Hudson Valley® CREDIT UNION

Benefits Effective:
January 1 – December 31, 2026

2026
Benefits Guide

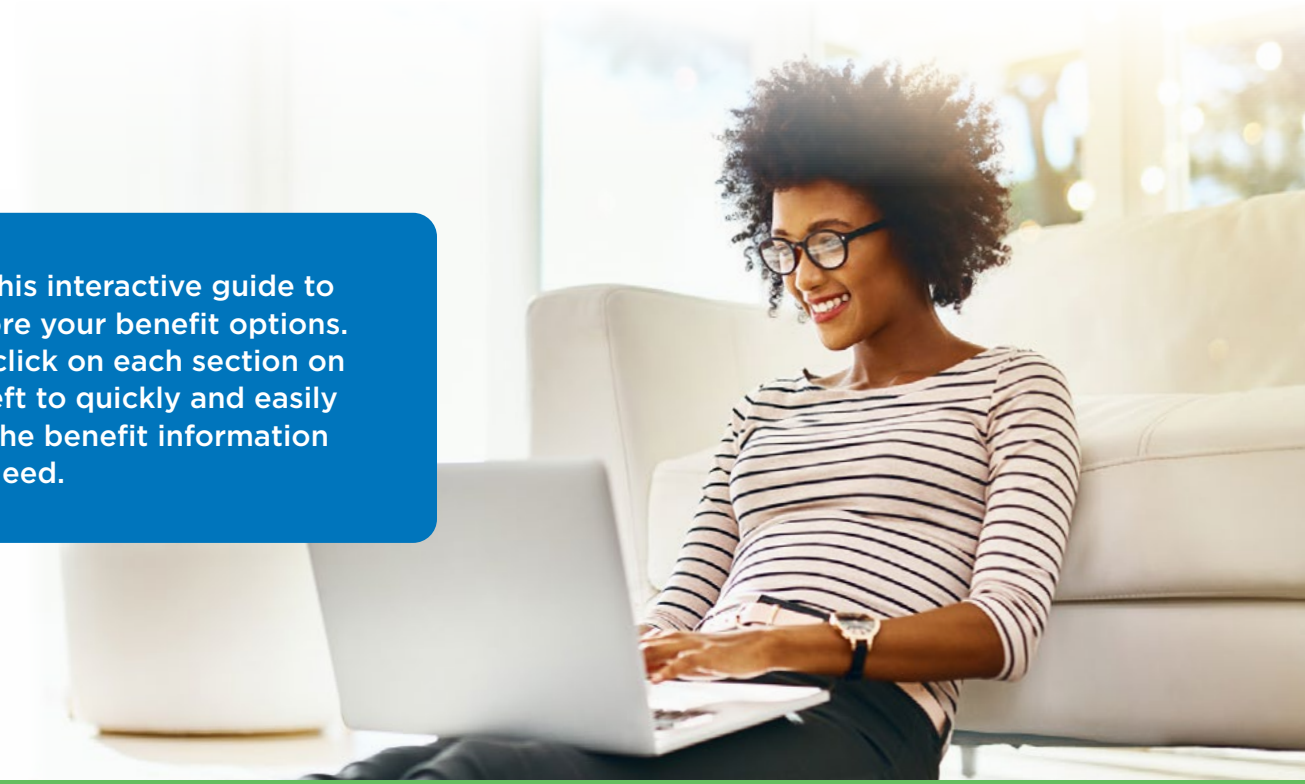
Welcome

Hudson Valley Credit Union provides you with more than just a job — *it's a place where you can build your career.*

Our benefits program is an important part of your total rewards package. This Guide will help you understand your 2026 Hudson Valley Credit Union benefit options so you can make informed decisions about your coverage for the year ahead.

We encourage you to carefully review this Guide before choosing your 2026 coverage. You'll get the most value from your benefits by understanding how they work and by selecting the benefits that best meet the needs of you and your family.

Use this interactive guide to explore your benefit options. Just click on each section on the left to quickly and easily find the benefit information you need.



HudsonValley CREDIT UNION

HVCU Awards and Accolades

HVCU has been awarded the CEO Cancer Gold Standard Accreditation.

This accreditation is in recognition of our commitment to fighting cancer and saving lives through programs that promote cancer prevention, early detection, and access to quality care for our employees and their families.

HVCU proudly received Gold Level Recognition in 2024.

The American Heart Association (AHA) has defined best practices for employers to use to build a culture of health for their employees in the workplace. The AHA's Workplace Health Achievement Index measures the extent to which the company has implemented those workplace health best practices.

The Optimas Awards celebrate HR's success at solving some of the biggest business challenges of our time.

Each year, the Optimas Awards are given by Workforce magazine to recognize human resources and workforce management initiatives that achieve business results for the organization.

American Heart Association's Go Red for Women Wear Red Day Outstanding Achievement

Plan Sponsor of the Year Award

Principal's 10 Best Companies for Employee Financial Security

2026 Benefits Overview

Below is an overview of benefits you have available to you as an employee who works a minimum of 20 hours per week.

BENEFIT	2026 PLANS
Anthem / Express Scripts Rx Plans	• Premium Plan • Value Plan • High Deductible Health Plan, HD3500, with an Employer-Funded Health Savings Account and Hospital Indemnity Coverage Included
Blue View Vision Plans	• Base Plan • Buy-Up Plan
Delta Dental Plans	• Gold Plan • Silver Plan • Bronze Plan
American Benefits Group (ABG) Tax-Advantaged Accounts	• Health Care Flexible Spending Account (FSA) • Limited Purpose Flexible Spending Account (LPFSA) • Dependent Care Flexible Spending Account (DCFSA)
Life Insurance	• Employer-funded Group Term Life and Accidental Death & Dismemberment (AD&D) Insurance • Voluntary Life Insurance through Unum
Disability Insurance	• Short-Term Disability • Long-Term Disability
Voluntary Benefits through MetLife	• Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance
Principal Financial Group 401(k) Retirement Plan	• Company match of 50% up to first 6% of the employee contribution • Additional employer funded non-elective contribution
WIN Fertility: Family Planning	• WIN provides access to members enrolled in an HVCU medical plan with tools and resources for their family planning journey. This benefit amount is a $45,000 lifetime maximum.
Additional Benefits	• Pet Insurance • Employee Assistance Program • Business Travel Accident Insurance • Wellness Rewards up to $1,350 • Paid Time Off • Educational Assistance • Student Loan Repayment • Much more!

Eligibility

Employees who work at least 20 hours per week are eligible for benefits. Please refer to the WRAP document for your specific benefit eligibility information based on hours worked per week.

You may also enroll your eligible dependents in benefits including medical, dental, vision, hospital indemnity, and voluntary life insurance.

Eligible dependents include:

- Your legal spouse
- Your domestic partner
- Your child(ren) up to age 26, regardless of marital, employment, or student status
- Child(ren) age 26 or older who are unmarried, disabled, and financially dependent on you

Children include:

- Stepchild(ren) of your current spouse
- Natural and adopted child(ren) and child(ren) placed with you for adoption
- Child(ren) named in a Qualified Medical Child Support Order
- Child(ren) for whom you are the legal guardian

Qualifying Life Event/Changing Benefits During the Year

The benefit choices you make during annual enrollment remain in effect for the entire year. You cannot change your benefits during the year unless you have a qualifying life event.

If you have a qualifying life event, you have 30 days to make a change. Any change you make must be consistent with the qualifying life event. You will be required to submit supporting documentation when you request the change.

Qualifying life events include:

- Birth, adoption, or placement of a child for adoption
- Marriage, divorce, legal separation, annulment, or death of your spouse
- Employment changes that cause you or a dependent to gain or lose eligibility for benefits, such as starting or leaving a job or changing from part-time to full-time
- An event that causes your child to no longer be eligible for coverage, such as reaching age 26
- You, your spouse, or your child becoming enrolled in Medicare or Medicaid

Medical Benefits

Hudson Valley Credit Union offers three medical options to choose from through Anthem. The plans cover the same services, but how they pay benefits is different. It is important to understand your options before you make the choice for you and your family. If you have any questions on the plans, please call the NFP Benefits Concierge at **1.877.835.1361**.

The details below are a comparison of the in-network benefits. Out-of-network coverage for all benefits will now be available if you elect the Premium Plan. Please see more detail on these out-of-network benefits on page 10.

BENEFITS	PREMIUM PLAN	VALUE PLAN	HD3500 (HSA)
Calendar Year Deductible (Individual / Family)	$1,000 / $2,000*	$2,000 / $4,000*	$3,500 / $7,000*
HSA Employer Funding (Individual / Family)	N/A	N/A	$1,000 / $2,000
Out-of-Pocket Maximum (Individual / Family)	$3,500 / $7,000	$5,000 / $10,000	$5,000 / $10,000
Co-insurance (you pay)	20%	20%	20%
Preventive Care	No Charge	No Charge	No Charge
PCP / Specialist	$35 / $50 copay	$35 / $50 copay	Ded. & Coins.
Telehealth	$10 copay	$10 copay	Up to $59
Urgent Care	$50 copay	$50 copay	Ded. & Coins.
Emergency Room (waived if admitted)	$350	$350	Ded. & Coins.
Inpatient Hospital	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Hospital	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.

*If you have a spouse who is enrolled on HVCU's medical plan, who has access to benefits through their own employer, HVCU will administer a spousal surcharge which will be deducted from your paycheck. Amounts vary by plan; Value & HD3500: $30 per pay check, Premium: $50 per paycheck.

*Please note, you have an **Embedded Deductible**. When a health plan has an embedded deductible, a single member of a family only has to meet their own deductible before after-deductible benefits begin to kick in rather than having to meet the full family deductible.

See the Summary of Coverage and Benefits on the HVCU Infonet benefits page.

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Medical Benefits

Health Savings Account (HSA)

If you enroll in the HD3500 medical plan, you have the option to open a Health Savings Account (HSA) through HVCU. HSA funds are used to pay for qualified out-of-pocket health-related expenses that are not covered by your health plan, such as your deductible. To enroll in the HVCU Health Savings Account (HSA), please refer to the HSA section of the **HVCU Benefits Page**.

The 2026 IRS HSA maximum contribution limits are shown below:

	2026 HSA MAXIMUM CONTRIBUTION
Individual Coverage	$4,400
Family Coverage	$8,750

Please note that if you are over the age of 55, you may make an additional $1,000 catch-up contribution.

HVCU will contribute toward the IRS maximum, as shown below:

HVCU EMPLOYER HSA FUNDING	HD3500
Individual Coverage	$1,000
Family Coverage	$2,000

HVCU HSA funding will be front-loaded at the beginning of the plan year. Anyone who enrolls in benefits after the beginning of the plan year will receive the HVCU HSA funding on a pro-rated basis which will be effective on the month of enrollment. You have the option to make pre-tax contributions to your HSA through HVCU payroll deductions, up to the IRS maximum. These contributions can be elected in ADP and will be automatically deducted from your paycheck.

Your HSA funds **will** roll over from year to year. If you terminate your employment, you are able to take your HSA with you.

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Medical Benefits

Health Savings Account (cont.)

HSA Advantages:

- **You Own Your HSA:** The money is yours to keep, even if you change jobs or retire.
- **No Use-it-or-Lose-it Rule:** You don't have to spend the money when you don't need to. Your balance rolls over each year and keeps growing.
- **Triple Tax Savings:** Tax-free contributions, tax-free earnings on interest and investments, and tax-free withdrawals to pay for health care expenses.
- **Flexibility:** Spend your HSA dollars now or in the future.

You Cannot Have an HSA If You:

- Are enrolled in the Premium or Value plans.
- Are enrolled in any form of Medicare.
- Can be claimed as a dependent on someone else's tax return.
- Are enrolled in or covered by a Health Care Flexible Spending Account (FSA), including one through your spouse's employer.

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Medical Benefits

Prescription Benefits

All of our medical plans cover prescription drugs through Express Scripts. If you have any questions on these benefits, please call the NFP Benefits Concierge at **1.877.835.1361**.

BENEFITS	PREMIUM PLAN	VALUE PLAN	HD3500
Deductible Generic / Formulary Brands / Non-formulary Brands / Specialty	$0 / $0 / $100 / $150	$0 / $0 / $100 / $150	Medical Deductible Applies
Retail Prescriptions (30-day supply) Generic / Formulary Brands / Non-formulary Brands / Specialty	$10 / $35 / $75 / 20% not to exceed $100 copay*	$10 / $35 / $75 / 20% not to exceed $100 copay*	**Before plan deductible is satisfied:** All prescriptions are subject to the plan deductible with the exception of drugs on the preventive generic drug list **After plan deductible is satisfied:** $10 / $35 / $75 / 20% not to exceed $100 copay*
Mail Order (90-day supply) Generic / Formulary Brands / Non-formulary Brands	$30 / $105 / $225	$30 / $105 / $225	Deductible, then: $30 / $105 / $225

*Please refer to info on Specialty Drug Copay Program. You must reach out to Accredo if you or a family member utilize a specialty drug.

*Please note that HVCU also has an Rx program called OptiMed in place which is geared toward certain specialty pharmacy Rx. You will be automatically enrolled and notified if the specialty Rx you are taking applies.

Step Therapy – All medical plans have drug management programs to make sure that you receive safe, cost-effective medications. Through these programs, you may be asked to try a more cost-effective medication before progressing to a more costly drug. Your doctor may be asked to provide more information before certain drugs are approved.

Accredo Specialty Pharmacy – If you are taking specialty drugs for conditions like rheumatoid arthritis, multiple sclerosis, HIV, or cancer, you could qualify for copay assistance, and you will be notified by an Rx Solutions pharmacist.

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Medical Benefits

Out-of-Network Benefits (OON)

The Premium plan offers out-of-network coverage for all benefits; Out-of-network coverage for Behavioral Health and Substance Abuse will continue to be offered on both the Value and HD3500 Plans. Please see below for the out-of-network coverage broken out by plan.

Out-of-Network Coverage for Behavioral Health and Substance Abuse

BENEFITS	PREMIUM PLAN Full OON	VALUE PLAN Office-Based Behavioral Health / Substance Abuse ONLY	HD3500 (HSA) Office-Based Behavioral Health / Substance Abuse ONLY
Deductible (Individual / Family)	$2,000 / $4,000 (Behavioral Health / Substance Abuse; deductible waived)	No Deductible	Integrated with Medical Plan Deductible
Co-insurance	70%	80%	80%
Out-of-Pocket Maximum	$7,000 / $14,000	N/A	N/A
Reimbursement Level	Usual, Customary, and Reasonable 80th		

Please note the following:

- Out-of-network coverage, on both the Value and HD 3500 Plans, does not apply to any other services outside of Behavioral Health and Substance Abuse.
- Out-of-Network providers are those that are not contracted with Anthem and are typically not contracted with any insurance carrier. When you seek services from one of these providers, you are required to pay for services at the time of the visit as their rates/fees have not been negotiated with the insurance carrier. After you receive services, you may then file the claim with Anthem to receive reimbursement.
- When using Out-of-Network coverage, Anthem will reimburse up to the Usual and Customary charge in the 80th percentile. Any amount that the provider charges above this will be the employee's out-of-pocket responsibility.

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Medical Benefits

Telehealth

If you have cold or flu symptoms, a sore throat, sinus infection, allergy, rash or other non-emergency illness, you can skip the doctor's office and receive medical care from the comfort of your home through Anthem's LiveHealth Online.

This benefit allows you to consult with a doctor, licensed therapist, psychologist, and board certified psychiatrist through video conference using your smartphone, tablet, or computer. Board-certified doctors diagnose your condition, recommend treatment, and can send a prescription directly to your pharmacy, if needed.

Benefits include:

- See a doctor seven days a week, including evenings and weekends when your doctor's office is closed.
- No appointment is needed!

Register today at **www.livehealthonline.com** so you're prepared when you really need it.

How much will you pay?

The amount you'll pay for a telehealth visit depends on the medical plan you're enrolled in:

- **Premium and Value Plans:** You'll pay a $10 copay per visit.
- **HD3500 Plan:** You'll pay the cost of the visit until you meet your deductible, then pay co-insurance.

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Medical Benefits

Where to Seek Care

With so many options for care, how do you know which is best for the flu, a broken bone, or physical exam? Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save time and money.

LOCATION OF CARE	COST	COMMON CONDITIONS	TIME INVESTMENT
Telehealth / Telemedicine 	$	• Allergies • Bladder infections • Cough / cold / sinus / flu • Behavioral health needs • Pink eye • Diarrhea	• Appointments typically available within an hour • No need to leave home
Primary Care Physician 	$$	• Checkups • Preventive services • Vaccinations and screenings • General health management • Sick visits for minor conditions	• Usually need appointment • Short wait times
Urgent Care 	$$/$$$	• Fever and flu symptoms • Sprains and strains • Stitches • Minor burns • Minor infections • Minor broken bones	• No appointment needed • Typically have extended hours
Emergency Room 	$$$$	• Heavy bleeding • Large open wounds • Sudden vision change • Chest pain • Spinal or head injuries • Major broken bones • Severe cuts / burns • Numbness or weakness	• Open 24/7 • No appointments • Wait times can be up to several hours

Vision Benefits

HVCU offers a Base and a Buy-Up vision plan through Anthem Blue View Vision.

The Anthem/Blue View Vision Plans helps you save money on annual eye exams, glasses, and contact lenses.

The Base Plan and Buy-Up Plans pay benefits for both in-network and out-of-network services. However, you'll receive maximum value from your vision benefits when you choose in-network providers. The network includes a wide variety of high-quality eye doctors and vision retailers.

If you see a network provider, you'll pay a co-pay for most services. If you receive care outside the network, you must pay the full cost and file a claim to receive reimbursement for a portion of your costs.

Please see page 14 for a detailed overview of the benefits.

Vision Benefits

Anthem Blue View Vision Plans

BASE PLAN		
	IN-NETWORK	**OUT-OF-NETWORK REIMBURSEMENT AMOUNT**
Exam (once every calendar year)	$10 copay	Up to $50
Lenses (once every calendar year) • **Single** • **Bifocal** • **Trifocal**	$20 copay	Up to $50 Up to $75 Up to $100
Frames (one every two calendar years)	$130 allowance; 20% off amounts over $130	Up to $70
Contacts in lieu of lenses (once every calendar year) • **Conventional** • **Medically Necessary**	$130 allowance; 15% off amounts over $130 Covered in full	Up to $105 Up to $210

BUY-UP PLAN		
	IN-NETWORK	**OUT-OF-NETWORK REIMBURSEMENT AMOUNT**
Exam (once every calendar year)	$10 copay	Up to $50
Lenses (once every calendar year) • **Single** • **Bifocal** • **Trifocal**	$20 copay	Up to $50 Up to $75 Up to $100
Frames (once every calendar year)	$250 allowance; 20% off amounts over $250	Up to $90
Contacts in lieu of lenses (once every calendar year) • **Conventional** • **Medically Necessary**	$250 allowance; 15% off amounts over $250 Covered in full	Up to $130 Up to $210

Dental Benefits

HVCU offers dental coverage through plans administered by Delta Dental. The plans encourage you to maintain good dental health by paying 100% of the cost for preventive care such as routine check-ups and cleanings. For other dental services, you pay the annual deductible and then the plan pays a portion of your expenses.

You have the flexibility to see any dentist you choose, but you'll pay less when you receive care from a network dentist. When you see an out-of-network dentist, you will be responsible for filing claims and paying any charges that exceed the plan's usual and customary amounts for the services you receive.

	GOLD PLAN	SILVER PLAN	BRONZE PLAN
Calendar Year Deductible (Individual / Family)	$50 / $150	$50 / $150	$50 / $150
Annual Maximum (per person) (Delta Dental PPO Dentists)	$1,750	$1,750	$1,750
	PLAN PAYS		
Preventive Services	100%, deductible waived	100%, deductible waived	100%, deductible waived
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Implants	50%	Not Covered	Not Covered
Orthodontia • **Children** • **Adult**	 50% 50%	 50% Not Covered	 Not Covered
Orthodontia Lifetime Maximum	$2,000	$2,000	N/A

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are voluntary accounts that allow you to use your before-tax pay for certain health care and dependent day care expenses as determined by IRS regulations. When you establish a Health Care FSA or Limited Purpose FSA, and/or a Dependent Care FSA, you choose the annual amount you want to contribute, up to certain plan limits. This amount is deducted from your paycheck in equal installments before Federal and Social Security taxes are withheld. These are separate accounts – funds from one account cannot be used to satisfy monies in another account. You may not change contributions or cancel within the calendar year, unless you have an IRS-qualifying family status change.

You must re-elect your FSA goal amount every year. Your previous election will not carry over to the new plan year.

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
What is the account used for?	Medical, dental, and vision expenses, such as deductibles, co-insurance, co-pays, over-the-counter products, glasses and contact lenses, orthodontia and other dental expenses	Dental and vision expenses until you reach a deductible threshold ($1,700), and then you can use the remaining funds on qualified medical expenses up to the IRS maximum	Dependent care expenses such as day care and after school programs for children under age 13 or elder care expenses, so you and your spouse can work or attend school full-time
What is the 2026 contribution limit?	Up to $3,400	Up to $3,400	$7,500 or $3,750 if married and filing separate tax returns
Does money roll over year-to-year?	Yes, you can roll over up to a specific amount of unused funds as determined by the IRS.	Yes, you can roll over up to a specific amount of unused funds as determined by the IRS.	No, any money left in the account after the plan year will be forfeited.
Can I have an HSA with this account?	No	Yes	Yes

For a complete list of eligible and ineligible health care expenses, visit **www.IRS.gov** and review Publications 502 & 503.

Life Insurance

Group Term Life Insurance

HVCU provides you with company-paid Group Term Life Insurance if you work a minimum of 20 hours a week. You may be entitled to a benefit equal to 2x your annual pay, up to a maximum of $1,000,000. For the specific benefit amount that you are entitled to, please refer to the benefit plan documents or your ADP portal. Any cost of coverage in excess of $50,000 is subject to taxation. You are automatically enrolled in Group Term Life Insurance through Unum, and there is no cost to you.

If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the plan will pay a percentage of your AD&D benefit amount.

While you will automatically be enrolled in this coverage, you will need to complete a beneficiary designation. It is important to periodically review who you have listed as your beneficiary and make updates as needed.

Voluntary Life Insurance

You have the option to supplement your company-paid coverage by purchasing additional life insurance for yourself, your spouse, and/or your children. You are required to purchase coverage through Unum for yourself in order to enroll your family member(s) or domestic partner.

If you waived coverage during your new hire enrollment period, you will need to provide Evidence of Insurability (EOI), or proof of good health, for any amount of coverage. Guaranteed Issue amounts only apply to newly hired employees, or if you previously enrolled in coverage during a special open enrollment period. Amounts above the Guaranteed Issue amount for new hires will still require EOI. Please note that if you are enrolled in voluntary life as a new hire or during a special voluntary life open enrollment period, you are able to increase your election up to the guaranteed issue amount without EOI at each annual open enrollment.

You pay the full cost of this coverage on an after-tax basis. The cost varies depending on your age and the amount of coverage you choose.

This chart shows the coverage amounts you may choose.

VOLUNTARY LIFE	EMPLOYEE	SPOUSE / DOMESTIC PARTNER	CHILDREN
Benefit Amount	Increments of $10,000, up to the lesser of 5 times your annual earnings or $500,000	An elected amount in increments of $5,000, as purchased in increments up to a maximum of $250,000, not to exceed 100% of employee's combined amount of Group Term and Voluntary Life Insurance	$1,000, up to 14 days $2,000, 14 days to 6 months $10,000, 6 months to 26 years of age (in increments of $1,000)
Guaranteed Issue Amount	$250,000	$40,000	Full Amount

Disability Benefits

Your family can count on your income while you are healthy and employed, but it is important to plan for your financial security in the event you become disabled and are unable to work. Disability coverage replaces a portion of your income when you are not able to work.

Enhanced NYS Disability Insurance

Short-Term Disability (STD) coverage replaces a portion of your income if you are unable to work due to an illness, pregnancy, or non-work-related injury. Benefits begin after 7 days and continue up to 26 weeks or until you are certified to return to work. NYS Disability allows employees to receive benefits at a rate of 67% of your average weekly wage to a maximum of $170 if, at the time of the claim, you have less than six months of service with HVCU. Please refer to HVCU's Employee Guidelines for specifics about your Plan.

The Credit Union provides employees with an enhanced benefit per calendar year based on years of service. This benefit is provided at no cost to employees who work a minimum of 20 hours per week.

Long-Term Disability Insurance

After you have been disabled for 26 weeks, Long-Term Disability (LTD) benefits may begin, and you may receive 67% of your income, up to a maximum benefit based on your job position. Benefits continue until you are no longer disabled or until you reach Social Security Normal Retirement Age, whichever comes first. Your LTD benefits will be offset by any other disability payments you may receive, such as Social Security or Workers' Compensation.

For employees working a minimum of 20 hours per week, this benefit is provided by HVCU at no cost to you.

Voluntary Benefits

HVCU offers voluntary benefits through MetLife. These benefits can help pay for out-of-pocket expenses not covered by your medical plan. You may enroll yourself and your eligible family members, and you will be responsible for the cost of these benefits, with the exception of Hospital Indemnity coverage if you are enrolled in the HD3500 medical plan.

To assist you in being more financially prepared in the event of an accident, critical illness, and/or hospitalization, HVCU offers you the opportunity to enroll for accident, critical illness, and hospital indemnity insurance. Your enrollment is guaranteed, meaning there are no medical questions to answer. You will also receive a lump sum payment to help cover the costs that result from a covered accident, critical illness, and/or hospitalization. The payment is made directly to you, so you may decide how to use the money.

Accident Insurance

Accident Insurance helps cover the cost of emergency medical care, physical therapy, and other unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

- Injuries such as fractures, concussions, cuts, lacerations, and more!
- Medical services and treatments such as ambulance services, emergency care, therapy services, pain management, and more!
- Hospital services such as admission, inpatient rehabilitation, and more!

Critical Illness

Critical Illness helps cover the cost of covered conditions that you may experience. MetLife also provides an annual health screening benefit for taking preventive screening measures. Covered conditions include:

- Cancer
- Heart attack
- Stroke
- Major organ transplant
- Alzheimer's disease
- Coronary artery bypass graft
- Kidney failure

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Voluntary Benefits

Hospital Indemnity (premiums paid by HVCU on the HD3500 medical plan)

Hospital Indemnity Insurance helps cover the costs of Hospital admission and confinement. This is a benefit that you can purchase to help offset hospital costs. HVCU provides the Hospital Indemnity benefit as a perk to all those enrolled in the HD3500 medical plan.

These Voluntary Benefits are not a replacement for traditional medical or disability insurance – rather a supplement to these other coverages. You must be enrolled in major medical insurance either through HVCU, or somewhere else, to enroll in MetLife's voluntary benefits.

Additional Benefits

Employee Assistance Program (EAP)

The EAP is a confidential counseling and referral service available to you and your family members at no cost.

The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding marriage and relationships, depression, anxiety, stress, grief, substance abuse, child care, elder care, work-related issues, and much more.

The program also gives you access to:

- Wellness counseling
- Financial and legal consultations and information
- Identity theft prevention and recovery

EAP services are confidential. No information will be shared with your employer.

To take advantage of the services and resources available through the EAP, visit **www.theEAP.com** (company code: HVCU).

Business Travel Accident Insurance

The Credit Union provides this insurance to all eligible employees at no cost. Coverage is provided up to $300,000 for loss resulting from Accidental Death & Dismemberment (AD&D) while traveling on Credit Union business. This coverage is in effect while working and/or traveling on company business outside an employee's regularly assigned work location. However, this does not cover accidents that may occur while commuting between your home and your regularly assigned work location. Other policy exclusions may apply.

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Additional Benefits

WIN Fertility: Family Planning Benefit

HVCU offers WIN to all eligible HVCU employees enrolled in HVCU's medical plans with Anthem. WIN is an all-in-one digital health platform providing inclusive family-building benefits and 1:1 support on your path to parenthood—regardless of gender, sexual orientation, fertility diagnosis, or geographic location. With access to unlimited, on-going clinical support, a vetted network of the nation's leading fertility and family-building specialists, along with an extensive library of research-backed educational content, you can navigate your journey with confidence.

- $45,000 lifetime maximum benefit for all eligible HVCU employees enrolled in HVCU's medical plans with Anthem. Benefit coverage can be used toward eligible expenses related to fertility treatment, fertility medications, and adoption and surrogacy agreements.
- 24/7 on-call access to WIN's Nurse Care Advocates who provide guidance, emotional support, and care navigation throughout your journey. From helping you choose a high-quality in-network provider based on your individual treatment needs to providing 1:1 prescription administration and storage support, your Nurse Care Advocate is there for you every step of the way.
- 1:1 education and advice on the adoption and surrogacy process, including recommendations or referrals to experienced surrogacy agencies.
- On-demand access to tailored content in the app, designed to support you through all stages of life and family.

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Additional Benefits

WIN PowerPause

WIN provides end-to-end perimenopause, menopause, and andropause (low-testosterone) support and care coordination, designed to help employees navigate the path to healthy aging.

- **Expertise in menopause and andropause:** WIN's Nurse Care Advocates are dedicated experts trained on menopause and andropause available to help employees navigate the complexities of hormonal aging.
- **National provider network navigation:** Nurse Care Advocates refer to providers who are trained in menopause and andropause care for a seamless treatment experience.
- **Evidence-based treatment protocols:** Employees receive the most appropriate treatment for their unique circumstances, including hormonal aging behavioral health support and nutrition guidance, to holistically improving health and well-being.
- **Superior digital experience:** Appointment scheduling, educational tools, and well-being resources are integrated directly in the WINFamily App.
- **Hormonal aging support community:** Online community event series offers a safe space for employees to connect and learn from experts on a variety of hormonal aging topics.

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Additional Benefits

Pet Insurance

HVCU offers Pet Insurance through MetLife to all HVCU employees. Pet Insurance helps to cover the cost when unexpected accidents or illnesses occur so nothing gets in the way of caring for your pet when they need it most. This is a benefit that you can purchase to help offset your pet's medical bills.

You can visit any U.S. licensed veterinarian, emergency clinic, or specialist, and you and your veterinarian of choice can determine the best treatment plan and medical course of action for your pet.

Each pet's premium will be uniquely based on the age, breed, location, as well as what coverage amount you select.

MetLife Pet Insurance offers the following:

- Flexible insurance plans that can cover the entire pet family with no breed exclusions
- Freedom to visit any U.S. veterinarian and reimbursement up to 90% of the cost of services
- Family plans covering multiple cats and dogs on one policy – a benefit exclusive to MetLife Pet Insurance
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30% and additional offers on pet care, where available
- Optional Preventive Care coverage
- Coverage of previously covered pre-existing conditions when switching providers

Want to talk to a MetLife Pet Advocate about the claims process?

Please call 1-800-GET-MET8 (**1-800-438-6388**).

Additional Benefits

Wellness Program

Hudson Valley Credit Union has teamed up with Wellworks For You to provide all employees with a voluntary Wellness Program designed to raise awareness about potential health risks and to encourage healthy behaviors. Check out the Wellness Program Guide in the Wellness Portal > Wellness Locker to learn more about your program, how to participate, ways to reach your well-being goals, and how to earn up to $1,350 in rewards and reimbursements.

Wellness Activities

Create your own personal well-being journey and participate in the various activities as listed on the Wellness Portal homepage under My Next Steps. The number of dollars earned in wellness activities will determine your Wellness Dollars for redemption in the Rewards Mall. You may choose from a variety of gift cards, including your favorite restaurant and retail establishments! You may also choose to redeem your Wellness Dollars to make a donation to a designated charity of your choice.

CONTINUED →

Additional Benefits

WELLNESS ACTIVITIES	DOLLARS
PREVENTIVE WELLBEING	
Biometric Screening	$50
Annual Wellness Exam	$50
Annual Flu Shot	$25
Annual Eye Exam	$50
Well Woman Exam	$50
Mammogram	$50
Colorectal Cancer Screening	$50
Dental Exam – Limit 2 per year	$20 (each)
Prostate Exam	$50
MENTAL WELLBEING	
Know Your Number (KYN) Assessment	$50
E-Learning Series – 4 per year (Only applies to Health Ranges (see program guide))	$10 (each)
Webinars – 4 per year	$5 (each)
Mental Wellbeing Assessment (M9)	$50
PHYSICAL WELLBEING	
Gym, Fitness, Sports & League Reimbursement	up to $600 per year
Step Tracking	$75 (max)
Wellbeats	$10 (per quarter)
Quarterly Wellness Challenges – 4 per year	$15 (per challenge)

CONTINUED →

Additional Benefits

Fitness Reimbursement Program(s)

As an HVCU employee, you may apply for a reimbursement of up to $50 per month for your gym membership or approved fitness class(es) or up to $150 per quarter for sports teams or sports leagues for a combined total of $600 per year maximum.

Employees must submit all required forms & documents listed below to Wellworks For You via the Upload a Form tile on the Wellness Portal homepage, by their applicable deadlines, to receive the reimbursement.

- Reimbursement Form (located in the Wellness Portal under Wellbeing Desktop>Wellness Locker)
- Proof of Payment or Receipt
- Proof of Participation

For more information about how to submit, please refer to the 2026 Wellness Program Guide.

CONTINUED →

Additional Benefits

Retirement Savings

HVCU offers a 401(k) Plan to help you save for retirement. You can make two types of contributions:

- **Pre-Tax Contributions** – Amounts you contribute and any investment earnings are not taxed until you withdraw the money after you retire.
- **Roth After-Tax Contributions** – Your contributions are taxed as regular income in the year you make the contributions. Future withdrawals of your contributions and investment earnings are tax free.

You can contribute up to 100% of your pay through automatic payroll deductions, up to the IRS annual maximum in 2026. If you are age 50 or older, you can make an additional catch-up contribution in 2026.

You can choose from a variety of investment options that meet your personal investment goals. Your contributions and any investment earnings are immediately vested, which means they belong to you and you can take them with you if you leave the company.

The company makes a matching contribution of 50% of the first 6% you contribute to help your account grow faster.

The company will make an additional contribution each pay period. You become fully vested in company contributions after 5 years of vesting service, based on tenure.

For detailed information about your plan, please visit The Principal's website at **www.principal.com** or contact them at **1.800.547.7754**.

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Additional Benefits

Paid Time Off

The purpose of Paid Time Off (PTO) is to provide employees with flexible paid time off from work. PTO can be used for such needs as vacation, personal, family illness, doctor appointments, school volunteerism, and other activities of the employee's choice. Employees are responsible for monitoring and taking their PTO over the course of a year. Employees are encouraged to use a minimum of ten (10) planned PTO days per calendar year for rest and relaxation.

Your PTO benefit will be based on the following schedule:

FULL-TIME EMPLOYEES		
ANNIVERSARY YEAR	DAYS	HOURS
0-2	20	160 inclusive of 56 PSL hours
3-6	23	184 inclusive of 56 PSL hours
7-9	26	208 inclusive of 56 PSL hours
10-14	29	232 inclusive of 56 PSL hours
15+	32	256 inclusive of 56 PSL hours

PART-TIME EMPLOYEES	
ANNIVERSARY YEAR	DAYS
0-2	20
3-6	23
7-9	26
10-14	29
15+	32

New employees will receive PTO on a pro-rated basis depending on the quarter in which they are hired.

Please see the Employee Guidelines for more information on the PTO Policy.

*PTO for part-time employees will be pro-rated based on their weekly standard hours.

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Additional Benefits

Length of Service Awards

In recognition of years served, the Credit Union honors each employee with a service award. The amount of the award is based on years of service.

Waiver of Fees and Charges

All benefits of Credit Union membership are available to Credit Union current employees and retirees. For this purpose, a retiree is defined under the Retirees' Insurance section of the Employee Guidelines as eligible for early and post-retirement benefits.

In addition, the Credit Union will provide the following benefits to its employees:

- No charge for money orders
- Free checks on one Credit Union checking account
- No charge for copies of checks or statement pages
- No charge for counter checks
- No charge for certification of personal checks drawn on personal checking accounts
- Fee waived for official check purchases
- Purchase of mutual funds at net asset value
- Fee waived for stop payment
- Wire transfer – Employees are permitted to process two wire transfers per month at no charge. After two free per month, the employee will be charged the member rate

Employee Referral Bonus

Employees are encouraged to refer qualified family and friends to apply for open positions at the Credit Union. The Credit Union will offer a referral bonus for regular full-time and part-time positions.

Educational Assistance Program

The Credit Union offers tuition assistance for approved, job related courses or industry-related degree programs after one year of service, up to a maximum of $5,250 per year.

The Credit Union also has partnered with several colleges to offer employees (and in some cases their family members) a tuition discount on certain graduate and adult undergraduate degree programs. Employees are eligible for this discount starting on their date of hire.

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Additional Benefits

Student Loan Repayment Program

HVCU has partnered with the well-known 3rd party administrator, Gradifi Solutions, to provide this fantastic benefit to all employees so we may help you pay down up to $5,000 of your undergraduate student loan debt (maximum lifetime benefit)*.

We understand that completing your education is a tremendous accomplishment, and HVCU would like to support you and provide a way to pay off your student loan(s) sooner and reduce financial stress. Also, you will have the opportunity to work with a Gradifi counselor free of charge to discuss how you may be able to lower your monthly loan payments.

Benefits of the Plan Will Include:

- On your behalf, a payment will be transmitted to Gradifi on a consistent, monthly basis which will be applied to your student loan of choice as an extra payment.*
- The payment schedule is tiered and will increase over a 5-year period, based on your employment status, with an added bonus at the end of the 5th year. Therefore the longer you remain employed with HVCU, the more contributions and benefit you will receive.*
- As an added benefit, from 11/1/2021 – 12/31/2026, benefits payable under this Plan will not be taxable (based on IRS guidelines).

How to Sign Up:

- Review the HVCU Student Loan Repayment Plan Policy located on the Benefits page of Infonet.
- You will receive an e-mail from Gradifi Solutions with a link to sign up, and the whole process will take approximately 10 minutes to complete.
- If you would like to participate, simply create an account on the Gradifi platform by entering a few details about yourself and then entering your student loan information, including the address where payments need to be sent.
- Complete the HVCU Student Loan Repayment Plan Attestation and e-mail to **benefits@hvcu.org** (available on the Benefits page > Benefits Links and Forms).
- Once your information and eligibility have been verified by Human Resources, your participation in the Plan will begin on the 1st of the month following HR approval. For example, you must enroll by 11/30/2025 for a November start date, and the payment will be sent in December 2025.
- A direct contribution will be sent every month to your student loan servicer.
- **Important Note:** You will not receive a contribution until you register your loan account on the Gradifi platform, and a completed HVCU Student Loan Repayment Attestation has been submitted and approved by Human Resources.

Gradifi Offers Additional Benefits:

- Personalized calculators and impact view dashboards to help you better understand your student loan debt.
- Access to a marketplace of leading student loan refinancing lenders and their rates to help you potentially lower your interest rates and monthly payments.
- Interactive learning modules to help you make smart choices in your financial decisions.

If you have any questions, please contact us at **benefits@hvcu.org**.

*Please refer to the Student Loan Repayment Plan Policy located on the Benefits page of Infonet for specific benefit details and eligibility.

Contact Information

Most of our benefit plan administrators have mobile apps and mobile-ready websites. Download the apps or bookmark the sites to get the information and answers from anywhere!

Benefit Vendor Contacts

BENEFIT TYPE	PROVIDER	GROUP/ CONTRACT #	PHONE NUMBER	WEBSITE	MOBILE APP
Medical	Anthem	723015	1.844.235.4455	www.anthem.com	GET IT ON Google play / Download on the App Store
HSA	HVCU	N/A	1.845.463.3011 ext 1600	www.hvcu.org	
Prescriptions	Express Scripts	7800	1.877.819.4032	www.express-scripts.com	GET IT ON Google play / Download on the App Store
Dental	Delta Dental	2348	1.800.932.0783	www.deltadentalins.com	GET IT ON Google play / Download on the App Store
Vision	Anthem/Blue View	723015 V	1.866.723.0515	www.anthem.com	GET IT ON Google play / Download on the App Store
Flexible Spending	American Benefits Group	N/A	1.800.499.3539	www.amben.com	GET IT ON Google play / Download on the App Store
Life & Disability	Unum	981536 / 981537	1.866.868.6737	https://portal.unum.com	GET IT ON Google play / Download on the App Store
Leave Management	Unum	981538	1.866.868.6737	https://portal.unum.com	GET IT ON Google play / Download on the App Store
Family Planning	WIN Fertility	723015	855.576.1902	www.managed.winfertility.com	GET IT ON Google play / Download on the App Store
Pet Insurance	MetLife	5397129	1.800.438.6388	www.metlife.com	GET IT ON Google play / Download on the App Store
401(k)	Principal Financial Group	705786	1.800.547.7754	www.principal.com	GET IT ON Google play / Download on the App Store
Employee Assistance Program	Employees Services, Inc.	146	1.800.252.4555	www.theeap.com	GET IT ON Google play / Download on the App Store
Benefits Administration	NFP	N/A	1.877.835.1361	Email: Dbbenadmin@nfp.com	
Claims Advocacy	NFP	N/A	1.877.831.1361	Email: CSClaims@nfp.com	

Internal Contacts

CONTACT	PHONE NUMBER	EMAIL
Benefits Specialist	1.845.463.3011 ext. 3300	benefits@hvcu.org
Health & Retirement Compliance Analyst	1.845.463.3011 ext. 3300	
Leave Management Coordinator	1.845.463.3011 ext. 3300	LOA@hvcu.org

Definitions

Balance Billing

Balance billing may apply when members obtain services with providers that are not contracted through Anthem. These providers can bill whatever they deem is appropriate for the service rendered, and Anthem will reimburse the member based on the usual and customary rate. Any cost difference between the amount reimbursed by Anthem and what the provider charged for the services is known as balance billing, with the member paying that difference back to the provider.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20 percent) of the allowed amount for the service. You pay co-insurance plus any deductible you owe. For example, if the allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20 percent would be $20. The health insurance or plan pays the rest of the allowed amount.

Co-payment

A fixed amount (for example, $35) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Embedded Deductible

When a health plan has an embedded deductible, a single member of a family only has to meet their own deductible before after-deductible benefits begin to kick in rather than having to meet the full family deductible for after-deductible benefits to kick in.

Explanation of Benefits (EOB)

A statement sent by your health insurance company explaining what medical treatments and / or services were paid for on your behalf. An EOB typically describes:

- The payee, the payer, and the patient
- The service performed, the date of the service, the description and / or insurer's code for the service, the name of the person or place that provided the service, and the name of the patient
- The doctor's fee, what the insurer allows, and the amount initially claimed by the doctor or hospital, minus any reductions applied by the insurer
- The amount the patient is responsible for
- Adjustment reasons, adjustment codes

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Definitions

Flexible Spending Accounts (FSAs)

A benefit plan that allows employees to put pre-tax dollars in special accounts to help pay medical costs, child care, and other health services. Unused FSA medical funds do not carry over with the exception of the annual roll over, the amount determined annually by the IRS. Dependent Care FSA funds do not roll over. Therefore, it is important to plan carefully. You can check what expenses are covered by visiting the IRS website.

Health Savings Account (HSA)

An employee and employer-funded plan that can be used to reimburse employees for qualified health care expenses. All employee and employer contributions roll over from year to year. You must enroll in the HD3500 medical plan to be eligible for the HSA.

In-Network

The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services. Plan members usually pay less when using an in-network provider because the cost to the health plan is lower.

Limited Purpose Flexible Spending Account (LPFSAs)

A benefit plan that allows employees enrolled in the HD3500 medical plan to put pre-tax dollars into an Limited Purpose FSA to pay dental and vision costs. Unused LPFSA funds do not carry over. You can check what expenses are covered by visiting the IRS website.

Maximum Guaranteed Issue

The amount which a policy is offered to an applicant without regard to health status.

Open Enrollment

The time when you can re-enroll in the health plan you are already in or choose to enroll in another health plan. You can usually do this without waiting periods or proof of insurance.

Out-of-Network

If a doctor or facility has no contract with your health plan, they are considered “out-of-network” and can charge you full price. It’s usually much higher than the in-network discounted rate.

Out-of-Pocket

Out-of-pocket refers to the amount of money you are required to pay for health care services. Some plans have out-of-pocket maximums, after which the plan pays 100 percent of a member’s health care costs. Deductibles and co-payments are examples of out-of-pocket costs.

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Definitions

Primary Care Physician

The main doctor who takes care of you.

Qualifying Status Change

A qualifying status change is when health plan members have a major change in their life, such as a marriage, divorce, adoption or birth of a child. Such events make them eligible to change their insurance coverage outside of the normal open enrollment period.

Reimbursement Level

The level that the carrier will reimburse for. Any amount charged by the provider, which exceeds the reimbursement level, will be the responsibility of the member.

Usual, Customary, and Reasonable (UCR)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

Required Notices

Newborns' and Mothers' Health Protection Act

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice

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 co-insurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator **845-463-3011** ext 3300.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **845-463-3011** ext 3300 for more information.

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Required Notices

Health Insurance Portability and Accountability Act (HIPAA) Regulations Help to Protect Your Privacy

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) help to ensure that your healthcare-related information stays private. New employees will receive a Privacy Practice Notice which outlines the ways in which the medical plan may use and disclose protected health information (PHI). The notice also describes your rights. For more information, contact the Human Resources Department.

Notice of Availability of Reasonable Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **benefits@hvcu.org**, and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Important Notice from Hudson Valley Credit Union About 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 Hudson Valley Credit Union 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.

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Required Notices

2. Hudson Valley Credit Union has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th 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 Hudson Valley Credit Union coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Hudson Valley Credit Union coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment.

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 Hudson Valley Credit Union 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.

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Required Notices

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

For further information, call the HVCU Benefits Team at **845-463-3011** ext 3300.

NOTE: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan and if this coverage through Hudson Valley Credit Union 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 will receive 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**
- 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**, or call them at **1-800-772-1213** (TTY **1-800-325-0778**).

Remember: *Keep the annual creditable coverage notice.*

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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Required Notices

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the HVCU Benefits Team at **benefits@hvcu.org** or call **845-463-3011**, ext. 3300.

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS
** Continuation Coverage Rights Under COBRA**

Introduction

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

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

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for

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Required Notices

another group health plan for which you are eligible (such as a spouse's/domestic partner's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

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

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

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

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

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

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

- The parent-employee dies;

Required Notices

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Hudson Valley Credit Union and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Continuation Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HVCU Benefits Team at benefits@hvcu.org.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have

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Required Notices

an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

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

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

Disability Extension of 18-month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health

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Required Notices

Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

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

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

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

For more information, visit **https://www.medicare.gov/medicare-and-you**.

CONTINUED →

Required Notices

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website. For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

HVCU Benefits Team
benefits@hvcu.org
845-463-3011, ext. 3300

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FLSA / Exchange Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

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 and health coverage offered through your employment.

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 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.

[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.

CONTINUED →

FLSA / Exchange Notice

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 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

_____.

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

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FLSA / Exchange Notice

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 **Hudson Valley Credit Union**		4. Employer Identification Number (EIN) **141471439**
5. Employer address **137 Boardman Road**		6. Employer phone number **845-463-3011**
7. City **Poughkeepsie**	8. State **NY**	9. ZIP code **12603**
10. Who can we contact about employee health coverage at this job? **Hudson Valley Credit Union Human Resources Department**		
11. Phone number (if different from above)	12. Email address **benefits@hvcu.org**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:

    Employees who work at least 20 hours a week.
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:

    Spouses, domestic partners, children under age 26, or children over 26 who are disabled and financially dependent on the employee
  - [ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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Important Notices

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 **www.askebsa.dol.gov or call 1-866-444-EBSA (3272).**

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

ALABAMA – Medicaid
http://myalhipp.com | 1-855-692-5447

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

ARKANSAS – Medicaid
http://myarhipp.com | 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp | 1-916-445-8322 | Fax: 1-916-440-5676
hipp@dhcs.ca.gov

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

FLORIDA – Medicaid
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

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

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Important Notices

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

KANSAS – Medicaid
https://www.kancare.ks.gov | 1-800-792-4884
HIPP: 1-800-967-4660

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

LOUISIANA – Medicaid
www.medicaid.la.gov
www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

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

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ | 1-800-657-3672

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084
HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
1-855-632-7633 | Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

NEVADA – Medicaid
http://dhcfp.nv.gov | 1-800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
1-603-271-5218
HIPP program toll free: 1-800-852-3345, ext 15218

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

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov | 1-919-855-4100

NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org | 1-888-365-3742

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Important Notices

OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx | 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html | 1-800-692-7462
CHIP: https://www.pa.gov/agencies/dhs/resources/chip
1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov
1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov | 1-888-549-0820

SOUTH DAKOTA - Medicaid
http://dss.sd.gov | 1-888-828-0059

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

UTAH - Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
https://medicaid.utah.gov/upp/
upp@utah.gov | 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
https://dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

VIRGINIA – Medicaid and CHIP
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: 1-800-432-5924

WASHINGTON – Medicaid
https://www.hca.wa.gov | 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms | http://mywvhipp.com
Medicaid: 1-304-558-1700
CHIP Toll-free: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

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

Hudson Valley® CREDIT UNION

This Guide provides summary information on certain Hudson Valley Credit Union benefits. The benefits are governed by the official plan documents. This Guide is not intended to amend or revise any official plan document or change the terms of any plan in any way. Although this Guide is believed to be accurate as of the print date, it is subject to change without notice. In the event of any inconsistency between the plan documents and the information in this Guide, the terms of the plan documents control in all cases. This Guide is for informational purposes only and is neither an offer of any payment of benefits nor a guarantee of continued employment or payment of any future benefits.