$6,000 \$12,000	\$10,000 \$20,000	\$6,000 \$12,000	\$10,000 \$20,000	\$3,000 \$6,000	\$7,000 \$14,000
<b>Telehealth visits</b> • LiveHealth Online (LHO)  • Non-LiveHealth Online (Non-LHO)	\$0 after deductible	Not covered	\$0 after deductible	Not covered	LHO: \$0 copay  Non-LHO PCP: \$30 copay Non-LHO specialist: \$60 copay	Not covered  40% after deductible
<b>Preventive care services</b> (Annual physical & cancer screenings)	\$0	50% after deductible	\$0	50% after deductible	\$0	40% after deductible
<b>PCP, non-preventive office visit</b>	20% after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$30; deductible doesn't apply	40% after deductible
<b>Office visit or telehealth</b> (Specialist)	20% after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$60; deductible doesn't apply	40% after deductible
<b>Urgent care</b>	20% after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$75; deductible doesn't apply	40% after deductible
<b>Inpatient hospital/ outpatient surgical facility</b>	20% after deductible	50% after deductible	\$0 after deductible	50% after deductible	20% after deductible	40% after deductible
<b>Emergency care</b>	20% after deductible		\$0 after deductible		\$500 copay	

## Terms to know

**Aggregate deductible and OOP limit:** With an aggregate deductible or OOP limit, one family amount applies to everyone. When one or a combination of family members has expenses that meet the family deductible or out-of-pocket limit, it is considered to be met for all of you. Then, the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.

**Embedded deductible and OOP limit:** With an embedded deductible or OOP limit, each person only needs to meet the individual deductible and out-of-pocket limit before the plan begins paying its share for that individual. (And, once two or more family members meet the family amounts, the plan begins paying its share for all covered family members.)

**Coinsurance:** Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Once you reach your deductible, you are responsible for paying the coinsurance amount for your covered services until you reach the out-of-pocket maximum.

**Out-of-pocket maximum:** The most you will pay for covered services during the plan year before the plan begins to pay 100% of the allowed amount. Once you reach the out-of-pocket maximum, the plan will pay for 100% of your healthcare services for the rest of the year.

## Prescription drug coverage

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Maximus partners with Express Scripts (ESI) to provide your prescription drug benefit. Express Scripts ensures that you have access to high-quality, cost-effective medicines through a network of retail pharmacies. Your copayments are based on the type of prescription you have filled, where you have it filled, and the medical plan you are enrolled in. After your plan deductible has been satisfied, prescription drug coverage is as follows.

	Core plan	Buy-up plan	PPO plan
	In-network	In-network	In-network
<b>Deductible</b> • Individual • Family	Aggregate deductible \$2,000 \$4,000	Aggregate deductible \$1,500 \$3,000	None
<b>Generic</b>	\$20	\$20	\$10
<b>Formulary</b>	\$60	\$60	\$30
<b>Non-formulary</b>	\$100	\$100	\$60
<b>Mail order - generic</b>	\$40	\$40	\$20
<b>Mail order - formulary</b>	\$120	\$120	\$60
<b>Mail order - non-formulary</b>	\$200	\$200	\$120
<b>Mail order - specialty</b> • 1- to 30-day supply • 31- to 90-day supply	\$80 \$160	\$80 \$160	N/A

You can enjoy additional savings by using ESI's medication home delivery service. To find an in-network pharmacy, visit [express-scripts.com/maximus](https://www.express-scripts.com/maximus). For out-of-network benefits, contact Express Scripts using the toll-free number on the back of your member ID card or call [800.282.2881](tel:800.282.2881).



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## Maintenance medication – Smart90 Program

Smart90 Program members are allowed 2 maintenance medication fills from a 30-day retail pharmacy (for example, drugs used to treat high blood pressure or diabetes). With Smart90, a member can choose to fill a 90-day supply at a CVS pharmacy or through the Express Scripts mail order pharmacy. Members continuing to use 30-day supplies of maintenance medication, or filling out-of-network, pay 100% of prescription cost.

## Preventive generics program

Members receive free or discounted preventive medications for many conditions including diabetes, heart disease, and high blood pressure. This program helps you adhere to your medication regimen and stay healthy. Be sure to speak with your doctor about this benefit and discuss choosing the most cost-effective option for you. Sign in at [express-scripts.com](https://express-scripts.com) to see all of the medications included in the preventive medication list that are not subject to your deductible. All preventive generic drugs are available at no cost to you.

## Specialty pharmacy – Accredo

Accredo, the full-service Express Scripts specialty pharmacy, provides personalized care to patients with chronic, complex health conditions. Accredo offers several comprehensive disease-specific patient care management programs:

- **Patient counseling and education** – convenient access to highly trained specialty experts, including pharmacists, nurses, and patient care coordinators who provide support to manage your condition.
- **Convenient medication delivery** – coordinated delivery to your home, doctor’s office, or any other approved location.
- **Refill reminders** – ongoing refill reminders from a patient care coordinator.
- **Language assistance** – translation services for non-English-speaking patients.
- **Mobile app** – makes it easy for your to refill medications.

For additional information about the services available to you through Accredo, please call [800.987.5254](tel:800.987.5254).

## Contact Express Scripts

Register today at [express-scripts.com](https://express-scripts.com) or call [800.224.5513](tel:800.224.5513). To access TTY service for hearing-impaired members, call [800.899.2114](tel:800.899.2114).

All services listed are available 24 hours a day, 7 days a week.

Your doctor may fax your prescriptions to the Express Scripts Pharmacy at [800.837.0959](tel:800.837.0959).

# Your medical and prescription drug plan contributions

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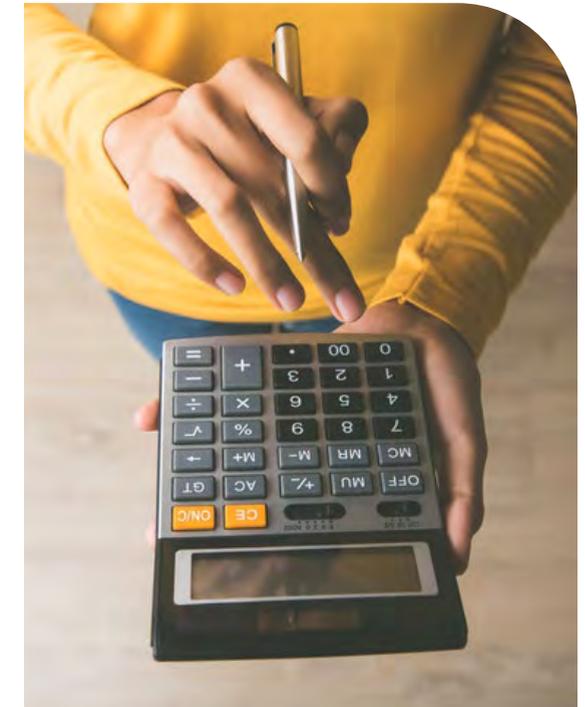
Dental

Vision

Under the Core HSA plan, the employee-only medical premium is fully paid by Maximus with no additional cost to you. If you wish to add your dependents to your medical plan or if you wish to elect the Buy-up HSA plan or the PPO plan, the applicable premium below will be deducted from your paycheck each pay period.

	Bi-weekly payroll deductions		
	Core plan	Buy-up plan	PPO plan
Employee	\$0	\$50.00	\$65.00
Employee + spouse*	\$281.45	\$321.97	\$332.85
Employee + child(ren)	\$217.23	\$245.82	\$255.53
Employee + family*	\$435.66	\$498.29	\$512.10

\*Working spouses who have access to medical/prescription drug insurance through their employer are not eligible for coverage under the Maximus medical/prescription plans. They remain eligible for dental, vision, and other benefits available to spouses.



### Note

If you go out-of-network your expenses may exceed the coinsurance amount because the doctor may bill you for the charges not covered under the plan.

# Spending & savings accounts

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## Health savings accounts (HSAs)

A health savings account is a powerful tool that allows you to pay for qualified health expenses (as determined by the IRS) during the year.

The money in your HSA is yours to keep and use forever, even if you leave the company or are no longer enrolled in an HSA medical plan.

You must enroll in an HSA medical plan to contribute to an HSA, but you can use the funds regardless. You are not eligible to contribute or receive employer funds if you are enrolled in Medicare or TRICARE.

### How it works

-  1. Enroll in the Core or Buy-up plan.
-  2. Elect payroll contribution amount.
-  3. Get tax breaks.
-  4. Pay for qualified health expenses with your HSA debit card, or online payment options.
-  5. Let your money grow.
-  6. Roll contributions over year to year.
-  7. Retire with more.

## Contributing to an HSA

You must be enrolled in an HSA medical plan in order to receive the employer contributions and/or contribute to the HSA. Contributions to your HSA (up to the 2023 IRS maximum, minus the Maximus contribution) can be made via pre-tax payroll deductions and can be changed at any time. For 2023, you can contribute:

- \$3,850 per year for single coverage (inclusive of employer contribution).
- \$7,750 per year for family coverage (inclusive of employer contribution). Dependents must be approved via dependent verification process in order to elect the family HSA contribution.
- \$1,000 per year catch-up contribution option for employees age 55+.

## Maximus' HSA contributions

If you enroll in the HSA Buy-up plan, Maximus will contribute \$500 for single coverage or \$1,000 for family coverage into your HSA. This means each pay period you will see a deposit into your HSA from Maximus, in addition to any contributions you elect to make into the account. You can also earn up to \$500 in your HSA for completing wellbeing activities.

## Triple tax advantage of HSAs

- 1. You invest in HSAs with pre-tax dollars.** HSA contributions are deducted from your paycheck on a pre-tax basis, which lowers your tax bill.
- 2. HSA money grows tax-free.** The funds that accrue in HSAs are tax deferred. This means that – depending on how you use the funds – the money may only be taxed upon withdrawal in retirement, when your tax rate may be lower than it is today.
- 3. You withdraw HSA money tax-free.** You may withdraw funds from HSAs without incurring any taxes, provided the money is used for qualifying health expenses such as deductibles, coinsurance, copays, orthodontics, feminine hygiene products, prescription and over-the-counter drugs, telehealth services, and more.

# Spending & savings accounts

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## Health reimbursement accounts (HRAs)

Maximus funds your HRA by providing financial incentives for your healthy habits as identified by our wellbeing program. You will receive a debit card with this plan that allows flexibility in the way your earned HRA dollars are used. You may use the debit card to pay your cost share at the point of service at a doctor's office or the pharmacy. You may also pay up front using another source of payment and then request reimbursement through the [anthem.com](https://www.anthem.com) portal or Engage.

The funds up to your out-of-pocket maximum are yours to keep the following year if you re-enroll in the PPO medical plan.

### How it works

1. Enroll in the PPO medical plan.
2. Maximus makes contributions to the account when you complete wellbeing activities.
3. Pay for qualified health expenses by using your HRA debit card or through a reimbursement request.
4. Get reimbursed.

## Dependent care reimbursement account

A dependent care reimbursement account is funded by Maximus and allows you to reimburse yourself for eligible day care costs and other qualifying, non-healthcare child or elder care expenses.

### How it works

1. Enrollment in this account can take place at any time and must be renewed from year to year.
2. Participation requires a minimum Premium Reserve Account balance of \$50, with transfers limited to 50% of the Premium Reserve Account balance.
3. Fund transfers take place at the end of each fiscal quarter. If you want to make changes to the quarterly transfers, you must complete it by the last day of the quarter. You must also be actively employed on the last day of the quarter to be eligible for the transfer.

To initiate a reimbursement claim or for account information, visit [flexfacts.com](https://flexfacts.com) or call 877.94.FACTS (877.943.2287).



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	 Health savings account (HSA)	 Health reimbursement account (HRA)
Who owns it?	 You	Maximus
Who funds it?	<ul style="list-style-type: none"> <li>You and Maximus. Maximus automatically contributes \$500/individual or \$1,000/family on a pro-rated basis each pay period if you are enrolled in the HSA Buy-up plan.</li> <li>You can earn up to \$500 when you complete wellbeing activities.</li> <li>If you are enrolled in Medicare or TRICARE, you are not eligible to contribute or eligible for the Maximus contribution.</li> </ul>	Maximus makes contributions to the account when you complete wellbeing activities.
What is the maximum contribution amount allowed in 2023?	<ul style="list-style-type: none"> <li>Single coverage: \$3,850</li> <li>Family coverage: \$7,750. Dependents must be approved via dependent verification process in order to elect the family HSA contribution.</li> <li>Catch-up contribution for employees age 55+: \$1,000</li> <li>Annual maximum limits are inclusive of the Maximus contribution, your contributions, and wellbeing incentives earned.</li> </ul>	You can earn up to \$500 when you complete wellbeing activities.
What can the funds be used for?	 You can use the funds to pay for eligible medical, vision, and dental expenses for you and eligible dependents	 You can use your HRA to pay for eligible expenses such as medical copays, coinsurance, deductible and pharmacy copays for you and your eligible dependents enrolled in the PPO plan.
What are the enrollment requirements?	 You must be enrolled in the HSA medical plan to contribute/receive funds but do not need to be enrolled to use the funds. When you enroll in the HSA medical plan, you are automatically enrolled in the HSA.	 Only available to those in the PPO plan.
What are the tax benefits?	 Tax-free contributions, withdrawals, interest, and investment income	N/A
Do the funds roll over?	 Unused funds roll over from year to year and are not subject to rollover limits. Your HSA must meet the \$1,000 minimum threshold before you can transfer money to your investment account.	 Unused funds up to your out-of-pocket maximum will be available to you in the following year if you re-enroll in the HRA.
Is there an investment option?	 You can invest your funds after meeting a minimum threshold.	 No investment option
Is the account portable?	 HSA funds are yours to keep forever, even if you leave the company.	 HRA funds stay with Maximus if you leave the company.

# Wellbeing program

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The **physical, financial, emotional,** and **social** wellbeing of you and your family are significant parts of what allow you to be successful at work and at home. Our Health and Wellbeing program has resources for all employees regardless of whether they are enrolled in a Maximus medical plan, such as:

- Employee Assistance Program (EAP) through LifeWorks.
- Wellbeing webcasts through the EAP.
- LifeSpeak expert education and advice on issues that affect everyday life with concise, easy-to-access content and a live monthly chat with wellbeing professionals.
- Support for personal wellbeing goals with one-on-one telephonic coaching or a self-paced digital path through Aduro Human Performance Coaching.
- Free wellbeing apps, such as Headspace and Wellbeats.
- LifeWorks content on family, culture, and relationships.
- Fairs and on-site activities.
- Employee perks and discounts.

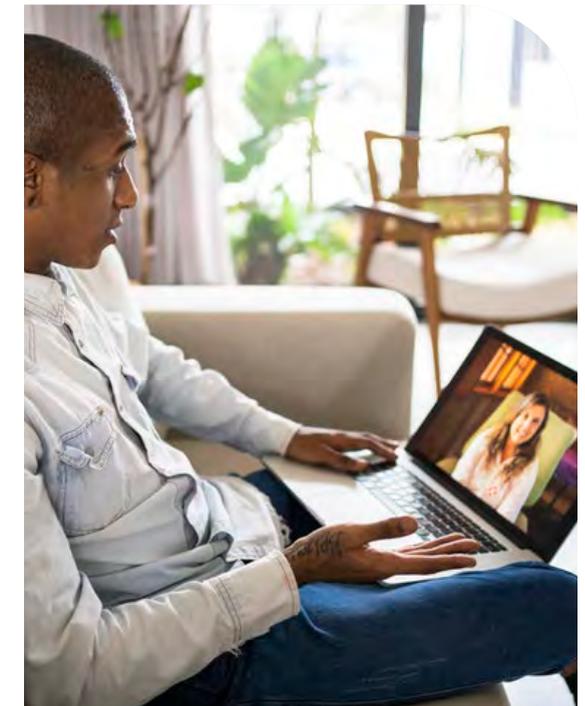
## Employee Assistance Program (EAP)

The EAP can help employees with everyday challenges both large and small, including personal, work, and family issues. It is a free and confidential service provided to all employees and everyone who lives in their household. Services include help with daily work and life challenges, free counseling sessions with a licensed counselor, webcasts, and online resources.

Employees have unlimited access to the EAP 24/7 by phone or by using the [LifeWorks online platform](#). (Username: maximuseap, password: maximus)

## Learn more

Visit [engage-wellbeing.com](https://engage-wellbeing.com) for more resources to help build and maintain healthy habits that lead to healthier, more fulfilling lives.



# Wellbeing rewards

5 points earned = \$1  
Total points you can earn = 2,500

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Employees enrolled in a Maximus medical plan can earn up to \$500 for taking healthy actions, such as completing an annual physical or getting routine screenings. Incentives will be paid directly into your HSA or HRA.

Employees not enrolled in a Maximus medical plan can also earn points for completing healthy activities and can use the points to be entered into quarterly sweepstakes for a chance to win prizes.

Program name	Program activities	Points earned for Anthem medical plan participants	Points earned for non-Anthem medical plan participants*	Frequency
Welcome points	Register	25	25	Once per lifetime
	Get mobile app	25	25	Once per lifetime
Explore and earn	Understand your plan	10	N/A	Once annually
	See your claims	10	N/A	Once annually
	Search for care	50	N/A	Once annually
	Rate a doctor	10	N/A	Once annually
	Build a care team	100	N/A	Once annually
	Take health assessment	250	250	Once annually
Get active	Walk 5,000 steps	5	5	Once daily
	Walk 7,000 steps	7	7	Once daily
	Walk 10,000 steps	10	10	Once daily
Eat smart	Track 800+ calories	10	10	Once daily
Sleep well	Track 2+ hours of sleep	5	5	Once daily
Anthem health coaching	Complete health coaching	250	N/A	Once annually
Anthem preventive care	Breast cancer screening	500	N/A	Once annually
	Prostate cancer screening	500	N/A	Once annually
	Skin cancer screening	500	N/A	Once annually
	Well-women visit	500	N/A	Once annually
	Colon cancer screening	500	N/A	Once annually
	Annual physical	1,000	N/A	Once annually
Aduro Breathe Easy	Complete cessation coaching	25	25	Once annually
Aduro Human Performance Coaching	Complete a weekly practice	10	10	Once weekly
	Complete a daily habit	10	10	Once daily
	Complete telephonic coaching	500	25	Once annually
Omada Health	Build healthy habits	10	N/A	Once weekly
Quest Diagnostics	Complete screening	500	N/A	Once annually
	View results in Engage (New for 2023!)	100	0	Once annually
Dental cleaning	Self-report dental cleaning	250	N/A	Once annually
Healthy habits	Complete a 7-day healthy habit challenge	10	10	Once daily

# Dental

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You and your eligible dependents may choose to enroll in the [Cigna Dental PPO Network](#), which offers a large network of providers. When you choose to see a network dentist, you will have lower out-of-pocket costs.

	In-network	Out-of-network
<b>Annual deductible</b> • Individual • Family	\$50 \$150	\$50 \$150
<b>Annual benefit maximum</b> (Per person)	\$1,500	
<b>Orthodontic lifetime maximum</b> (Per person)	\$1,500	
What you can expect to pay for certain services		
<b>Diagnostic and preventive services</b>	0%	
After deductible		
<b>Basic services</b>	20%	20%, plus any amount over R&C
<b>Major services</b>	50%	100%
<b>Orthodontic services</b> Coinsurance Eligibility	50% Dependents up to age 19	50% plus any amount over R&C Dependents up to age 19

## Your contributions

Bi-weekly payroll deductions	
Employee only	\$12.97
Employee + spouse	\$27.24
Employee + child(ren)	\$24.64
Family	\$38.90

# Vision

## IN THIS SECTION:

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Vision insurance is provided through VSP, which gives you access to the largest provider network in the industry. Your vision plan covers a wide range of services, including exams, lenses, frames, contact lenses, and more. Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

**Note:** VSP does not mail insurance ID cards. You can print an ID card on the VSP website or you may simply tell your provider that you have coverage through VSP.

	In-network	Out-of-network	Frequency of benefit
<b>Annual exam</b>	\$10 copay	\$10 copay \$35 maximum allowance	Per calendar year
<b>Lenses</b> Single lenses Bi-focal lenses Tri-focal lenses	After \$20 copay for lenses and frames Covered in full Covered in full Covered in full	After \$20 copay for lenses and frames Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance	Per calendar year
<b>Frames</b>	\$20 copay for lenses and frames; up to \$150 retail allowance (less at certain retail providers)	After \$20 copay, up to \$35 allowance	Every other calendar year
<b>Contacts</b> Medically necessary lenses  Elective lenses	\$20 copay, then covered in full  \$150 allowance; fitting and evaluation covered in full with copay not to exceed \$60	After \$20 copay, \$210 maximum allowance  \$105 allowance; applies to cost of exam and lenses	Per calendar year

## Your contributions

Bi-weekly payroll deductions	
Employee only	\$3.19
Employee + spouse	\$6.38
Employee + child(ren)	\$6.38
Family	\$9.09



# Financial security

## IN THIS SECTION:

- [GSA Retirement Plan](#)
- [Maximus 401\(k\) Plan](#)
- [Disability plans](#)
- [Supplemental insurance](#)
- [Financial benefits for the unexpected](#)



# GSA Retirement Plan

## IN THIS SECTION:

GSA Retirement Plan

Maximus 401(k) Plan

Disability plans

Supplemental insurance

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Helping you plan for the future is important to Maximus, which is the reason we offer the Maximus GSA Retirement Plan. This account is funded through excess contributions and growth in your Premium Reserve Account. The amount of contributions will depend on the number of hours you work and your benefit elections. Transfers occur the month following the end of each fiscal quarter, and you must be actively employed on the last day of the quarter to be eligible.

The GSA Retirement Plan:

- Allows employees to use pre-tax employer funds (H&W funds) to save for retirement.
- Vests immediately at 100%.
- Provides a variety of investment options through Fidelity, including money markets and global funds.
- Offers 24/7 access to online account info at [401k.com](https://401k.com).
- Is portable upon separation from the company. To initiate a rollover, or to cash out funds, contact Fidelity at [800.890.4015](tel:800.890.4015) or [401k.com](https://401k.com).



# Maximus 401(k) Plan

## IN THIS SECTION:

GSA Retirement Plan

Maximus 401(k) Plan

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It's never too early to start thinking about and planning for your retirement. The Maximus 401(k) Plan helps you build a solid foundation for your financial future.

### How do I enroll?

Employees call Fidelity directly at [800.890.4015](tel:800.890.4015) or access online at [401k.com](https://401k.com).

### What is the maximum annual contribution I can make?

- IRS annual contribution limit: \$20,500\*
- Catch-up contribution limit (over age 50): \$6,500\*

### What is the company match?

Maximus will match 100% of the first 3% of your eligible compensation and 50% of the next 2% that you contribute. The total maximum match is 4% of your eligible compensation.

### Additional information

Loans and withdrawals are available in accordance with IRS regulations. Rollovers from other eligible retirement plans are accepted. The Maximus 401(k) Plan is a profit sharing plan for employees age 21 or older. Non-resident aliens (with no U.S. source income), leased employees, and employees covered by a union that has not negotiated for participation in the plan are not eligible to participate in the Maximus 401(k) Plan at any time.

\*2022 contribution limits. The IRS has not yet released the 2023 401(k) contribution limits.



# Disability plans

## IN THIS SECTION:

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Disability insurance is an important coverage for financial protection and peace of mind. These plans offer salary continuation if you are absent from work due to a covered illness or disability.

Disability insurance is available to regular full-time employees scheduled to work at least 30 hours per week and begins the first of the month following 6 months of service.

**Important:** Long-term disability (LTD) coverage is subject to a pre-existing condition clause that may exclude you from becoming eligible for benefits for a period of time, due to a medical condition that you had or for which you received treatment prior to filing a disability claim. Please refer to the plan document at [gsanational.com](https://gsanational.com) for more information.

## Short-term disability (STD)

- The premium is paid by Maximus and pays a weekly benefit.
- The plan pays 70% of your pre-disability weekly earnings (subject to the plan's maximum weekly benefit of \$1,000).
- 7-day elimination period which may be paid using available paid time off (PTO) or taken as unpaid leave of absence.
- Maximum duration of 26 weeks.

## Long-term disability (LTD)

- The premium is paid by Maximus and pays a monthly benefit.
- Plan pays 50% of your pre-disability monthly earnings (subject to the plan's maximum monthly benefit of \$2,500).
- Elimination period for LTD is the greater of the STD maximum benefit period or 180 days.
- Up to age 65 if you continue to meet the definition of disability under the plan.
- Pre-existing condition review applies when you have been covered for less than 12 consecutive months from the date of disability.

## Pre-existing condition exclusion period

The pre-existing condition exclusion period is a benefit eligibility provision that may exclude you from becoming eligible for benefits for a period of time, due to a medical condition that you had or for which you received treatment prior to filing a disability claim.

A pre-existing condition review will take place when a disability claim is filed before your coverage has been in effect for 12 consecutive months from your benefit eligibility date.

This review will take into consideration any conditions believed to exist three months prior to the effective date of disability coverage. When the review determines that the disability is a result of a pre-existing condition, benefits will not be paid.

For further information on what is considered a pre-existing condition or how it applies to disability coverage, please review the plan document or call MetLife.

# Supplemental insurance

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### Critical illness insurance

In the event that you or a covered family member has a verified diagnosis, you receive a lump-sum benefit paid directly to you by MetLife. Payment(s) that you receive will be made in addition to any other insurance you may have, and may be spent as you see fit. They can be used to help pay for medical plan deductibles and copays, for out-of-network stays, for your family's everyday living expenses, or for whatever else you need while recovering.

### Hospital indemnity insurance

This coverage provides you with a payment when you are admitted or confined to a hospital due to a covered accident or illness. Typically, a flat amount is paid for admission and a daily amount is paid for each day of a hospital stay. It also pays extra benefits for admission to, or confinement in, an intensive care unit and for other benefits and services. Payments are made directly to you to use as you see fit.

### Accident insurance

This coverage provides you with payment for any care related to a covered accident. This care may include diagnostic testing, medical treatment, and hospitalization. Payments are made directly to you to use as you see fit.

Learn more about these benefits at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).



# Financial benefits for the unexpected

## IN THIS SECTION:

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## Basic term life coverage

Maximus provides all eligible employees with basic term life coverage at no cost to you in the amount of \$20,000. Life benefits reduce by 35% at age 65 and 50% at age 70. Benefits end upon termination or retirement.

## Voluntary life insurance

For many employees, basic term life coverage may not be enough. For that reason, Maximus offers voluntary life insurance for you, your spouse, and your children.

**Note:** In order to enroll in voluntary life insurance for your spouse or child(ren), you must be enrolled in voluntary life insurance for yourself. You pay the premiums for any dependent life insurance you purchase.

**Coverage for you:** Your coverage options are 1 to 5 times your basic annual earnings, to a maximum of 5 times your base annual salary or \$500,000, whichever is less. You pay the premiums for any voluntary life insurance you purchase. You will need to provide proof of good health (evidence of insurability) if you want to purchase more than the lesser of 3 times your basic annual earnings or \$150,000 of coverage.

- **Coverage for your spouse:** You may purchase coverage for your spouse in increments of \$5,000 (\$10,000, \$15,000, \$20,000, etc.), from a minimum of \$10,000 to a maximum of \$100,000 or the amount of voluntary coverage you purchase for yourself, whichever is less. You will need to provide proof of your spouse's good health (evidence of insurability) if you want to purchase more than \$25,000 of coverage for him or her.
- **Coverage for your child(ren):** Employees also have the option to purchase life insurance for their child(ren). A single coverage level of \$10,000 per child is available for eligible children up to age 26. If you elect this coverage, all of your children will be covered for the same amount and you'll pay the same premium regardless of how many children you cover.

## Evidence of insurability

In certain circumstances, you may be required to provide evidence of insurability (EOI) in order to enroll in supplemental coverages. If you elect coverage over the Guaranteed Issue amounts, EOI will be required.

Additionally, anytime you enroll in coverage, or increase your coverage amount, outside of the initial enrollment window, EOI will be required. In cases where EOI is required, your new coverage and contributions will not begin until you receive written approval from the insurance company.



# Maximus Foundation

## IN THIS SECTION:

- [Maximus Foundation](#)
- [Employee Assistance Fund \(EAF\)](#)



# Maximus Foundation

## IN THIS SECTION:

Maximus Foundation

Employee Assistance Fund (EAF)

### Giving back to the communities we serve

Maximus has a responsibility to create a positive impact in the communities we serve. The Maximus Foundation is one of the ways we make a difference in communities where our employees live and work. The Foundation is an independent, employee-led, 501(c)(3) nonprofit organization. Since its founding in 2000, we have supported nonprofits across the country that share our mission.

### Employees giving people a hand

We are led by our caring employees – people just like you who are committed to doing something greater together. This inspired giving and participation help accelerate the missions of nonprofits on the frontlines of the communities we serve. Though we primarily focus our giving strategy on awarding cash grants, we also support key community response initiatives and the volunteerism of our employees.

### Double your impact on our communities

In line with our commitment to moving people forward, Maximus will match every dollar you donate to the Foundation's grantmaking program to award-eligible nonprofits. Not only will you double the impact of every dollar you give, but by donating as little as \$1 you can make your voice heard. We invite you to nominate and vote for future Maximus grantee partners for up to a year after your donation. Visit [maximus.com/foundation](https://maximus.com/foundation) to learn more.

Our mission is to support organizations and programs that promote personal growth and self-sufficiency through improved health, augmented child and family development, and community development.



## Employee Assistance Fund (EAF)

### IN THIS SECTION:

Maximus Foundation

Employee Assistance Fund (EAF)

Employee health and wellbeing are a priority for Maximus. We partner with America's Charities to provide financial support to employees impacted by disasters, personal emergencies, and other hardships. To apply, visit [maximus.com/EAF](https://maximus.com/EAF).

To ensure confidentiality and impartial decision-making, America's Charities manages the grant processing and all administrative aspects of the EAF on behalf of Maximus, including final determinations on the amount of funding relief to be granted.

If you need application assistance, contact the Maximus EAF support team at [maximus@charities.org](mailto:maximus@charities.org). For other questions or more information, email [maximuscharitablefoundation@maximus.com](mailto:maximuscharitablefoundation@maximus.com).





# Work/life balance

## IN THIS SECTION:

- [Legal plan](#)
- [Transit/parking commuter benefits](#)
- [Auto, home, and renter's discounts](#)
- [Paid time off \(PTO\)](#)
- [Corporate holidays](#)
- [Pet insurance discount](#)



## Benefits for better work/life balance

### IN THIS SECTION:

Legal plan

Transit/parking  
commuter benefits

Auto, home, and  
renter's insurance  
discounts

Corporate holidays

Paid time off (PTO)

Pet insurance

### MetLife legal plan

Maximus has partnered with MetLife to offer assistance with legal matters such as wills and codicils, powers of attorney, protection from domestic violence, deeds, mortgages and notes, document preparation, eviction/tenant problems, small claims, bankruptcy, and adoption/guardianship. The MetLife legal plan now includes four hours of attorney work for non-covered matters not expressly excluded. To use the legal plan, visit [legalplans.com](https://legalplans.com) or call MetLife's Client Service Center at 800.821.6400.

### Transit/parking commuter benefits

You can pay for eligible commuting expenses with pre-tax dollars deducted from your paycheck. Maximus partners with TRI-AD to give you an opportunity to purchase transit or parking passes at work directly from your paycheck, on a pre-tax basis. This is a great way to make your dollars work harder for you, by reducing your taxable income while paying for commuting expenses. To learn more, visit [tri-ad.com/commute](https://tri-ad.com/commute) call TRI-AD at 888.844.1372.

### Auto, home, and renter's discounts

MetLife/Farmers GroupSelect<sup>SM</sup> home, auto and renter's coverage is available to eligible employees and offers special savings and a wide range of policies to suit your needs. For more information, call 800.GET.MET8 (800.438.6388) or visit [mybenefits.metlife.com](https://mybenefits.metlife.com). You can enroll or cancel coverage at any time during the year.

### Paid time off (PTO)

After one year of service, employees are eligible to receive paid vacation time in accordance with the area wage determination tables (based on the state in which you work). Paid holidays are provided in accordance with the U.S. Federal Holiday Schedule. Eligible employees accrue paid sick leave each pay period based on worked hours. Your sick leave accrual rate may vary based on state or local regulations.

### Corporate holidays

We realize the importance of having a good work/life balance. Therefore, each year employees receive the nine paid company holidays listed in the Employee Manual. Please note that if you work at a project site, then your holiday schedule may vary slightly. Check with your supervisor or local human resources representative for the holiday schedule for your project.

### Pet insurance discount

MetLife pet insurance is available to eligible employees and helps to cover the costs of vet visits, accidents, illness and more. For more information, call 800.GET.MET8 (800.438.6388) or visit [mybenefits.metlife.com](https://mybenefits.metlife.com). You can enroll or cancel coverage at any time during the year.

## Contacts

Benefit	Provider	Group Number	Phone	Website
GSA National	GSA National		800.250.2741	<a href="https://gsanational.com">gsanational.com</a>
Medical	Anthem	201080	833.371.1223	<a href="https://anthem.com">anthem.com</a>
Health savings account (HSA)	Anthem	201080	833.371.1223	<a href="https://anthem.com">anthem.com</a>
Dependent care and reimbursement spending account	FlexFacts		877.943.2287	<a href="https://flexfacts.com">flexfacts.com</a>
Prescription drug coverage	Express Scripts (ESI)	KK8A	800.224.5513	<a href="https://express-scripts.com">express-scripts.com</a>
Employee Assistance Program (EAP)	LifeWorks	Username: maximuseap Password: maximus	855.522.1310	<a href="https://login.lifeworks.com">login.lifeworks.com</a>
Dental	Cigna	2500879	800.244.6224	<a href="https://mycigna.com">mycigna.com</a>
Vision	VSP	30070497	800.877.7195	<a href="https://vsp.com">vsp.com</a>
GSA Retirement Plan	Fidelity	Use your SSN	800.890.4015	<a href="https://401k.com">401k.com</a>
401(k) Retirement Plan	Fidelity	Use your SSN	800.890.4015	<a href="https://401k.com">401k.com</a>
Disability	MetLife	Use your SSN	866.729.9201	<a href="https://metlife.com">metlife.com</a>
Life insurance	MetLife	Use your SSN	800.638.6420	<a href="https://metlife.com">metlife.com</a>
Critical illness, hospital indemnity, accident insurance	MetLife		Information: 800.GET.MET8 Claims: 866.626.3705	<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>
Legal plan	MetLife		800.821.6400	<a href="https://legalplans.com">legalplans.com</a>
Transit/parking commuter benefits	TRI-AD		888.844.1372	<a href="https://tri-ad.com/commute">tri-ad.com/commute</a>
Auto, home, and renter's insurance discounts	Farmers	118608	800.GET.MET8 (800.438.6388)	<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>
Pet insurance	MetLife	118608	800.GET.MET8 (800.438.6388)	<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>
Accommodations and Leave team	Maximus		833.255.6258	<a href="https://leaverequests.maximus.com">leaverequests.maximus.com</a> <a href="https://accommodations.maximus.com">accommodations.maximus.com</a>

# Disclosure notices

## Newborn's and Mother's Health Protection Act

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).

## Women's Health and Cancer Rights Act Notices

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

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- 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.

## Medical Part D

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Maximus 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. Maximus has determined that the prescription drug coverage offered through the company-sponsored Medical plans 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 to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Maximus coverage will not be affected.

You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at [cms.hhs.gov/CreditableCoverage](https://www.cms.gov/CreditableCoverage)), which outlines the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Maximus coverage, be aware that you and your dependents may or may 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 Maximus 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...

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 Maximus changes. You also may request a copy of this notice at any time.

## GINA Warning against Providing Genetic Information

The Genetic Information Nondiscrimination Act (GINA) prohibits collection of genetic information by both employers and health plans and defines genetic information very broadly. Asking an individual to provide family medical history is considered collection of genetic information, even if there is no reward for responding (or penalty for failure to respond). In addition, a question about an individual's current health status is considered to be a request for genetic information if it is made in a way likely to result in obtaining genetic information (e.g., family medical history). Wellbeing programs that require completion of health risk assessments or other forms that request health information may violate the collection prohibition unless they fit within an exception to the prohibition for inadvertent acquisition of such information. This exception applies if the request does not violate any laws, does not ask for genetic information, and includes a warning against providing genetic information in any responses.

## 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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends.
- If you or your dependents become eligible for state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

**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, 2022. Contact your State for more information on eligibility.

**ALABAMA - Medicaid**

Website: [myalhipp.com](http://myalhipp.com)  
Phone: 855-692-5447

**ALASKA - Medicaid**

The AK Health Insurance Premium Payment Program  
Website: [myakhipp.com](http://myakhipp.com)  
Phone: 866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: [health.alaska.gov/dpa/Pages/default.aspx](http://health.alaska.gov/dpa/Pages/default.aspx)

**ARKANSAS - Medicaid**

Website: [myarhipp.com](http://myarhipp.com)  
Phone: 855-MyARHIPP (855-692-7447)

**CALIFORNIA - Medicaid**

Health Insurance Premium Payment (HIPP) Program: [dhcs.ca.gov/hipp](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: [healthfirstcolorado.com](http://healthfirstcolorado.com)  
Health First Colorado Member Contact Center:  
800-221-3943/State Relay 711

CHP+: [colorado.gov/pacific/hcpf/child-health-plan-plus](http://colorado.gov/pacific/hcpf/child-health-plan-plus)  
CHP+ Customer Service: 800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): [colorado.gov/pacific/hcpf/health-insurance-buy-program](http://colorado.gov/pacific/hcpf/health-insurance-buy-program)  
HIBI Customer Service: 855-692-6442

**FLORIDA - Medicaid**

Website: [flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html](http://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html)  
Phone: 877-357-3268

**GEORGIA - Medicaid**

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)  
Phone: 678-564-1162, Press 2

**INDIANA - Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: [in.gov/fssa/hip](http://in.gov/fssa/hip)  
Phone: 877-438-4479

All other Medicaid

Website: [in.gov/medicaid](http://in.gov/medicaid)  
Phone: 800-457-4584

**IOWA - Medicaid and CHIP (Hawki)**

Medicaid Website: [dhs.iowa.gov/ime/members](http://dhs.iowa.gov/ime/members)  
Medicaid Phone: 800-338-8366

Hawki Website: [dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)

Hawki Phone: 800-257-8563

HIPP Website: [dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)

HIPP Phone: 888-346-9562

**KANSAS - Medicaid**

Website: [kancare.ks.gov](http://kancare.ks.gov)  
Phone: 800-792-4884

**KENTUCKY - Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: [kidshealth.ky.gov/Pages/index.aspx](http://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 877-524-4718  
Kentucky Medicaid Website: [hchfs.ky.gov](http://hchfs.ky.gov)

**LOUISIANA - Medicaid**

Websites:  
[medicaid.la.gov](http://medicaid.la.gov)  
[ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)  
Phones:  
888-342-6207 (Medicaid hotline)  
855-618-5488 (LaHIPP)

**MAINE - Medicaid**

Enrollment Website: [maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms)  
Phone: 800-442-6003  
TTY: Maine relay 711

Private Health Insurance Premium Webpage:

[maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms)  
Phone: 800-977-6740  
TTY: Maine relay 711

**MASSACHUSETTS - Medicaid and CHIP**

Website: [mass.gov/masshealth/pa](http://mass.gov/masshealth/pa)  
Phone: 800-862-4840  
TTY: 617-886-8102

**MINNESOTA - Medicaid**

Website: [mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp](http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)  
Phone: 800-657-3739

**MISSOURI - Medicaid**

Website: [dss.mo.gov/mhd/participants/pages/hipp.htm](http://dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005

**MONTANA - Medicaid**

Website: [dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 800-694-3084  
Email: [HHSHIPPPProgram@mt.gov](mailto:HHSHIPPPProgram@mt.gov)

**NEBRASKA - Medicaid**

Website: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)  
Phone: 855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA - Medicaid**

Medicaid Website: [dhcnp.nv.gov](http://dhcnp.nv.gov)  
Medicaid Phone: 800-992-0900

**NEW HAMPSHIRE - Medicaid**

Website: [dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)  
Phone: 603-271-5218  
Toll free number for the HIPP program: 800-852-3345, ext 5218

**NEW JERSEY - Medicaid and CHIP**

Medicaid Website: [state.nj.us/humanservices/dmahs/clients/medicaid](http://state.nj.us/humanservices/dmahs/clients/medicaid)  
Medicaid Phone: 609-631-2392  
CHIP Website: [njfamilycare.org/index.html](http://njfamilycare.org/index.html)  
CHIP Phone: 800-701-0710

**NEW YORK - Medicaid**

Website: [health.ny.gov/health\\_care/medicaid](http://health.ny.gov/health_care/medicaid)  
Phone: 800-541-2831

**NORTH CAROLINA - Medicaid**

Website: [medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
Phone: 919-855-4100

**NORTH DAKOTA - Medicaid**

Website: [nd.gov/dhs/services/medicalserv/medicaid](http://nd.gov/dhs/services/medicalserv/medicaid)  
Phone: 844-854-4825

**OKLAHOMA - Medicaid and CHIP**

Website: [insureoklahoma.org](http://insureoklahoma.org)  
Phone: 888-365-3742

**OREGON - Medicaid**

Website: [healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
[oregonhealthcare.gov/index-es.html](http://oregonhealthcare.gov/index-es.html)  
Phone: 800-699-9075

**PENNSYLVANIA - Medicaid**

Website: [dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx](http://dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)  
Phone: 800-692-7462

**RHODE ISLAND - Medicaid and CHIP**

Website: [oohhs.ri.gov](http://oohhs.ri.gov)  
Phones:  
855-697-4347  
401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA - Medicaid**

Website: [scdhhs.gov](http://scdhhs.gov)  
Phone: 888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: [dss.sd.gov](http://dss.sd.gov)  
Phone: 888-828-0059

**TEXAS - Medicaid**

Website: [gethiptexas.com](http://gethiptexas.com)  
Phone: 800-440-0493

**UTAH - Medicaid and CHIP**

Medicaid Website: [medicaid.utah.gov](http://medicaid.utah.gov)  
CHIP Website: [health.utah.gov/chip](http://health.utah.gov/chip)  
Phone: 877-543-7669

**VERMONT - Medicaid**

Website: [greenmountaincare.org](http://greenmountaincare.org)  
Phone: 800-250-8427

**VIRGINIA - Medicaid and CHIP**

Websites:  
[coverva.org/en/famis-select](http://coverva.org/en/famis-select)  
[coverva.org/en/hipp](http://coverva.org/en/hipp)  
Medicaid Phone: 800-432-5924  
CHIP Phone: 800-432-5924

**WASHINGTON - Medicaid**

Website: [hca.wa.gov](http://hca.wa.gov)  
Phone: 800-562-3022

**WEST VIRGINIA - Medicaid and CHIP**

Websites:  
[dhr.wv.gov/bms](http://dhr.wv.gov/bms)  
[mywvhipp.com](http://mywvhipp.com)  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 855-MyWVHIPP (1-855-699-8447)

**WISCONSIN - Medicaid and CHIP**

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](http://dhs.wisconsin.gov/badgercareplus/p-10095.htm)  
Phone: 800-362-3002

**WYOMING - Medicaid**

Website: [health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility](http://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility)  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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

**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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.