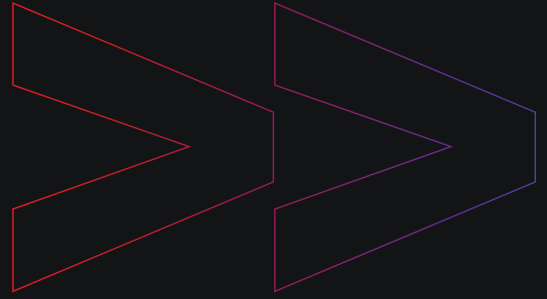




# 2025 Guide to Benefits

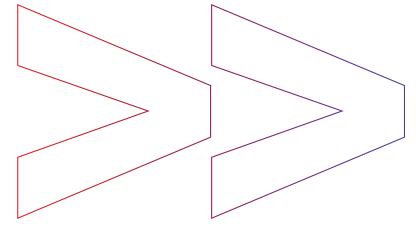
Revised 10/24





# in this guide,

we use the term company to refer to Sabre GLOB, Inc. This guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



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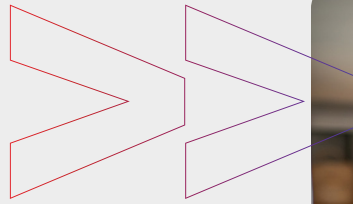
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## QUESTIONS?

Go to [People Team Support > Benefits](#) if you have any questions or need help.



# what's new for 2025?

**Healthcare Premiums:** There is a minimal increase to the Balanced Choice and Consumer Health plan premiums in 2025. There are no changes to dental and vision premiums.

**Consumer Health Plan deductible change:** Due to IRS requirements, the deductibles are increasing in this plan.

**New Voluntary Plans:** In 2025, team members will have more options to supplement your medical coverage. Accident and Critical Illness coverage is payable to you and can help cover unexpected expenses.

**Introducing Progyny:** A fertility partner will replace UHC's dollar limit for medical services with an enhanced "smartcycle" solution.

**Virtual Physical Therapy:** Engage with Hinge Health through wearable technology and a personalized care plan from a dedicated physical therapist.

**Calm App:** Get access to digital content for sleep, stress and mindfulness.

**Rethink Care:** An online program that has on demand resources and access to specialists for neurodivergent individuals and their parents. This includes resources for developmental and learning disabilities that affect home life, work and school.

**HSA contribution limits go up for individual and family coverage:** For 2025, the IRS has increased the maximum amount that can be contributed to a Health Savings Account (HSA). This year, the amount your HSA can receive increases to \$4,300 for team member only coverage and \$8,500 for family coverage. Sabre's contributions of \$500 for team member only coverage and \$1,000 for family coverage count toward the maximum amount you can contribute.

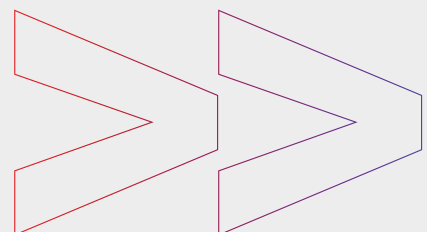


## New Sabre Benefits Site

Our new and improved benefits site has great, easy-to-use (*no password needed!*) information on all the benefit and wellness programs Sabre makes available to you. The new site offers simple navigation and a cleaner, more organized design, making it easy for you to find the information you need, when you need it. The site will serve as your primary source for benefit information throughout the year, and includes:

- Important open enrollment information
- Sabre wellness program
- Health and wellness resources
- Sabre medical, dental and vision plans, including plan details and premium amounts
- Other benefit programs, including tuition assistance, adoption assistance, 401(k), family and caregiving support and more
- Helpful videos to help you make the most of your benefits

Sabre Benefits Site URL: [mysabrebenefits.com](https://mysabrebenefits.com).





# enrollment

Workday is our benefits enrollment system. You can sign up or change your benefit elections at the following times:

- Within 30 days of your hire date
- During the benefits Open Enrollment period
- Within 30 days of experiencing a qualifying life event (QLE)

If you do not sign up for benefits during your initial eligibility period or the Open Enrollment period, you will not be able to elect coverage until the following plan year unless you experience a qualified life event. These IRS rules governing pre-tax health plans must be followed.

## Open Enrollment

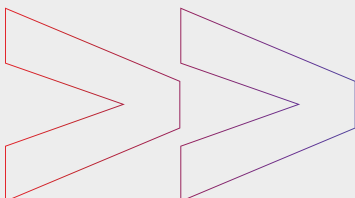
Open enrollment is the one time each year when team members can change their benefits for the upcoming year. At Sabre, Open Enrollment is held in the fall. Even if you aren't making any changes, you must complete your enrollment to remain enrolled in our plans in 2025.

## Qualified Life Events (QLE)

Certain qualifying events allow you to make changes within the year as long as you make the change and provide supporting documentation within the required timeframe – typically 30 days from the date of the event. These events include marriage, divorce, birth/adoption, and a loss or gain of other coverage. To enter a life event, log onto Workday, select Total Rewards Hub and click Change Benefits.

## New Hire/Initial Enrollment

If you are a full-time team member, you can enroll for coverage within 30 days of your hire date. Log onto Workday and select the Benefits Enrollment task from your inbox. The effective date of coverage retroactively begins on your date of hire. Even if you intend not to enroll in additional benefits, we encourage you to complete the new hire enrollment process and update your beneficiaries for your company-paid life insurance.



## Dependent Eligibility

You can also add eligible dependents to your plans:

- **Your children up to age 26**, including stepchildren, children of your domestic partner, foster children, legally adopted children and children placed with you pending adoption or for whom you are a court-appointed legal guardian.
- **Your legally married spouse or registered domestic partner.** If your working spouse/domestic partner has access to medical coverage through their employer, whether they have elected that coverage or not, they are not eligible for Sabre's medical plan. They are, however, eligible for Sabre's other benefits.

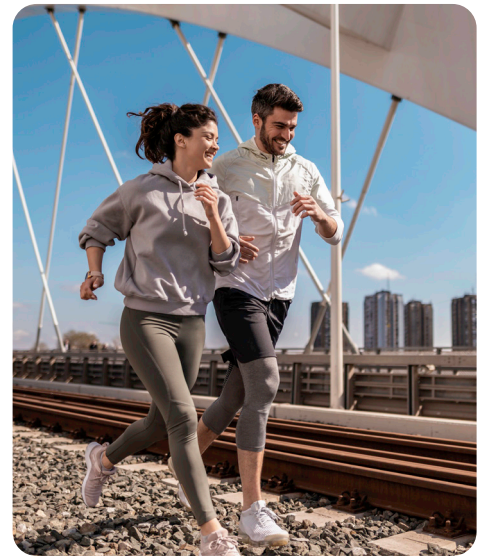
When adding eligible dependents for the first time, you must provide eligibility documentation (e.g., marriage, birth or adoption certificate) within 30 days of enrollment.

## When Benefits End

If your employment with Sabre ends, your medical, dental and vision benefits will end on your termination date. Depending on the benefit, options may be available for benefit continuation through COBRA or through conversion/portability provisions.



## HEALTH AND EMOTIONAL WELLBEING



# medical plans

Selecting a medical plan is an important decision for you and your family. At Sabre, we offer three plan options from UnitedHealthcare (UHC) to choose from based on your needs and what you want to pay for coverage. Familiarize yourself with key insurance terms to have a better understanding of how each plan works.

## GLOSSARY OF KEY INSURANCE TERMS

### Consumer Health Plan/HSA-Eligible Plan

- This is a high-deductible healthcare plan (HDHP), not a traditional copay plan and has higher initial out-of-pocket expenses before meeting the deductible.
- This plan offers both in and out-of-network coverage with the option of saving more by staying in-network with UHC's Tier 1 providers.
- This plan allows access to a Health Savings Account (HSA). See page 14 for more information.

### Balanced Choice Plan

- This is a traditional copay plan with coinsurance for inpatient/outpatient hospitalizations, labs and X-rays.
- This plan offers both in and out-of-network coverage with the option of saving more by staying in-network with UHC's Tier 1 providers.

### Network Only Plan

- This is a traditional copay plan with no deductible.
- This plan does not offer out-of-network coverage so you are required to see in-network providers only.

### Medical Surcharge

Team members who are enrolled in a medical plan in 2024 and were hired before Sept. 1, 2024 are required to complete an assigned wellness activity. This activity was due by Oct. 4, 2024. If you did not complete the activity, you will be charged \$50 each paycheck in 2025.

Team members that were hired on or after Sept. 1, 2024 automatically receive the wellness discount for 2025.

### Medical Providers

For a list of UnitedHealthcare network providers, visit [myuhc.com](https://myuhc.com) or call 877-468-1005.

Providers with a Tier 1 designation have lower copays and/or co-insurance when members seek care from a Tier 1 care provider for their primary care physician (PCP), specialist, or hospital inpatient or outpatient services. These physicians can be identified by the Tier 1 blue dot.



# medical plan comparison

	Network Only	Balanced Choice		Consumer Plan	
	In-network Only	In-network	Out-of-network	In-network	Out-of-network
<b>Calendar Year Deductible</b>					
▪ Individual	\$0	\$2,500	\$5,500	\$3,300	\$5,500
▪ Family	\$0	\$7,500	\$16,500	\$6,600	\$16,500
▪ Coinsurance	N/A	20%*	50%*	20%*	50%*
<b>Calendar Year Out-of-Pocket Maximum (Maximum Includes Deductible)</b>					
▪ Individual	\$6,500	\$6,500	\$25,000	\$6,500	\$25,000
▪ Family	\$13,000	\$13,000	\$50,000	\$13,000	\$50,000
<b>Preventive Care</b>	No Charge	No Charge	50%*	No Charge	50%*
<b>Primary Care</b>	Tier 1: \$15 copay Other: \$35 copay	Tier 1: \$15 copay Other: \$35 copay	50%*	Tier 1: 10%* Other: 20%*	50%*
<b>Specialist Services</b>	Tier 1: \$55 copay Other: \$75 copay	Tier 1: \$55 copay Other: \$75 copay	50%*	Tier 1: 10%* Other: 20%*	50%*
<b>Simple Lab/X-Ray</b>	No Charge	20%*	50%*	20%*	50%*
<b>Inpatient Services</b>	\$1,200 copay	20%*	50%*	Tier 1: 10%* Other: 20%*	50%*
<b>Outpatient Services</b>	\$15 copay	20%*	50%*	Tier 1: 10%*; 20%*	50%*
<b>Urgent Care</b>	\$75 copay	\$60 copay	50%*	20%*	50%*
<b>Emergency Room</b>	\$500 copay	\$250 copay if emergency, \$250 copay + coinsurance if non-urgent	\$250 copay	20%*	20%*

\*After deductible





# prescription drug coverage

When you enroll in a medical plan through United Healthcare (UHC), your prescription drug coverage will be provided by OptumRx.

You pay...	Network Only	Balanced Choice	Consumer Health
<b>Deductible Applies?</b>	No	No	Subject to medical deductible*
Retail Pharmacy Coverage (up to 30-day supply)			
	In-network	In-network	In-network
<b>Generic</b>	\$5 copay	\$5 copay	\$5 copay
<b>Preferred Brand</b>	\$60 copay	20%, \$25 min/\$60 max	20%, \$25 min/\$60 max
<b>Non-Preferred Brand</b>	\$125 copay	20%, \$50 min/\$120 max	20%, \$50 min/\$120 max
<b>Generic Specialty</b>	\$50 copay	\$50 copay	\$50 copay
<b>Brand Specialty</b>	\$150 copay	\$150 copay	\$150 copay
Mail Order Coverage (up to 90-day supply)			
	In-network	In-network	In-network
<b>Generic</b>	\$10 copay	\$10 copay	\$10 copay
<b>Preferred Brand</b>	\$120 copay	20%, \$50 min/\$120 max	20%, \$50 min/\$120 max
<b>Non-Preferred Brand</b>	\$250 copay	20%, \$100 min/\$250 max	20%, \$100 min/\$250 max
<b>Generic Specialty</b>	\$100 copay	\$100 copay	\$100 copay
<b>Brand Specialty</b>	\$300 copay	\$300 copay	\$300 copay

\*Certain generic preventive medications are not subject to the deductible; all applicable copays apply.

## Send Medications Right to Your Home

OptumRx home delivery is a convenient, cost-effective and safe option for medications you take regularly. There are four ways to place a new home delivery order:

1. By ePrescribe: Your doctor can send an electronic prescription
2. Go online: Visit the website on your ID card
3. By mobile app: Open the OptumRx app, which you can download from the App Store or Google
4. By phone: Call the toll-free number on your ID card

## Specialty Medications

Optum Specialty Pharmacy provides resources and personalized support to help you manage your condition.

For any questions about OptumRx or your prescription drugs, call 844-579-7776.

## SEARCH, COMPARE AND SAVE

OptumRx provides tools to help you find the right drug and pricing options for you. Visit [optumrx.com](https://optumrx.com) or use the OptumRx app.



# dental coverage

You may choose from two Dental PPO plans. In both plans, you can see any dentist for your dental care needs.

- **Basic Dental Plan:** In this plan, your deductible is \$75 per person, with a maximum of three people per family required to meet their deductible. The annual benefit maximum is \$1,000 and orthodontia for adults and children is covered at 50% up to a \$500 lifetime maximum.
- **Enhanced Dental Plan:** In this plan, your deductible is \$25 per person, with a maximum of three people per family required to meet their deductible. The annual benefit maximum is \$2,000 and orthodontics for adults and children is covered at 50% up to a \$2,000 lifetime maximum.

For more information on our dental plans, visit our [new benefits website](#).

	Basic Dental		Enhanced Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual Benefits Maximum</b>	Year 1: \$1,000 Year 2: \$1,100 Year 3: \$1,200 Year 4: \$1,300	Year 1: \$1,000 Year 2: \$1,100 Year 3: \$1,200 Year 4: \$1,300	Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4: \$2,300	Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4: \$2,300
<b>Deductible</b>				
▪ Individual	\$75	\$75	\$25	\$25
▪ Family	\$225	\$225	\$75	\$75
<b>Cleanings</b>	Plan pays 100% No Deductible	Plan pays 100% No Deductible	Plan pays 100% No Deductible	Plan pays 100% No Deductible
<b>Basic Services</b>	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
<b>Major Services (Crowns &amp; Implants)</b>	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
<b>Orthodontic Services</b>	Plan pays 50% after deductible Lifetime Max: \$500	Plan pays 50% after deductible Lifetime Max: \$500	50% No deductible Lifetime Max: \$2,000	50% No deductible Lifetime Max: \$2,000





## vision coverage

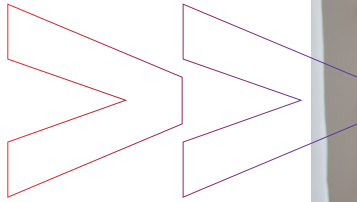
Our vision plan, through EyeMed, helps you cover the cost of routine vision services and supplies like eye exams, eyeglasses and contact lenses. You can choose either in-network or out-of-network providers each time you need vision services.

The plan’s network includes a number of retail chain locations (such as Lenscrafters), as well as some private-practice providers.

For more information on our vision plan, visit our [new benefits website](#).

You pay...	In-network	Out-of-network Reimbursement
<b>Exam (once every 12 months)</b>	\$10 copay	Up to \$45
<b>Contact Lenses Once every 12 months (instead of glasses)</b>	\$130 allowance	Up to \$105
▪ Fit & Follow-up	Up to \$55	Not covered
<b>Frames (once every 24 months)</b>	\$130 allowance	Up to \$70
<b>Lenses</b>		
▪ Single	\$10 copay	Up to \$30
▪ Bifocal	\$10 copay	Up to \$50
▪ Trifocal	\$10 copay	Up to \$65
▪ Lenticular	\$10 copay	Up to \$100
▪ Progressive - Standard	\$75 copay	Up to \$50





# 2025 team member bi-weekly coverage costs

Option	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
<b>Network Only Plan</b>	\$100.57	\$223.36	\$199.27	\$333.16
<b>Balanced Choice Plan</b>	\$41.48	\$93.32	\$87.47	\$144.49
<b>Consumer Health Plan</b>	\$15.28	\$35.86	\$37.82	\$61.06
<b>Basic Dental PPO</b>	\$4.06	\$8.11	\$8.92	\$12.98
<b>Enhanced Dental PPO</b>	\$7.49	\$14.98	\$16.48	\$23.97
<b>Vision</b>	\$3.28	\$5.20	\$5.32	\$8.54

**In accordance with federal law, all premiums for domestic partner coverage are deducted on an after-tax basis.**

To see your coverage costs for supplemental life insurance, AD&D and disability, visit our [new benefits website](#).

# Health Savings Account (HSA)

A Health Savings Account (HSA) is like a 401(k) for healthcare – a tax-advantaged account that you can use for qualified medical expenses today or save for the future. Unlike a flexible spending account (FSA), you can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use for eligible expenses in retirement.



## Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in our HSA-eligible Consumer Health Plan.
- You are not covered by your spouse's or parent's plan that is ineligible for HSA.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration)

Note: Consult a tax, legal or financial advisor for further details or refer to the [IRS Publication 969](#).

## Contributions

You elect the amount you'd like to contribute during your enrollment period. Your contributions are made through payroll deduction on a pre-tax basis. You can start, stop or change your contributions at any time. Your changes may take one to two pay periods to update and any unused funds roll over every year. The money in your HSA is always yours. You are 100% vested in the contributions made to your account, even if you separate employment.

**Sabre also contributes to your health savings account** to help offset your out-of-pocket costs and increase your savings – up to \$500 if you just cover yourself or up to \$1,000 per if you cover one or more dependents on the Consumer Health Plan:

- **\$19.23 every pay period** if you elect Team member only coverage
- **\$38.46 every pay period** if you elect Team member + Spouse/Partner, Team member + Children, or Team member + Family coverage

The IRS places a limit on the maximum amount that can be contributed to HSAs each year. For 2025, contributions – including Sabre's contributions – are limited to the following:

HSA Funding Limits	
Team Member	\$4,300
Family	\$8,550
Catch-up Contribution (ages 55+)	\$1,000

Optum will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses – no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

For more information about HSAs, [click here](#).

# Flexible Spending Account (FSA)

A Flexible Spending Account allows you to use tax-free dollars to pay for qualified expenses. There are three types of FSAs:

- **Healthcare FSA:** reimburses you for eligible healthcare, dental and vision expenses.
- **Limited-Purpose FSA:** reimburses Consumer Health Plan members for eligible dental and vision expenses.
- **Dependent Care FSA:** reimburses you for eligible day care expenses for your children and senior care for your parents.

## Eligibility

- You can contribute to a healthcare FSA if you enroll in the Network Only or Balanced Choice medical plans.
- You can contribute to a limited-purpose FSA if you enroll in the Consumer Health Plan.
- You do not need to enroll in a medical plan to be eligible for a dependent care FSA.

## Contributions

You elect the amount you'd like to contribute during your enrollment period. Your total annual contribution amount is available once your enrollment is processed and your contributions are made each pay period on a pre-tax basis. You cannot make changes to your contributions unless you experience a qualified life event. Estimate your annual contribution amount carefully. Any unused funds from your FSA are forfeited at the end of year and do not roll over.

The IRS places a limit on the maximum amount that can be contributed to FSAs each year. For 2025, contributions:

<b>Healthcare FSA</b>	\$3,200
<b>Limited Purpose FSA</b>	\$3,200
<b>Dependent Care FSA</b>	\$5,000

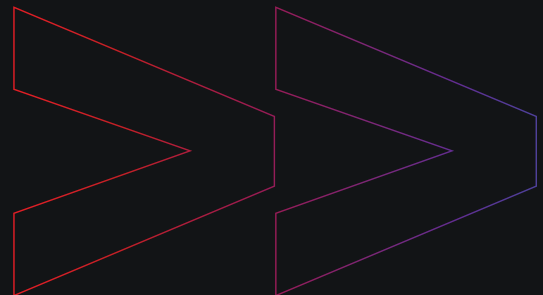


## NOTE

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

# FSA vs HSA

	Flexible Spending Account	Health Savings Account
<b>Ownership</b>	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
<b>Eligibility &amp; Enrollment</b>	You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	You must be enrolled in a Qualified CDHP to contribute money to your HSA. You cannot be covered by a spouse’s non-High Deductible plan or a spouse’s FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
<b>Taxation</b>	FSA contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	HSA contributions are tax free; the account grows tax free; and funds are spent tax free on qualified expenses.
<b>Contributions</b>	You can contribute up to \$3,200 in 2025 to an FSA. This amount may be increased annually.	Both you and your employer can contribute up to \$4,300 in 2025 (up to \$8,550 for families). Ages 55+ can make an annual \$1,000 “catch-up” HSA contribution.







## virtual medical care

Team members and their families covered on our medical plans have access to a variety of virtual wellness options.

### Condition Management for Diabetes & Hypertension

Eligible team members and their covered dependents can sign up through Teladoc to help manage their diabetes or high blood pressure. Free supplies and virtual one-on-one coaching can help you achieve your health goals. Go to [teladochealth.com/well/sabre](https://teladochealth.com/well/sabre) for more information.



With 2nd.MD, you can connect with board-certified, expert specialists about a diagnosis or treatment plan within days at no cost to you!

2nd.MD can help find the right specialist, collect medical records and navigate the healthcare system so you can focus on getting the best care possible as soon as possible.

[Click here](#) for more info.



New in 2025, we are excited to get you moving in the right direction with Hinge Health – a virtual clinic that combines care and advanced technology to go beyond traditional physical therapy.

[Click here](#) for more info.



New in 2025, we are excited to partner with Progyny to provide a family building benefit for every unique path to parenthood. Your benefit includes:

- Comprehensive fertility treatment coverage leveraging the latest technologies and treatments
- Unlimited concierge support through a dedicated Progyny Patient Care Advocate (PCA)
- Access to the largest network of premier fertility specialists

Call 833-233-0059 to learn more.

## Additional Virtual Care Options Available through myUHC.com

- Virtual primary and urgent care
- Virtual therapy and speech therapy
- Virtual specialists for women's health, gastroenterology and migraines
- Virtual clinical sleep evaluations

# mindfulness programs

## WELLbinar

Want to learn more about improving your overall wellbeing? We carefully select relevant webinars and information from our benefit partners both you and your family can review and attend.

[Click here](#) and check back each month for updates and new content.

## Calm App

Give your wellbeing a boost with Calm, the top-rated wellness app.

The Calm Health app brings you a library of support – including mindfulness content and programs created by psychologists – for a variety of health experiences and life stages. This information is designed to help you:

- Learn techniques to improve wellbeing – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- Work toward goals – Join self-guided self-care programs and track your progress along the way
- Support your mind and body – Access mental health information and support to help you strengthen the mind-body connection

Download the app today and enter the organization code **Optum EWS**.



## join Sabre's Wellbeing Advocate Network (SWAN)

SWAN provides peer-to-peer support to destigmatize mental health as we work to educate and raise awareness about related issues, resources and coping strategies. Members of SWAN have the opportunity to collaborate with others who share their passion for wellbeing and help shape the future of wellness programs at Sabre.

[Click here](#) to join and view our SWAN resources.



## additional care options

### Active & Fit

Sabre team members and their family are eligible for discounted program memberships at fitness centers and studios nationwide, including, but not limited to, the following:



Additionally, team members can access over 2,500 digital workout videos, including programs from:

- Jillian Michaels
- YogaFit Worldwide
- Cycling Fusion
- Plyoga Fitness

Go to [SabreSync](#) and click Active & Fit to enroll.

### Quit For Life®

Team members enrolled in a Sabre medical plan can get free help to quit smoking or using tobacco with these tools:

- Personal coaching
- Nicotine replacement therapy
- Online learning
- Mobile app for 24/7 urge management support
- Text messages for daily tips and encouragement

Go to [quitnow.net](#) or call 866-784-8454 to enroll.

### Real Appeal®

Real Appeal is an interactive, behavior-based weight loss program that will help you make small, manageable changes that lead to lasting weight loss. You'll be provided with all the tools you need to succeed, including:

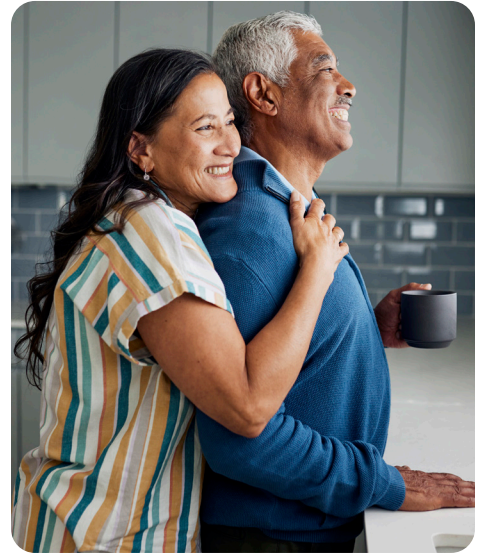
- A transformation coach who will work with you to create a customized plan based on your goals and needs
- A success kit with food and weight scales, workout DVDs, recipes and much more
- Online site and mobile app with 24/7 support, weekly analysis and feedback, and tracking tools

Real Appeal is available at no cost to team members and spouses with a BMI of 19 or over who are covered by a Sabre medical plan.

To enroll, visit [realappeal.com/sabre](#).

FINANCIAL WELLNESS

be   
invested



## 401(k) savings plan

Invest what you earn today for what you plan to accomplish tomorrow with help from Sabre's 401(k) plan through Fidelity. The plan offers a convenient, tax-deferred way to save. Take a look at what a difference enrolling in the plan could make in achieving your retirement goals.

### Eligibility

You are eligible to participate in the plan immediately.

### Contributions

You may contribute between 1% and 50% of your eligible pay on a pretax, Roth and after-tax basis, up to the annual IRS limit. If you are eligible to make catch-up contributions (employees age 50 or over) you may contribute up to an additional \$7,500 each year.

If you are a new hire, you will be automatically enrolled at a pretax contribution rate of 3% of your eligible compensation within 60 days of service. If you do not wish to contribute to the plan or contribute a different amount, you must adjust your contribution within 60 days of your hire date.

### Matching Contributions

Sabre helps your retirement savings grow by providing an immediate company match of 6%. If you contribute 6% or more, you will receive the full company match of 6%.

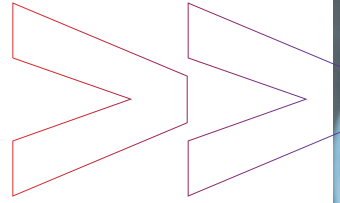
### Vesting

You are always 100% vested in your contributions. You will be 100% vested in your matching contributions after two years.

### 2025 Deferral Limits

For 401k, the deferral limits for 2025 are \$23k for those under age 50 and \$30,500 for those over age 50.

[Click here](#) for more info.



# company paid benefits

## Short-Term Disability (STD)

If illness or injury prevents you from working for an extended period, you may be eligible for disability benefits. Short-term disability is a company-paid benefit administered by Lincoln Financial Group and is available if you are unable to perform your job due to a non-job related illness or injury.

The first calendar days of disability is called the “elimination” or “waiting period” which is unpaid unless you use PTO. Your short-term disability benefits begin on your eighth day of disability and last until you are able to return to work or 26 weeks, whichever happens first.

Short-term disability provides a benefit of 80% of your base pay. You have the option to use PTO to supplement your disability benefit up to 100% of your base pay.



## Long-Term Disability (LTD)

If you exhaust your STD benefits and are still unable to work, long-term disability is available to you. Sabre pays 50% of your pre-disability base pay, up to a maximum of \$10,000 per month. There is an additional buy-up plan available for enrollment.

## Basic Life Insurance

Sabre provides you with basic life insurance equal to two times your base annual salary (rounded to the next highest \$1,000). Be sure to review your beneficiaries every year. There is an additional life insurance plan if you would like to enroll in supplemental coverage.

# voluntary benefits

## Supplemental Team Member Term Life Insurance

In addition to company paid basic life insurance, you have the option to elect additional coverage for your family. When you are first eligible, you can elect up to three times your base annual salary (rounded to the next highest \$1,000) without answering medical options. You have the option to elect four or five times your base annual salary upon completing a medical questionnaire which is reviewed by Lincoln Financial Group. This process is known as Evidence of Insurability.

If you elect coverage or increase your Supplemental Life Insurance after your new hire enrollment period, you could be subject to the Evidence of Insurability process.

If you remain an active team member after reaching age 70, the total amount of your basic and supplemental team member coverage will decrease. When you reach age 70, coverage will be reduced to 65% of the coverage in place at age 69. When you reach age 75, coverage will be reduced to 50% of the coverage in place at age 69.

## Spouse/Domestic Partner Life Insurance

You have the option to elect up to two times your base annual salary for your spouse/domestic partner up to \$500,000. Any amount greater than \$50,000 is subject to the Evidence of Insurability process.

## Child Life Insurance

You have the option to elect \$10,000 of coverage for each eligible child under the age of 26.

## Accidental Death & Dismemberment Insurance (AD&D)

AD&D insurance is available in \$50,000 increments. This plan provides additional protection only in the event of a death or injury that was the result of an accident. If you elect coverage for yourself (up to \$500,000), you may also select coverage for your spouse/domestic partner and children in the following amounts:

- Spouse/Domestic Partner: \$50,000 up to \$350,000 and not to exceed your own coverage amount
- Children: \$10,000 per child

# new in 2025

## Critical Illness

Critical Illness coverage provides lump-sum cash benefits if you or your family suffer a heart attack, stroke, cancer or other life-threatening condition or catastrophic illness.

[Click here](#) for more info.

## Reminder

The cost per pay period for each of these options are based on your age and are available in Workday during your enrollment.

## Accident Insurance

Accident coverage helps you pay for medical and out-of-pocket costs you or your family may incur after an accidental injury. Cash benefits are paid directly to you.

[Click here](#) for more info.

FLEXIBILITY AND TIME OFF

# be >> balanced



## paid time off (PTO)

Sabre U.S. Paid Time Off (PTO) policy supports a healthy work-life balance, and we encourage you to utilize it. You and your manager decide the number of days you may take at one time, based on both business and personal needs.

The PTO benefit can be used for illness, personal time, children’s school activities and vacation, or as part of your Leave of Absence. Although these days may be taken for a variety of reasons, you will be required to adhere to the guidelines of the PTO program. If you are away from work for an FMLA or Short-Term Disability (STD) qualifying event, you are responsible for following the guidelines of these policies regardless of PTO use.

Company Seniority Reached in Current Calendar Year	PTO Eligibility Amount	Earn Rate
New Hires	5 weeks (Pro-rated base on hire date)	2.08 days per month
1 year but less than 5 years	5 weeks	2.08 days per month
5+ Years	6 weeks	2.5 days per month

[Click here](#) for instructions to enter your Paid Time Off (PTO).

## volunteer time off

Full-time team members receive one paid volunteer time off (VTO) each quarter to give back to their communities. As a company, we value our team member’s volunteer efforts and support their efforts to better their community.

[Click here](#) for instructions to enter your Volunteer Time Off.

# year-end break

Sabre recognizes the importance of taking time off to recharge your batteries and spend time with your loved ones. Sabre leadership implemented a year-end break that closes all our offices the last week of the calendar year. This company-wide office closure provides an opportunity for all Sabre team members to take a break and not worry about work, as most team members will be out of the office.

# voting time off

Team members are encouraged to fulfill their civic duty by voting in state and national elections. Every effort should be made to vote before or after their regular work schedule.

A team member may take time off to vote on an election day if there are less than two consecutive hours between the opening of the polls and the beginning of the team member’s work day or between the end of the team member’s work day and the closing of the polls. If this situation applies to you, you must notify your manager in advance of an election day. Your manager will work with you to determine the appropriate accommodation to your schedule.

Based on state law, team members are allotted four hours for all states unless noted below:

State	Hours
Arizona	3
Iowa	3
Missouri	3
Tennessee	3
West Virginia	3
Wisconsin	3
Wyoming	1



Coordinate with your leader to schedule your time off for voting.

# jury duty

Team members have the flexibility they need to fulfill their civic duty by serving when called for jury duty.

[Click here](#) for instructions to enter your jury duty.



## FAMILY SUPPORT AND CARE

be >>  
**supported**



## Emotional Wellbeing Solutions

We all face challenges in life. Get free confidential support, information and tools to help you find solutions to these challenges – big or small – through our Emotional Wellbeing Solutions. You can receive five counseling sessions per person, per topic, per year.

- Physical, emotional and mental wellness support
- Financial guidance
- Family and relationship advice
- Work-life solutions
- Legal help

Emotional Wellbeing Solutions is available to all team members and their families, even if you're not enrolled in a Sabre medical plan. Call 866-248-4096 24/7 or visit [liveandworkwell.com](https://liveandworkwell.com). (Use company code **SABRE**)

## parental leave

Sabre recognizes the need to provide our team members with parental leave. Paid parental leave is available to any Sabre full-time or part-time team member who has completed at least 90 consecutive days of service and works the hours required by local or country benefit programs.

Learn more about the parental leave policy [here](#).



# adoption reimbursement

Sabre offers financial assistance to eligible team members who are building families through adoption. The company will reimburse eligible adoption-related expenses up to a maximum of \$5,000 per adopted child. Team members are eligible for adoption assistance after 12 consecutive months of employment.

## Reimbursable fees include:

- Application fees
- Home studies
- Agency and placement fees
- Legal fees and court costs
- Immigration, immunization and translation fees
- Transportation, meals and lodging
- Surrogate parenting arrangements
- Parent, child and family adoption counseling

## Exclusions include:

- Adoption of children 18 or older
- Adoption of a spouse's child
- Adoptions initiated prior to the effective date of this policy
- Adoptions initiated prior to the team member's eligibility for assistance
- Those paid with funds received from any federal, state or local program
- Those incurred in violation of state or federal law

To learn more about the policy and how to put in the request, [click here](#).

# bereavement

Part of one's life journey means, at some point, you may unfortunately experience the death of an immediate family member or pregnancy loss due to miscarriage. To ensure you are able to support your family and get the help you need, Sabre allows up to 15 work days off with pay. This paid time off may be taken consecutively or in two segments; however, all time must be taken within three months following the death or loss.

Immediate family typically includes your spouse or partner, child, parents and stepparents, siblings and stepsiblings, in-laws, grandparents and legal guardian.

[Click here](#) for instructions to enter your Bereavement Time Off.



# Rethink Care

An online program that has on demand resources and access to specialists for neurodivergent individuals and their parents. This includes resources for developmental and learning disabilities that affect home life, work and school.

To enroll beginning 1/1/2025, go to [connect.rethinkcare.com/sponsor/sabre](https://connect.rethinkcare.com/sponsor/sabre) to access your benefit.



# pet insurance

This Sabre program allows you to purchase pet insurance at a discount so you can take the best care of your furry friends. This insurance, provided through Nationwide, provides reimbursement for eligible vet bills with optional wellness coverage available. You'll also have 24/7 access to veterinary professionals through a vet helpline to get assistance with any pet health concern.

To enroll, visit [benefits.petinsurance.com/sabre](https://benefits.petinsurance.com/sabre).

ENROLL NOW

be >>  
**protected**



Now that you've reviewed the choices available, it's time to select what's important and best for you and your family.

## 1. decide who to cover

You'll need to verify the eligibility of any dependents you add to your coverage when you enroll. Be sure you have your dependents' Social Security Number and date of birth. There are two types of dependents you can cover.

- Your spouse or domestic partner, if their own employer does not offer coverage
- Your children (including adopted, step and foster) up to age 26. Unmarried children of any age are eligible if they're financially dependent on you because of permanent mental or physical disability

## 2. make your elections on time

1. Log in to Workday, navigate to your *My Tasks* inbox, and select the *Open Enrollment Event* item
2. Click *Let's Get Started* to begin
3. Refer to the *Open Enrollment Job Aid* for additional instructions on completing enrollment

Remember, you must enroll if you want to make any changes to your current benefits. You must also enroll to make any HSA or FSA contributions in 2025.

## 3. review your beneficiaries

Review your listed beneficiary information to ensure that it's complete and up to date.

# contacts

Benefit	Carrier/Partner	Website	Phone Number
<b>Medical</b>	United Healthcare (UHC)	<a href="https://myUHC.com">myUHC.com</a>	877-468-1005
<b>Pharmacy</b>	OptumRx	<a href="https://OptumRx.com">OptumRx.com</a>	844-579-7776
<b>Dental</b>	Cigna	<a href="https://myCigna.com">myCigna.com</a>	800-244-6224
<b>Vision</b>	EyeMed	<a href="https://eyemed.com/member">eyemed.com/member</a>	866-723-0513
<b>FSA</b>	United Healthcare (UHC)	<a href="https://myUHC.com">myUHC.com</a> Click Claims & Accounts	877-468-1005
<b>HSA</b>	Optum Bank	<a href="https://myUHC.com">myUHC.com</a> Click Claims & Accounts	877-468-1005
<b>401(k)</b>	Fidelity	<a href="https://netbenefits.com">netbenefits.com</a>	800-618-4015
<b>Leave of Absence/ Disability</b>	Lincoln Financial Group (LFG)	<a href="https://MyLincolnPortal.com">MyLincolnPortal.com</a> company code: Sabre	855-286-1529
<b>Life Insurance</b>	Lincoln Financial Group (LFG)	<a href="https://MyLincolnPortal.com">MyLincolnPortal.com</a> company code: Sabre	888-787-2129 Fax: 603-427-1888
<b>Medical Expert Second Opinion</b>	2nd.MD	<a href="https://2nd.MD/sabre">2nd.MD/sabre</a>	866-841-2575
<b>Hypertension &amp; Diabetes Mgmt</b>	Livongo by Teladoc Health	<a href="https://teladohealth.com/well/sabre">teladohealth.com/ well/sabre</a>	800-835-2362
<b>EAP</b>	Optum	<a href="https://liveandworkwell.com">liveandworkwell.com</a> access code: Sabre	866-248-4096
<b>Fitness Discount</b>	Active & Fit Direct	<a href="https://activeandfitdirect.com">activeandfitdirect.com</a>	
<b>Healthy Coaching</b>	Real Appeal	<a href="https://sabre.realappeal.com">sabre.realappeal.com</a>	



**Sabre**

This brochure highlights the main features of many of the benefit plans sponsored by Sabre. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Sabre reserves the right to modify, amend or terminate any benefit plan or practice described in this brochure. Nothing in this brochure guarantees that any new plan provisions will continue in effect for any period of time.

# Required Notices

## Important Notice from Sabre GLBL Inc. About Your Prescription Drug Coverage and Medicare under the Network Only, Balanced Choice, and Consumer Health Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sabre GLBL Inc. 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. Sabre GLBL Inc. has determined that the prescription drug coverage offered by the Network Only, Balanced Choice, and Consumer Health plan(s) 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 Sabre GLBL Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents 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 Sabre GLBL Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

## For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices 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 Sabre GLBL Inc. 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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D 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).*

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Date:	January 1, 2024
Name of Entity/Sender:	Sabre GLBL Inc.
Contact—Position/Office:	Human Resources
Address:	3150 Sabre Drive Southlake, TX 76092
Phone Number:	682-605-1000

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## 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;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 682-605-1000.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 682-605-1000.

## 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 later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 682-605-1000.



# 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 January 31, 2024. Contact your State for more information on eligibility –**

## ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>  
PHONE 1-855-692-5447

## ALASKA – Medicaid

WEBSITE The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/>  
PHONE 1-866-251-4861  
EMAIL [CustomerService@MyAKHIPP.com](mailto: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

WEBSITE Health Insurance Premium Payment (HIPP) Program  
<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+)

WEBSITE Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
PHONE Health First Colorado Member Contact Center:  
1-800-221-3943 / State Relay 711  
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711  
WEBSITE Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
PHONE HIBI Customer Service: 1-855-692-6442

## FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/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

WEBSITE Healthy Indiana Plan for low-income adults 19-64  
<http://www.in.gov/fssa/hip/>  
PHONE 1-877-438-4479  
All other Medicaid  
WEBSITE <https://www.in.gov/medicaid/>  
PHONE 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://dhs.iowa.gov/ime/members>  
MEDICAID PHONE 1-800-338-8366  
HAWKI WEBSITE <http://dhs.iowa.gov/Hawki>  
HAWKI PHONE 1-800-257-8563  
HIPP WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP PHONE 1-888-346-9562

## KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>  
PHONE 1-800-792-4884  
HIPP PHONE 1-800-967-4660

## KENTUCKY – Medicaid

WEBSITE Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program  
<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://kidshealth.ky.gov>  
KCHIP PHONE 1-877-524-4718  
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  
WEBSITE Private Health Insurance Premium  
<https://www.maine.gov/dhhs/off/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 [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
PHONE 1-800-657-3739

## 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 [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

WEBSITE <http://www.ACCESSNebraska.ne.gov>  
1-855-632-7633  
PHONE 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 FOR HIPPI PROGRAM 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
MEDICAID PHONE 609-631-2392  
CHIP WEBSITE <http://www.njfamilycare.org/index.html>  
CHIP PHONE 1-800-701-0710

## 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 and CHIP

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>  
PHONE 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

WEBSITE <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
PHONE 1-800-692-7462  
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
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 Rlte 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

MEDICAID WEBSITE <https://medicaid.utah.gov/>  
CHIP WEBSITE <http://health.utah.gov/chip>  
PHONE 1-877-543-7669

## VERMONT– Medicaid

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>  
PHONE 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
MEDICAID AND 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 <http://dhhr.wv.gov/bms>  
<http://mywvhipp.com>  
MEDICAID PHONE 304-558-1700  
CHIP TOLL-FREE 1-855-MyWVHIPPI (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 January 31, 2024, 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.

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