Brotherhood of Locomotive Engineers and Trainmen

Union Pacific Eastern District

Voluntary Disability Insurance Benefits

Available to any member of the BLET-UPED General Committee of Adjustment

To apply for this policy, call The Hartford at 1-866-793-5178.

For any questions concerning this policy, call Micah Harrison at 1-915-373-0366.

Combined Short Term & Long Term Disability — Monthly Premiums by Age

Age Bracket	STD Rate (per $10/wk)	STD Monthly Premium ($750 Weekly)	LTD Monthly Premium ($3000 monthly)	Combined Monthly Premium*
Under 25	$0.977	$73.275	$29.50	**$102.775**
25–30	$0.977	$73.275	$29.50	**$102.775**
31–34	$1.038	$77.850	$29.50	**$107.35**
35–39	$1.038	$77.850	$29.50	**$107.35**
40–44	$1.282	$96.150	$29.50	**$125.65**
45–49	$1.282	$96.150	$29.50	**$125.65**
50–54	$1.511	$113.325	$29.50	**$142.825**
55–59	$1.511	$113.325	$29.50	**$142.855**
60–64	$1.603	$120.225	$29.50	**$149.725**
65 and over	$1.603	$120.225	$29.50	**$149.725**

* The STD & LTD policies cannot be purchased separately.

Short Term Disability (STD)

- Benefits begin: Day 15
- Maximum weekly benefit: $750
- Maximum benefit period: 26 weeks

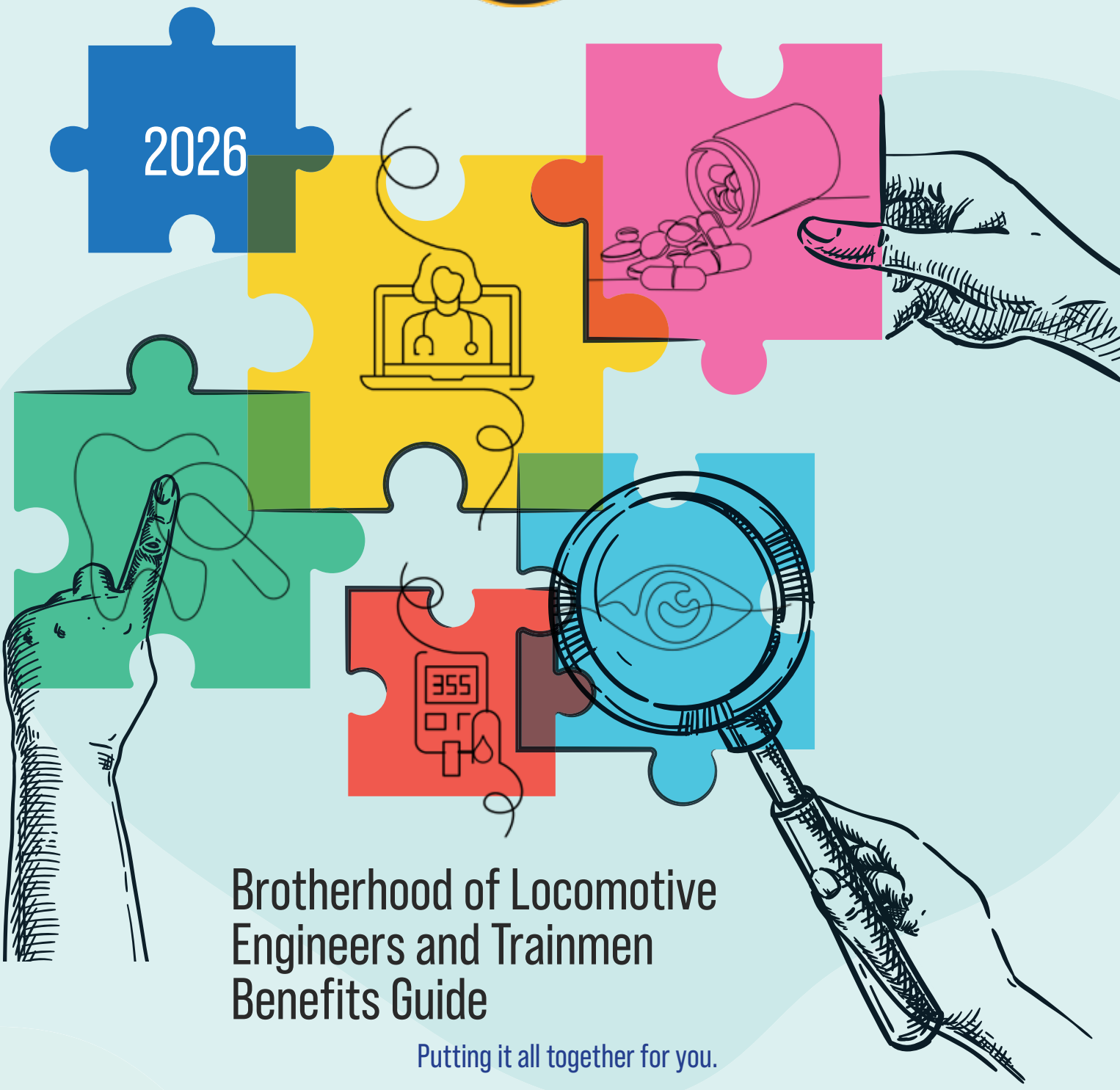
Long Term Disability (LTD)

- Benefits begin: Day 181
- Maximum monthly benefit: $3,000
- Maximum benefit period: 3 years

How Monthly Premiums Are Calculated

STD: 75 × age-bracket rate (based on $750 maximum weekly benefit ÷ $10 = 75 units)
LTD: 50 × $0.590 = $29.50 per month (fixed rate — same for all ages; based on $5,000 maximum monthly income ÷ $100 = 50 units)
Combined Monthly Premium: STD monthly premium + $29.50 LTD monthly premium

2026



Brotherhood of Locomotive Engineers and Trainmen Benefits Guide

Putting it all together for you.

Important Contacts

PROGRAM	CARRIER/POLICY #	PHONE NUMBER	WEBSITE / EMAIL
Benefits Assistance	Higginbotham Employee Response Center	866-419-3518	helpline@higginbotham.net
Life and AD&D	The Hartford	866-547-4205	www.thehartford.com
Short Term and Long Term Disability	The Hartford	866-547-4205	www.thehartford.com
Accident Insurance	The Hartford	866-547-4205	www.thehartford.com
Critical Illnesss Insurance	The Hartford	866-547-4205	www.thehartford.com

Enrollment Support

Call **Benefit Harbor** at **866-793-5178** to speak to a representative Monday through Friday from 8:00 a.m. to 6:00 p.m. CT.

Ensure you have the following information handy:

- Personal email
- Job title
- Employee number
- Original hire date
- Annual salary
- Hours worked per week
- Payment information (credit/debit card/bank account Information)

Benefits Support

- Claims and billing questions
- Eligibility issues
- Benefits information

Employee benefits can be puzzling.

The **Higginbotham Employee Response Center** is available to help you!

Call or text a bilingual representative at **866-419-3518** Monday through Friday from 7:00 a.m. to 6:00 p.m. CT. If you leave a message after 3:00 p.m. CT, your call or text will be returned the next business day.

Email questions or requests to **helpline@higginbotham.net**.

Welcome

Your New Benefits Begin
July 1, 2026

We are pleased to offer a full benefits package to you and your eligible dependents. Read this guide to know what benefits are available to you.

Availability of Summary Health Information

Our benefits program offers one or more medical plan options. To help you make an informed choice, review each plan's Summary of Benefits and Coverage, available from Micah Harrison at Higginbotham.

Inside

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices for your prescription drug coverage. Please see Important Notices for more details.

Eligibility

OE: Open Enrollment

QLE: Qualifying Life Event

STATUS	NEW HIRE	EMPLOYEE	DEPENDENT(S)
Who is Eligible	• A regular, full-time employee working an average of 20 hours or more per week	• A regular, full-time employee working an average of 20 hours or more per week	• Your legal spouse • Children under age 26 regardless of student, dependency, or marital status • Children age 26 or older who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return
When to Enroll	• 6/1-6/30	• During OE or for a QLE	• During OE or for a QLE • When covering dependents, you must enroll for and be on the same plans
When Coverage Starts	• 7/1/2026	• OE: Start of the plan year • QLE: Ask Micah Harrison's Team at Higginbotham	• 7/1/2026

Qualifying Life Events

You may only enroll for or make changes to coverage during the plan year if you are a new hire or if you have a QLE, such as:

Marriage

Divorce

Legal separation

Annulment

Death of spouse

FMLA, COBRA event, judgment, or decree

Becoming eligible for Medicare, Medicaid, or TRICARE

Receiving a Qualified Medical Child Support Order

Birth

Adoption/placement for adoption

Change in benefits eligibility

Death of child

Gain or loss of benefits coverage

Change in employment status affecting benefits

Significant change in cost of spouse's coverage

You have 30 days from the event to **notify Benefit Harbor** and **complete your changes**. You may need to provide documents to verify the change.

Life and AD&D Insurance

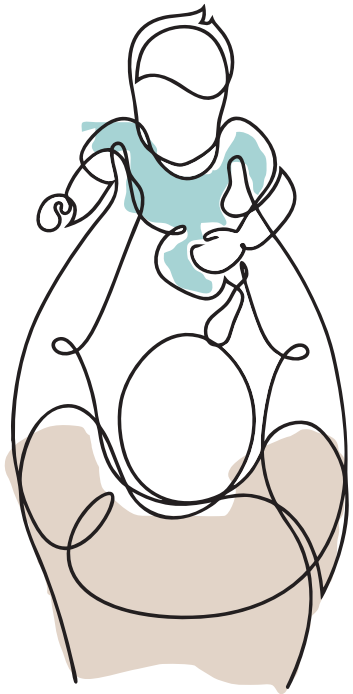
COVERAGE IS PORTABLE

Life and Accidental Death and Dismemberment (AD&D) insurance are important to your financial security, especially if others depend on you for support or vice versa.

With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts such as credit cards, loans, and bills. AD&D coverage provides specific benefits if an accident causes bodily harm or loss (e.g., the loss of a hand, foot, or eye). If death occurs from an accident, 100% of the AD&D benefit would be paid to you or your beneficiary(ies). Life and AD&D coverage amounts reduce 35% at age 65, and 50% at age 70.

Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary, and you can change beneficiaries anytime. If you name more than one beneficiary, you must identify how much each beneficiary will receive (e.g., 50% or 25%).



Voluntary Life and AD&D

If you need more coverage than Basic Life and AD&D, you may buy Voluntary Life and AD&D for yourself and your dependent(s). If you do not elect Voluntary Life and AD&D insurance when first eligible, or if you want to increase your benefit amount at a later date, you may need to show proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before covering your spouse and/or child(ren).

COVERAGE	BENEFIT AMOUNT
Employee	• Increments of $10,000 up to $250,000
Spouse	• Increments of $5,000 up to $75,000 not to exceed 50% of employee amount
Child(ren)	• $10,000

VOLUNTARY LIFE AND AD&D RATES			
Monthly Life Rates per $1,000			
Employee and Spouse[1]			
Age	**Rate**	**Age**	**Rate**
<25	$0.081	**50-54**	$0.538
25-29	$0.081	**55-59**	$0.538
30-34	$0.202	**60-64**	$1.210
35-39	$0.202	**65-69**	$1.210
40-44	$0.296	**70-74**	$3.362
45-49	$0.296	**75+**	$3.362
Child(ren)			
To Age 26	Rate per $10,000		$1.980
Monthly AD&D Rates per $1,000			
Employee		$0.025	
Spouse		$0.025	

[1] Spouse rate is based on employee's age.

Disability Insurance

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short Term Disability (STD) and Long Term Disability (LTD) for you to purchase through **The Hartford**.

Voluntary Short Term Disability

STD coverage pays a percentage of your weekly salary if you are temporarily disabled and unable to work due to an illness, pregnancy, or non-work-related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job-related, it is considered workers' compensation, not STD.

SHORT TERM DISABILITY BENEFITS	
Benefits Begin	15th day
Percentage of Earnings You Receive	60%
Maximum Weekly Benefit	$750
Maximum Benefit Period	26 weeks

SHORT TERM DISABILITY			
Rates per $10 of Weekly Benefit			
Age	**Rate**	**Age**	**Rate**
<25	$0.977	**45-49**	$1.282
25-30	$0.977	**50-54**	$1.511
31-34	$1.038	**55-59**	$1.511
35-39	$1.038	**60-64**	$1.603
40-44	$1.282	**65+**	$1.603

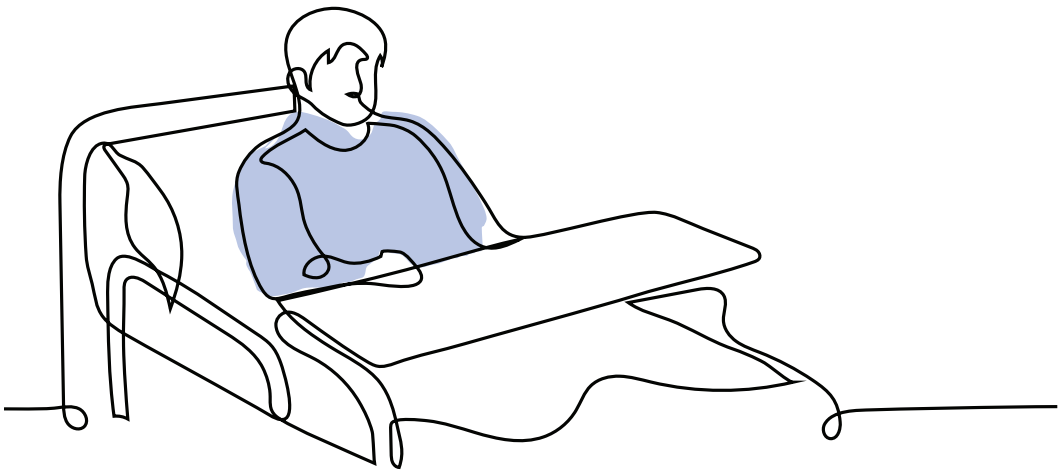
Voluntary Long Term Disability

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for a specific period of time. Benefits begin at the end of an elimination period and continue while you are disabled up to the maximum benefit period.

LONG TERM DISABILITY BENEFITS	
Benefits Begin	181st day
Percentage of Earnings You Receive	60%
Maximum Monthly Benefit	$3,000
Maximum Benefit Period	3 years
Pre-existing Condition Exclusion	6/12[1]

[1] Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months.

LONG TERM DISABILITY	
Rates per $100 of Monthly Payroll	
Rate	$0.590



Supplemental Benefits

Accident Insurance

Carrier: The Hartford

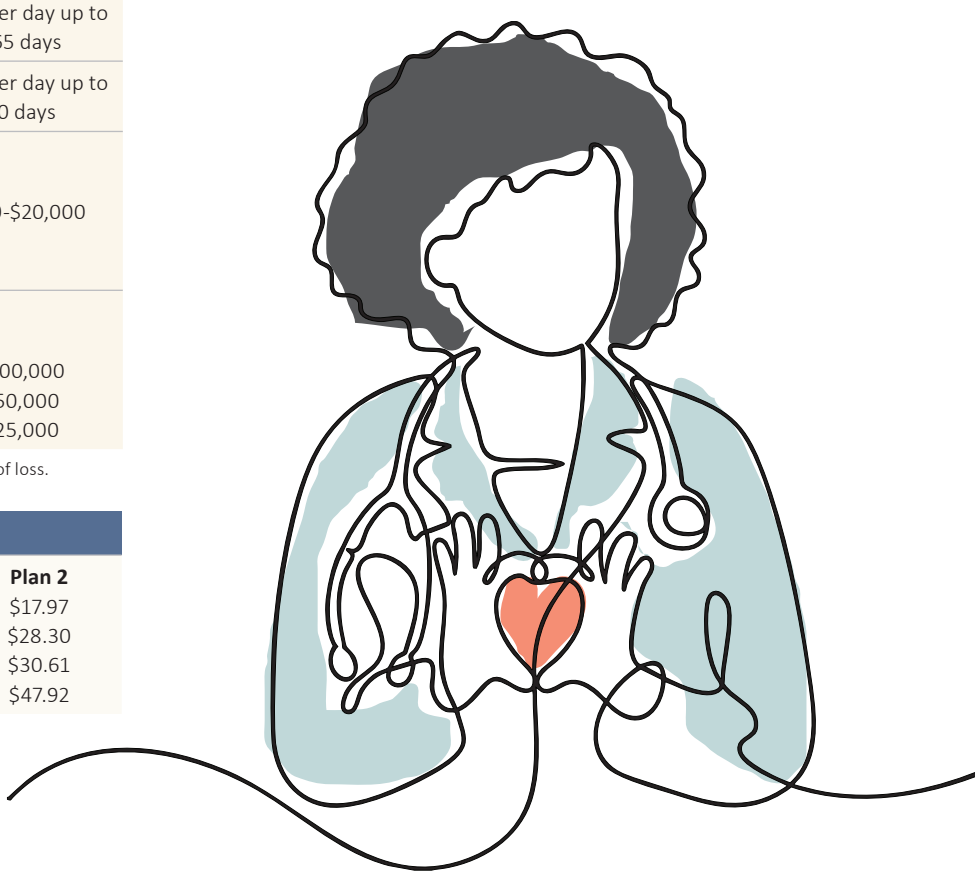
Accident insurance provides affordable protection against a sudden, unforeseen accident.

Accident insurance helps offset the direct and indirect expenses such as copayments, deductibles, ambulance, physical therapy, childcare, rent, and other costs not covered by traditional health plans. You will be paid a specific sum of money directly based on the care and services provided for your covered accident. Use the money any way you see fit. **See the plan document for full details.**

	PLAN 1	PLAN 2
Ambulance Ground Air	 $500 $1,500	 $1,000 $2,500
Emergency Room	$150	$250
Hospital Admission	$1,000	$2,000
Hospital Confinement	$200 per day up to 365 days	$600 per day up to 365 days
Intensive Care Unit	$400 per day up to 30 days	$800 per day up to 30 days
Specific Sum Injuries Concussions, dislocations, eye injuries, fractures, lacerations, ruptured discs, and more	$150-$10,000	$150-$20,000
Accidental Death & Dismemberment* Employee Spouse Child(ren)	 $50,000 $25,000 $12,500	 $100,000 $50,000 $25,000

*Percentage of benefit paid for dismemberment is dependent on type of loss.

Employee Monthly Contributions	Plan 1	Plan 2
Employee	$8.25	$17.97
Employee & Spouse	$12.98	$28.30
Employee & Child(ren)	$14.21	$30.61
Employee & Family	$22.19	$47.92



Supplemental Benefits

Critical Illness Insurance

Carrier: The Hartford

Critical Illness insurance helps pay the cost of non-medical expenses related to a covered critical illness or cancer.

The plan provides a lump-sum benefit payment to you upon first and second diagnosis of any covered critical illness or cancer. The benefit can help cover expenses such as lost income, out-of-town treatments, special diets, daily living, and household upkeep costs. **See the plan document for full details.**

CRITICAL ILLNESS INSURANCE COVERAGE AMOUNTS	
	Benefit
Employee	$10,000 or $20,000
Spouse	50% of coverage amount
Child	$5,000
Wellness Benefit (one per covered person per calendar year)	$50
100% of Benefit	
For conditions such as advanced Alzheimer's disease; coma; heart attack; heart, kidney, or organ failure; invasive cancer; paralysis; stroke; and more	
25% of Benefit	
For conditions such as non-invasive cancer and more	

CRITICAL ILLNESS INSURANCE $10,000 Benefit Monthly Rates				
Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
<25	$3.48	$5.31	$5.64	$7.78
25–29	$4.10	$5.93	$6.59	$8.72
30–34	$4.52	$6.35	$7.24	$9.37
35–39	$5.70	$7.53	$9.01	$11.14
40–44	$7.99	$9.83	$12.54	$14.67
45–49	$12.27	$14.11	$19.18	$21.32
50–54	$16.98	$18.82	$26.49	$28.62
55–59	$23.05	$24.88	$35.94	$38.07
60–64	$32.26	$34.09	$50.21	$52.35
65–69	$44.21	$46.04	$68.43	$70.56
70-74	$58.62	$60.45	$90.54	$92.68
75-79	$76.66	$78.49	$117.94	$120.07

CRITICAL ILLNESS INSURANCE $20,000 Benefit Monthly Rates				
Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
<25	$6.04	$7.87	$9.49	$11.63
25–29	$7.22	$9.05	$11.25	$13.39
30–34	$8.03	$9.86	$12.48	$14.62
35–39	$10.37	$12.20	$15.99	$18.13
40–44	$14.89	$16.72	$22.90	$25.04
45–49	$23.39	$25.22	$36.05	$38.19
50–54	$32.80	$34.64	$50.65	$52.79
55–59	$44.93	$46.76	$69.54	$71.67
60–64	$63.34	$65.18	$98.08	$100.21
65–69	$87.24	$89.07	$134.51	$136.64
70-74	$116.07	$117.90	$178.74	$180.87
75-79	$152.14	$153.97	$233.53	$235.67

Employee Contributions

		Your Cost
Life and AD&D		
Voluntary Life and AD&D	See page 5 for rates.	$
Disability		
Short Term Disability	See page 6 for rates.	$
Long Term Disability	See page 6 for rates.	$
Supplemental Benefits		
Accident Insurance	See page 7 for rates.	$
Critical Illness Insurance	See page 8 for rates.	$

Your Total Monthly Benefits Cost	$

Important Notices

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents 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 toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Brotherhood of Locomotive Engineers and Trainmen
7313 E Winterberry St.
Wichita, KS 67226
United States of America
402-965-1660

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Brotherhood of Locomotive Engineers and Trainmen and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Brotherhood of Locomotive Engineers and Trainmen has determined that the prescription drug coverage offered by the Brotherhood of Locomotive Engineers and Trainmen medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. The HSA plan is not considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Brotherhood of Locomotive Engineers and Trainmen at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Brotherhood of Locomotive Engineers and Trainmen prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Brotherhood of Locomotive at **402-865-1660**.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

July 1, 2026
Brotherhood of Locomotive Engineers and Trainmen
7313 E Winterberry St.
Wichita, KS 67226
United States of America
402-965-1660

Notice of HIPAA Privacy Practices

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Brotherhood of Locomotive Engineers and Trainmen, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which 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 the Employer group 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 Brotherhood of Locomotive.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Brotherhood of Locomotive Engineers and Trainmen
7313 E Winterberry St.
Wichita, KS 67226
United States of America
402-965-1660

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (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, 2026. Contact your State for more information on eligibility.

ALABAMA – MEDICAID

Website: http://www.myalhipp.com/
Phone: 1-855-692-5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – MEDICAID

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA– MEDICAID

Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

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

FLORIDA – MEDICAID

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – MEDICAID

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

INDIANA – MEDICAID

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

KANSAS – MEDICAID

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – MEDICAID

Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – MEDICAID

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – MEDICAID

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – MEDICAID

Website: https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – MEDICAID

Website: https://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: https://www.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 RIte Share Line)

SOUTH CAROLINA – MEDICAID

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: https://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– MEDICAID

Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP

Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – MEDICAID AND CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – MEDICAID

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since **January 31, 2026**, or for more information on special enrollment rights, can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Brotherhood of Locomotive Engineers and Trainmen group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Brotherhood of Locomotive Engineers and Trainmen plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Brotherhood of Locomotive for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Brotherhood of Locomotive Engineers and Trainmen
7313 E Winterberry St.
Wichita, KS 67226
United States of America
402-965-1660

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - » Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - » Cover emergency services by out-of-network providers.
  - » Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - » Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact your insurance provider. Visit **www.cms.gov/nosurprises** for more information about your rights under federal law.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1, 2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit **www.HealthCare.gov** or call the Marketplace Call Center at **1-800-318-2596**. TTY users can call **1-855-889-4325**.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit **https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/** for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Brotherhood of Locomotive.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **www.HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Brotherhood of Locomotive Engineers and Trainmen	**4. Employer Identification Number (EIN):** 83-6000958	
5. Employer Address: 7313 E Winterberry St.	**6. Employer Phone Number:** 402-965-1660	
7. City: Wichita	**8. State:** KS	**9. ZIP Code:** 67226
10. Who can we contact at this job?: Brian McCoy		
11. Phone Number (if different from above):	**12. E-Mail Address:** bmccoy@bleted.org	

As your employer, we offer a health plan to all eligible employees (see the Eligibility section of this guide). This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

[1] Indexed annually; see **https://www.irs.gov/pub/irs-drop/rp-22-34.pdf** for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Notes

Notes

This brochure highlights the main features of the Brotherhood of Locomotive Engineers and Trainmen employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Brotherhood of Locomotive Engineers and Trainmen reserves the right to change or discontinue its employee benefits plans anytime.