California-Pacific Conference
The United Methodist Church

PRESENTED BY
ALLIANCE360
INSURANCE SOLUTIONS
AN ORI-GEN FAMILY COMPANY

EMPLOYEE BENEFITS

Open Enrollment Guide 2027

California-Pacific Annual Conference of the United Methodist Church

Plan Year Effective **January 1, 2027**

Enroll in medical coverage between **November 11, 2026** and **November 25, 2026**.

INSIDE THIS GUIDE

Table of Contents

GETTING STARTED

Welcome to Open Enrollment 3

Eligibility and How to Enroll 4

MEDICAL PLANS · KAISER PERMANENTE

Medical Plans at a Glance 5

Kaiser Permanente Traditional HMO 6

Kaiser Permanente HSA-Qualified HDHP HMO 7

Health Savings Accounts 8

Value-Added Benefits 9

Tips for Saving on Health Care Costs 10

DENTAL & VISION · HUMANA

Dental Plans 11

Vision Plan 12

EMPLOYEE ASSISTANCE PROGRAM · CURALINC

Employee Assistance Program (EAP) 13

Frequently Asked Questions 14

GOOD TO KNOW

Questions? Contact Us 15

Employer Notices 16

START HERE

Welcome to Open Enrollment

Choosing your benefits is a big decision, and you don't have to make it alone. It's time to review your medical coverage for the plan year beginning **January 1, 2027**. This guide walks you through the two Kaiser Permanente medical plans available to you and your eligible family members. Your Humana dental and vision plans stay the same.

Take a few minutes to compare your options and confirm the people you want to cover. If you have questions along the way, we're here to guide you through them.

PLAN YEAR
January 1, 2027 – December 31, 2027

ENROLLMENT WINDOW
November 11, 2026 – November 25, 2026

What's Being Offered

COVERAGE	CARRIER	PLAN OPTIONS
Medical	Kaiser Permanente	Traditional HMO HSA-Qualified High Deductible Health Plan (HDHP) HMO
Dental	Humana	DHMO, Low Option PPO, and High Option PPO, with no changes for 2027
Vision	Humana	Vision PLUS 150 PPO, with no changes for 2027
Chiropractic	Kaiser Permanente / ASH Plans	Included with each medical plan, up to 20 visits per 12-month period

Choosing Between the Two Plans

TRADITIONAL HMO

No deductible. You pay a set copay for most visits and services, so costs are easy to predict from the first appointment.

HSA-QUALIFIED HDHP HMO

A $3,500 individual deductible comes first, then you share costs through coinsurance. The plan qualifies you to contribute pre-tax dollars to a Health Savings Account.

Let's walk through your options together. See the contact page at the back of this guide for who to call.

Eligibility and How to Enroll

Here is who can enroll and how to make your elections. We're here to guide you through each step.

Who Is Eligible

You are eligible if you are a regular employee working 30 or more hours per week and your church participates in the conference health plan. Eligible dependents include your spouse and your children, including disabled children who are unable to earn their own living, with proof of incapacity provided to the plans as required. Your children remain eligible for medical, dental, and vision coverage until their 26th birthday. Please check with your church's plan administrator or SPRC chair for the benefits available to you.

How to Enroll

1

Use Ease

All elections are made on Ease, the online benefits portal. There are no enrollment forms.

2

Make changes online

Add or remove dependents and change plans in Ease. You can also view your coverage there all year.

3

Meet the deadline

Submit your elections in Ease by **November 25, 2026**.

> **Already enrolled and not making changes?**
>
> There is nothing for you to do. Your coverage will automatically roll over to 2027.

Making Changes Later

Unless you experience a qualifying life event, you cannot change your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in a child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status, or a change in coverage under another employer-sponsored plan
- Change of clergy appointment

Questions? See the contact page at the back of this guide.

Medical Plans at a Glance

The table compares the two plans side by side, using the amounts for a Southern California member. Full detail for each plan follows on the next two pages.

FEATURE	TRADITIONAL HMO	HSA-QUALIFIED HDHP HMO
Deductible	None	$3,500 individual / $7,000 family
Out-of-Pocket Maximum	$1,500 individual / $3,000 family	$6,050 individual / $12,100 family
Preventive Exams	No charge	No charge
Primary Care	$25 / visit	20% after deductible
Physician Specialist	$45 / visit	20% after deductible
Urgent Care	$25 / visit	20% after deductible
Emergency Room	$100 / visit	20% after deductible
Hospital Stay	$250 / admission	20% after deductible
Generic Rx (30 days)	$10	$10 after deductible
Chiropractic	$10 / visit, 20 visits	$10 / visit after deductible, 20 visits

Not sure? Let's walk through your options together. If you rarely need care, a high-deductible plan with an HSA can work well. If you have regular visits or prescriptions, predictable copays may suit you better.

This comparison is a high-level summary. Refer to each plan's Disclosure Form and Summary of Benefits and Coverage for complete benefit, limitation, and exclusion information.

HMO · NO DEDUCTIBLE

Kaiser Permanente Traditional HMO

This plan has no deductible, so your copays apply from the first visit. You choose a Kaiser Permanente primary care physician and receive care from Plan Providers.

Deductible	None
Out-of-Pocket Maximum	$1,500 individual / $3,000 entire family
Preventive Exams	No charge
Primary Care Visit	$25 / visit
Specialist Visit	$45 / physician specialist; $25 / non-physician specialist
Telehealth Visit	No charge (video or telephone)
Urgent Care	$25 / visit
Emergency Room	$100 / visit
Outpatient Surgery	$100 / procedure
Hospital Stay	$250 / admission
Ambulance	No charge
Outpatient Mental Health	$25 individual visit; $12 group visit
Chiropractic (ASH Plans)	$10 / visit, up to 20 visits per 12-month period

Prescription Drugs (Plan Pharmacy / Mail Order)

Tier 1 — Generic	$10 for up to 30 days / $20 for up to 100 days by mail
Tier 2 — Brand	$30 for up to 30 days / $60 for up to 100 days by mail
Tier 4 — Specialty	20% coinsurance (not to exceed $150) for up to 30 days

> Hearing aids every 36 months: you pay the amount above a $1,000 allowance for each ear. Home health care (up to 100 visits) and skilled nursing facility care (up to 100 days) are no charge.

This is a summary only. Refer to the plan's Disclosure Form and Summary of Benefits and Coverage for complete benefit, limitation, and exclusion information.

HDHP · HSA-QUALIFIED

Kaiser Permanente HSA-Qualified HDHP HMO

This High Deductible Health Plan (HDHP) meets the federal requirements for a Health Savings Account (HSA), so you can set aside pre-tax dollars for qualified expenses. You pay the deductible first, then share costs through coinsurance. Preventive care is covered before the deductible.

Changing at renewal: Includes updated deductible funding ($292 for one party / $583 for two party). Increased deductible and out-of-pocket maximum for 2027; deductible up from $3,300 / $6,600 in 2026.

Deductible	$3,500 individual / $7,000 entire family
Out-of-Pocket Maximum	$6,050 individual / $12,100 entire family
Preventive Exams	No charge (deductible does not apply)
Primary Care Visit	20% coinsurance after deductible
Specialist Visit	20% coinsurance after deductible
Telehealth Visit	No charge after deductible
Urgent Care	20% coinsurance after deductible
Emergency Room	20% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible
Hospital Stay	20% coinsurance after deductible
Ambulance	20% coinsurance after deductible
Outpatient Mental Health	20% coinsurance after deductible
Chiropractic (ASH Plans)	$10 / visit after deductible, up to 20 visits per 12-month period

Prescription Drugs (Plan Pharmacy / Mail Order)

Tier 1 — Generic	$10 for up to 30 days / $20 for up to 100 days by mail, after deductible
Tier 2 — Brand	$30 for up to 30 days / $60 for up to 100 days by mail, after deductible
Tier 4 — Specialty	$30 for up to 30 days, after deductible

Routine eye exams with a Plan Optometrist are 20% coinsurance (deductible does not apply). Most immunizations are no charge. Home health care (up to 100 visits) is no charge after the deductible.

This is a summary only. Refer to the plan's Disclosure Form and Summary of Benefits and Coverage for complete benefit, limitation, and exclusion information.

Health Savings Accounts

A Health Savings Account (HSA) is a personal savings account for health care costs. When you enroll in the Kaiser Permanente HSA-Qualified HDHP HMO, you can open one and use it to cover your deductible and other qualified expenses. Let's walk through how it works.

> **The Conference contributes to your HSA each month:** $292 for one party or $583 for two party, to help satisfy the high deductible. This is updated deductible funding for 2027.

Three Tax Advantages

1 Put money in

Contributions are tax-free, whether you make them through payroll or deduct them on your tax return.

2 Let it grow

Interest and investment earnings in your account are not taxed.

3 Take it out

Withdrawals for qualified medical expenses are tax-free.

2027 Contribution Limits

COVERAGE	MAXIMUM
Self-only	$4,500
Family	$9,000
Age 55 or older (extra)	+$1,000

2027 HDHP Requirements

	SELF-ONLY	FAMILY
Minimum deductible	$1,750	$3,500
Maximum out-of-pocket	$8,700	$17,400

Limits are set by the IRS (Rev. Proc. 2026-24) and include any employer contribution. Your Kaiser Permanente HSA plan meets these requirements.

You Own It

The account belongs to you. Unused money rolls over every year and goes with you if you change jobs or health plans.

What It Can Pay For

Deductibles, copays, prescriptions, dental, vision, mental health care, and qualifying direct primary care fees (up to $150 a month for one person or $300 a month for a family in 2027).

Good to know

You can contribute while you are covered by an HSA-qualified plan. You generally cannot contribute once you enroll in Medicare, if another health plan that is not HSA-qualified covers you, or if someone else claims you as a dependent. Withdrawals for non-medical costs are taxed, plus a 20% additional tax before age 65.

This page is general education, not tax or legal advice. Please talk with a tax advisor about your own situation. Sources: IRS Rev. Proc. 2026-24 and IRS Notice 2026-5.

Value-Added Benefits

Your Kaiser Permanente membership comes with tools and programs that support your health beyond office visits. Here are the ones worth knowing about.

BENEFIT	WHAT YOU GET	LEARN MORE
NEW IN 2027 **Kaiser Permanente rewards**	Earn up to $150 on a Kaiser Permanente rewards Visa® prepaid card by completing healthy activities in fitness, self-care, or healthy eating. You get your first reward for signing up. Use the card for health-related expenses, groceries, and household items. Available to adult members of group plans in California starting January 2027.	kp.org/rewards kp.org/recompensas (español)
kp.org and the app	View most lab results, email your care team with nonurgent questions, refill most prescriptions, schedule most appointments, and pay bills.	kp.org/register
Treatment Cost Calculator	Estimate your cost for over 650 common services. Log in to kp.org, select Coverage & Costs, then Medical cost.	kp.org
Care when and where you need it	Phone appointments 24/7, video visits daily from 8:30 a.m. to 10 p.m., online care advice, email, and same-day or after-hours visits at most locations.	kp.org/getcare
Mental health support	24/7 advice by phone at 1-833-574-2273 (TTY 711). See a mental health professional with no referral at 1-833-KP-WITH-U (1-833-579-4848). Wellness coaching, support groups, and self-care tools are also available.	kp.org/mentalhealth
Self-care apps	Calm for meditation and sleep, and Headspace Care for text-based emotional support coaching, at no additional cost. Calm is for ages 13 and over; Headspace Care is for ages 18 and over. These apps are not plan benefits and may be discontinued.	kp.org/selfcareapps
Care away from home	Get care and advice by phone, video, or e-visit across the U.S., urgent care anywhere in the world, and emergency care at the nearest hospital. Call the Away from Home Travel Line at 951-268-3900 (TTY 711).	kp.org/travel
One Pass Select Affinity from Optum	A paid fitness membership with 19,000+ gym locations and 24,000+ online classes, no long-term contracts, and a 10% reduced rate for family and friends. Tiers range from $10 to $144 a month, plus a one-time enrollment fee of up to $29.	Ask your Kaiser Permanente representative
Stop smoking	Tips and support for quitting, including how to ride out cravings, which last 5 to 10 minutes.	kp.org/quitsmoking

Rewards card: purchases of alcohol, tobacco, or firearms are not allowed, and there is no cash or ATM access. Reward earnings are taxable, and you are responsible for reporting them on your tax return. The card is issued by The Bancorp Bank, N.A., and is subject to the Cardholder Agreement. Some features are available only when you get care at Kaiser Permanente facilities. Programs and availability may change.

SPEND WISELY

Tips for Saving on Health Care Costs

A few simple habits can lower what you pay out of pocket. Let's walk through eight that apply to the plans in this guide.

1 Estimate before you go

Use the Treatment Cost Calculator on kp.org to estimate your cost for over 650 common services. Select Coverage & Costs, then Medical cost.

2 Start with a virtual visit

Primary care and non-physician specialist visits by video or phone are no charge on the Traditional HMO, and no charge after the deductible on the HSA plan. Advice is also available 24/7 at 1-833-574-2273.

3 Choose the right setting

On the Traditional HMO, urgent care is $25 per visit and the emergency room is $100. Save the emergency room for true emergencies.

4 Get your preventive care

Preventive exams are no charge on both Kaiser Permanente plans. Preventive dental care is covered at 100% in-network, and the vision exam is $0 with a PLUS provider.

5 Use mail order for refills

On the Traditional HMO, a generic refill by mail is $20 for up to 100 days, compared with $10 for each 30 days at a Plan Pharmacy. Brand-name refills are $60 compared with $30.

6 Stay in network

Choose Plan Providers for Kaiser Permanente care, a Humana in-network dentist, and a Humana PLUS vision provider. In-network care costs less and avoids balance billing.

7 Put your HSA to work

If you enroll in the HSA plan, the Conference contributes $292 monthly for one party or $583 for two party. Use your HSA to pay your deductible with pre-tax dollars.

8 Take advantage of free programs

Earn up to $150 through Kaiser Permanente rewards, try the Calm and Headspace Care apps at no additional cost, and get support to quit smoking at kp.org/quitsmoking.

Costs shown are from the 2027 plan summaries and may vary by service. Refer to your plan documents for complete benefit information.

Dental Plans

Your Humana dental plans remain the same for 2027. You can choose from three options: a Dental HMO (DHMO), a Low Option PPO, and a High Option PPO.

Benefit	Humana DHMO	Low Option PPO		High Option PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	In-network only	PPO network	Any dentist	Preferred network	Any dentist
Annual deductible (individual / family)	None	$50 / $150	$100 / $300	$50 / $150	$50 / $150
Annual maximum	Unlimited	$2,000	$2,000	$2,500	$2,500
Preventive: exams, cleanings, fluoride, X-rays	See copay schedule	100%	80%	100%	100%
Basic: fillings, extractions, root canals	See copay schedule	80%	50%	80%	80%
Major: crowns, bridges, dentures	See copay schedule	50%	50%	50%	50%
Orthodontia	See copay schedule	Up to 20% discount	Up to 20% discount	50%, $1,500 lifetime max	50%, $1,500 lifetime max
Out-of-network paid on	—	—	Maximum allowable charge	—	Usual and customary (U&C 90)

Preventive care has no deductible. Basic and major services apply after the deductible.

After You Reach Your Maximum

Both PPO plans have an extended annual maximum. Once you reach the annual maximum, the plan pays 30% of covered preventive, basic, and major services.

Before Costly Treatment

For care that may cost more than $300, your dentist can request a predetermination of benefits from Humana, so you know what the plan will pay before treatment.

Finding a Dentist

Visit Humana.com/findadentist or call Humana at 866-427-7478. Out-of-network dentists may bill you for charges above the amount the plan covers.

This is a summary only. Refer to the Humana plan documents for frequencies, waiting periods, and complete benefit, limitation, and exclusion information.

Vision Plan

Your Humana Vision PLUS 150 plan remains the same for 2027. It covers routine eye exams and gives you an allowance or a discount on glasses and contact lenses. You receive the greatest benefit from a PLUS network provider.

BENEFIT	IN-NETWORK		OUT-OF-NETWORK
	PLUS PROVIDER	OTHER PROVIDER	REIMBURSEMENT
Eye exam	$0 copay	$10 copay	Up to $30
Retinal imaging	Up to $39	Up to $39	Not covered
Lenses: single, bifocal, trifocal, lenticular	$10 copay	$10 copay	Up to $25, $40, $60, $100
Frames	$200 allowance, 20% off the balance	$150 allowance, 20% off the balance	Up to $80
Contact lenses (conventional or disposable)	$150 allowance, 15% off the balance	$150 allowance, 15% off the balance	Up to $128
Medically necessary contact lenses	$0	$0	Up to $210
Diabetic eye care	Up to 2 services per year at $0	Up to 2 services per year at $0	Reimbursed up to set amounts
How often	Exam, lenses or contacts, and frames: once every 12 months	Exam, lenses or contacts, and frames: once every 12 months	Once every 12 months

Lenses or Contacts

The plan covers contact lenses or lenses for frames, but not both in the same benefit period.

Extra Savings

Receive 20% off items the plan does not cover at network providers, and 15% off the retail price of LASIK or PRK through the US Laser Network.

Finding a provider

Visit Humana.com/find-care or call Humana at 877-398-2980.

This is a summary only. Refer to the Humana plan documents for complete benefit, limitation, and exclusion information.

Employee Assistance Program (EAP)

Life can be unpredictable, but you don't have to face it alone. That's why the EAP program is sponsored by the Conference. An EAP program provides a variety of services to make your life more manageable and enjoyable. Our EAP program will be through CuraLinc. The program is available to the employee and their immediate family members, spouses and dependents (up to the age of 26), even if the dependent is not living in the household, and all household members.

Support

CLINICAL RESOURCES

Immediate crisis support

Live 24/7 telephonic access to licensed mental health clinicians.

Psychiatry coordination

Improve quality and speed of care for members with acute needs.

Counseling and coaching

- Verified availability, virtual or in-person
- Care aligned with distinct needs for diversity: age, race, gender identity, LGBTQIA, religion
- Speed to care: average 2.1 days; urgent and emergency cases within one day
- Prioritized referrals to high-quality providers
- Evidence-based care: solution-focused brief therapy, cognitive behavioral therapy, acceptance and commitment therapy, mindfulness-based cognitive therapy
- Independent licensure at the highest state level for counselors and coaches (LCPC, LCSW, LMFT, PhD/PsyD)

Text therapy

- 24/7/365 access on any device
- No appointments, no wait times
- Effective, convenient and stigma-free
- Standalone modality or part of a blended care plan
- Distinct UX for teen and adolescent participants

Virtual group support

30-minute anonymous group sessions covering a variety of clinical and sub-clinical topics.

- Hosted by licensed counselors and accredited coaches
- Appeals to people who may not be receptive to 1-on-1 counseling

Digital behavioral health (dCBT)

Self-guided digital mental health treatment featuring evidence-based content and practical resources to foster meaningful behavior change.

- Standalone modality or part of a blended care plan

PROACTIVE RESOURCES

Emotional fitness studio

- Live/on-demand video and audio sessions
- Filter by topic, length and instructor
- Proactive support for employees and family members to strengthen their emotional wellbeing

Interactive toolkits

- Meditation
- Sleep fitness
- Mindfulness
- MH First Aid
- Addiction
- Resilience
- DEI
- Parenting
- Supervisors

Work-life benefits

Expert consultation and referrals

- Dependent care
- Convenience
- Local aid and support
- Legal and financial
- Identity theft

Key features

- Unlimited use
- Counseling integration
- Feature-specific communication
- Back-up care
- Kits and deliverables

**For the work life benefits these are consultations only, additional fees apply at a discounted contracted rate.*

Frequently Asked Questions about SupportLinc

1. **When is SupportLinc available?** The EAP is available 24/7/365 to support you, your spouse/partner, dependents and any other family member living in your home.
2. **Will my company know if I use the EAP?** No, use of the EAP is completely confidential unless you are in a life-threatening situation, and we need to take immediate action to protect your safety.
3. **Is everyone who answers the phone a counselor?** Yes, the EAP is staffed around-the-clock by licensed counselors who can provide immediate telephonic support.
4. **What types of problems can the EAP help me with?** The EAP can assist you with a variety of common concerns including depression, anxiety, stress, relationship problems, grief and loss, alcohol or substance use, anger management, work-related pressures and more.
5. **Are counseling sessions offered through the EAP?** Short-term counseling sessions per occurrence are available through the program, virtually or in-person, at no cost to you.
6. **Can I specify which counselor qualities are most important to me?** Yes. Your Care Advocate will assist you in locating a counselor that meets as many of your unique preferences as possible and is also included in your health plan. Standard referral turnaround time is 48 hours. However, specific requests may result in slightly longer wait times for an initial appointment. Your Care Advocate will always offer choices and help you understand your options.
7. **Where can I learn more?** You can access all of the care modalities, valuable information and resources your program has to offer by visiting your web or mobile platform.
8. **What other resources are available?** Your program also offers text therapy, emotional fitness coaching, digital behavioral health, and a variety of self-serve toolkits, flash courses, educational tip sheets and more.
9. **What if I need additional help?** If you need care beyond short-term counseling, your counselor and Care Advocate will work together to connect you and your in-network provider to the care you need.
10. **What if I don't want to call and would like to access services another way?** There are a variety of additional program access points on the web and mobile portal, including a digital Mental Health Navigator, TextCoach®, Inline Scheduling, Animo, Email/Ask the Expert & Digital Support Group. Any of these choices allow you to connect to the care option that best matches your interests with the click of a button.
11. **How can the EAP help me balance work and home?** Consultations, resources and referrals are available for a variety of concerns including legal, financial, dependent care and more.
12. **Who can help me if I have any difficulties, questions or concerns?** Your Care Advocate will ensure you are connected to the care you need. You can contact your Care Advocate directly, or you may call the EAP 24/7 for immediate assistance.

CuraLinc Healthcare Member Services: 888.881.4562 · support@curalinc.com. Support for everyday issues. Every day.

WE'RE HERE TO HELP

Questions? Contact Us

You have a partner in this. Whatever your question, big, small, or somewhere in between, we're here to guide you through it.

Robin Shimasaki
SENIOR BENEFITS CONSULTANT

Benefits, provider searches, ID cards, claims, and Ease
p: 714.947.1010 ext. 227
rshimasaki@alliance360is.com

Ramona Shamoun
SENIOR BENEFIT CONSULTANT

p: 714.713.3639
rshamoun@alliance360is.com

Kevin Kim
TECHNOLOGY SPECIALIST

p: 714-947-1010
kkim@alliance360is.com

Wanda Bethea
ELIGIBILITY QUESTIONS

p: 626.568.7318
wbethea@calpacumc.org

Kaiser Permanente
MEDICAL — MEMBER SERVICES

p: 1-800-464-4000 (TTY 711)
kp.org/choosekp

ASH Plans
CHIROPRACTIC — CUSTOMER SERVICE

p: 1-800-678-9133 (TTY 711)
ashlink.com/ash/kp

Humana
DENTAL AND VISION — MEMBER SERVICES

Dental: 866-427-7478
Vision: 877-398-2980
humana.com

CuraLinc Healthcare
EMPLOYEE ASSISTANCE PROGRAM

p: 888.881.4562
support@curalinc.com

The Employee Assistance Program is sponsored by the Conference and is available to you, your spouse and dependents up to age 26, and everyone in your household.

Alliance 360° Insurance Solutions | Lic. 0B60868 (Ori-Gen Lic. 6006105)
10833 Valley View St., Suite 550 | Cypress, CA 90630
p: 714.947.1010 | f: 714.947.1018 | www.alliance360is.com

This guide summarizes your benefit options and is not a contract. If anything in this guide differs from the official plan documents, the official plan documents are the final authority.

GOOD TO KNOW

Employer Notices

Federal and state law require your employer to make certain notices available to you as a plan participant. Rather than reprint each one, this page links to the government's model notice for each.

NOTICE	WHAT IT COVERS	MODEL NOTICE
Summary of Benefits and Coverage (SBC)	A standard comparison of what each medical plan covers and what you pay.	kp.org/plandocuments (Kaiser Permanente plan documents)
Medicare Part D Creditable Coverage Notice	Tells Medicare-eligible participants whether prescription drug coverage is as good as Medicare Part D.	cms.gov — Model Notice Letters
COBRA General Notice	Your right to continue group health coverage after a qualifying event.	dol.gov — COBRA model notices
HIPAA Notice of Privacy Practices	How your health information may be used and disclosed, and your rights regarding it.	hhs.gov — Notice of Privacy Practices
Women's Health and Cancer Rights Act (WHCRA) Notice	Coverage for reconstructive surgery and related care following a mastectomy.	dol.gov — WHCRA
Newborns' and Mothers' Health Protection Act Notice	Minimum hospital stay coverage following childbirth.	cms.gov — Newborns' Act
Children's Health Insurance Program (CHIP) Notice	Premium assistance that may be available through your state's Medicaid or CHIP program.	dol.gov — CHIP model notice
Notice of Special Enrollment Rights	Your right to enroll outside of open enrollment after marriage, birth, adoption, or loss of other coverage.	dol.gov — HIPAA special enrollment

> Questions about a notice? We're happy to help. Please see the contact page, or ask the Conference for the notice as it applies to your plans.

This page is a resource guide, not a substitute for the official notices. Model notices are samples published by government agencies.