WOODY FORD

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Employee Benefits Enrollment Guide

August 1, 2026 – July 31, 2027

BancFirst Insurance Services

TYLOFRANK INVESTMENTS DBA WOODY FORD strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits so that you are able to make informed decisions regarding all of your benefit options.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on August 1, 2026. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to HR.

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WHO IS ELIGIBLE?

If you are a full-time employee at TYLOFRANK INVESTMENTS DBA WOODY FORD, you are eligible to enroll in the benefits outlined in this guide the first of the month following 60 days of employment. Full-time employees are those who work 30 or more hours per week. The following family members are eligible for insurance coverage: Spouse, Natural Children, Step-Children, Legally Adopted Children (documentation required for review), Children for whom the Employee or Spouse is the Legal Guardian (documentation required for review), Disabled Dependents for approved medically certified diagnoses (requires periodic re-certification, no age limit). Dependent children are covered until the end of the month of their 26th birthday.

HOW TO ENROLL

The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it is time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WHEN TO ENROLL

Open enrollment begins on July 1, 2026 and runs through July 15, 2026. The benefits you choose during open enrollment will become effective August 1, 2026.

New hires will enroll upon being hired.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

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

Note: *Should you have a qualifying event and need to make a change in your coverage, you must contact your plan administrator within 30 days of the event.*

TERMINOLOGY

Coinsurance – the cost, as a percentage of the total bill, that a policyholder must pay out-of-pocket.

Copay – A predetermined dollar amount for a covered service or prescription.

Deductible – The amount you pay in a policy year before your health plan begins to pay. For instance, if your deductible is $2,000, you must pay that amount out-of-pocket for covered health services before your insurer begins paying your healthcare costs.

Embedded Deductible – No single individual on a family plan will have to pay a deductible higher than the individual deductible amount.

Out-of-Pocket Maximum – The largest amount of money you pay toward the cost of your covered healthcare services each policy year. After you have paid enough in deductibles, copays, and co-insurance to reach your out-of-pocket maximum, the insurance company pays for all of the remainder of your covered healthcare that policy year.

COVERAGE TERMINATION AND COBRA CONTINUATION COVERAGE

Plan coverage for benefits such as health, dental, and vision ends on the last day of the month in which you terminate employment. COBRA continuation of coverage will be available if it is applicable to the benefit you are enrolled in at the time of employment termination or loss of eligibility. Under certain circumstances, you and your covered dependents may be eligible to continue coverage under the Federal COBRA regulations.

NOTICE

This brochure is not a guarantee of benefits. Employees must enroll, pay for, and be accepted by the carrier to obtain coverage. Should a discrepancy exist, the specific benefit contract and governing plan document and rates will prevail.

Medical and Prescription Drugs

TYLOFRANK INVESTMENTS DBA WOODY FORD has selected United Healthcare as our health insurance provider. United Healthcare will provide you with an affordable way for you and your family to stay healthy and get medical care when ill. As with home or car insurance, health insurance is here to help protect you and your family from financial losses.

Carrier	United Healthcare			
Plan Design	HP34002575i8026B		P2000i80LX21B	
In-Network	Choice Plus		Choice Plus	
Deductible - Individual - Family	 $3,400 $6,800		 $2,000 $4,000	
Coinsurance	20%		20%	
Maximum Out-of-Pocket - Individual - Family	 $7,600 $15,200		 $5,000 $10,000	
Office Visit - Primary Care Provider - Specialist	 $25 copay $75 copay		 $25 copay $75 copay	
Hospitalization - Inpatient - Outpatient	 20% after deductible 20% after deductible		 20% after deductible 20% after deductible	
Preventative Care	No Charge		No Charge	
Lab, X-Ray and Diagnostics	20% after deductible		20% after deductible	
Imaging – MRI, CT, PET and etc.	20% after deductible		20% after deductible	
Emergency Room	$300 copay per visit then 20% after deductible		$300 copay per visit then 20% after deductible	
Urgent Care	$50 copay		$50 copay	
Prescription Drug - Tier 1 - Tier 2 - Tier 3 - Tier 4	Retail / Specialty $10 copay $35 / $150 copay $70 / $350 copay $150 / $500 copay		Retail / Specialty $10 copay $35 / $150 copay $75 / $350 copay $250 / $500 copay	
Rates Per Paycheck	Semi-Monthly	Bi-Weekly	Semi-Monthly	Bi-Weekly
Employee Only	**$114.06**	**$105.29**	**$194.86**	**$179.87**
Employee/Spouse	**$450.53**	**$415.87**	**$601.55**	**$555.27**
Employee/Child(ren)	**$389.35**	**$359.40**	**$527.60**	**$487.02**
Employee/Family	**$756.41**	**$698.22**	**$971.26**	**$896.54**

Dental

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Carrier	Principal	
Plan Design	PPO	
In Network Benefits		
Deductible - Individual	$50	
Deductible – Family	$150	
Annual Maximum	$1,500	
Preventative / Diagnostic	0% coinsurance	
Basic Restorative Services	20% coinsurance	
Major Restorative Services	50% coinsurance	
Orthodontics	50% coinsurance	
Orthodontics – Lifetime Maximum	$1,500	
Rates per paycheck	Semi-Monthly	Bi-Weekly
Employee Only	**$18.07**	**$16.68**
Employee/Spouse	**$36.16**	**$33.38**
Employee/Child(ren)	**$45.19**	**$41.71**
Employee/Family	**$68.79**	**$63.49**

Vision

TYLOFRANK INVESTMENTS DBA WOODY FORD offers vision insurance that entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Carrier	Principal	
Plan Design	12/12/24 150	
Network	VSP	
Vision Exam	$10 copay	
Materials	$25 copay	
Frequency – Exam – Lenses – Frames	 Once every 12 months Once every 12 months Once every 24 months	
Frames	$150 retail allowance	
Lenses	$25 copay, for Progressive lens copays please see full benefit summary	
Contact Lenses (in lieu of glasses)	$150 retail allowance; contact lens exam (fitting and evaluation) up to a $60 copay	
Rates per paycheck	Semi-Monthly	Bi-Weekly
Employee Only	**$2.83**	**$2.61**
Employee + 1	**$6.20**	**$5.72**
Employee/Children	**$4.50**	**$4.15**
Employee/Family	**$8.20**	**$7.56**

Life Insurance

All Full-time employees of Tylofrank Investments dba Woody Ford are provided $25,000 Basic Life and AD&D Insurance. This benefit is an employer paid benefit.

In addition to the Basic Life and AD&D Insurance provided, you have the option to purchase Supplemental Term Life and AD&D insurance.

Carrier	Principal Supplemental Term Life
Employee	• Benefit Amount: $10,000 up to $300,000 in increments of $10,000 • New Hire Guarantee Issue (GI): Under Age 70 $100,000, Age 70 or Over $10,000 • Benefit reduces to 65% at age 65, and 50% by age 70
Spouse	• Benefit Amount: $5,000 up to $100,000 in increments of $5,000; Not to exceed 100% of employee election • New Hire Guarantee Issue (GI): Under Age 70 $25,000, Age 70 or Over $10,000 • Benefit reduces to 65% at age 65, and 50% by age 70
Dependent Child(ren)	• Birth to 14 days: $1,000 • Ages 6 months to 26 years (30 years if full time student): $2,500/$5,000/$7,500/$10,000
Beneficiary	Please be sure to review your beneficiary, and make any changes with HR.

TYLOFRANK INVESTMENTS, LLC

Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts
End of the rate guarantee period: 7/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.66	$0.70	$0.95	$1.39	$2.17	$3.37	$5.12	$7.81
$20,000	$1.30	$1.39	$1.88	$2.76	$4.33	$6.72	$10.22	$15.60
$30,000	$1.96	$2.09	$2.83	$4.15	$6.50	$10.09	$15.34	$23.41
$40,000	$2.60	$2.78	$3.76	$5.52	$8.66	$13.44	$20.44	$31.20
$50,000	$3.26	$3.48	$4.71	$6.91	$10.83	$16.81	$25.56	$39.01
$60,000	$3.90	$4.17	$5.64	$8.28	$12.99	$20.16	$30.66	$46.80
$70,000	$4.56	$4.87	$6.59	$9.67	$15.16	$23.53	$35.78	$54.61
$80,000	$5.20	$5.56	$7.52	$11.04	$17.32	$26.88	$40.88	$62.40
$90,000	$5.86	$6.26	$8.47	$12.43	$19.49	$30.25	$46.00	$70.21
$100,000	$6.50	$6.95	$9.40	$13.80	$21.65	$33.60	$51.10	$78.00
$110,000	$7.16	$7.65	$10.35	$15.19	$23.82	$36.97	$56.22	$85.81
$120,000	$7.80	$8.34	$11.28	$16.56	$25.98	$40.32	$61.32	$93.60
$130,000	$8.46	$9.04	$12.23	$17.95	$28.15	$43.69	$66.44	$101.41
$140,000	$9.10	$9.73	$13.16	$19.32	$30.31	$47.04	$71.54	$109.20
$150,000	$9.76	$10.43	$14.11	$20.71	$32.48	$50.41	$76.66	$117.01
$160,000	$10.40	$11.12	$15.04	$22.08	$34.64	$53.76	$81.76	$124.80
$170,000	$11.06	$11.82	$15.99	$23.47	$36.81	$57.13	$86.88	$132.61
$180,000	$11.70	$12.51	$16.92	$24.84	$38.97	$60.48	$91.98	$140.40
$190,000	$12.36	$13.21	$17.87	$26.23	$41.14	$63.85	$97.10	$148.21
$200,000	$13.00	$13.90	$18.80	$27.60	$43.30	$67.20	$102.20	$156.00
$210,000	$13.66	$14.60	$19.75	$28.99	$45.47	$70.57	$107.32	$163.81
$220,000	$14.30	$15.29	$20.68	$30.36	$47.63	$73.92	$112.42	$171.60
$230,000	$14.96	$15.99	$21.63	$31.75	$49.80	$77.29	$117.54	$179.41
$240,000	$15.60	$16.68	$22.56	$33.12	$51.96	$80.64	$122.64	$187.20
$250,000	$16.26	$17.38	$23.51	$34.51	$54.13	$84.01	$127.76	$195.01
$260,000	$16.90	$18.07	$24.44	$35.88	$56.29	$87.36	$132.86	$202.80
$270,000	$17.56	$18.77	$25.39	$37.27	$58.46	$90.73	$137.98	$210.61
$280,000	$18.20	$19.46	$26.32	$38.64	$60.62	$94.08	$143.08	$218.40
$290,000	$18.86	$20.16	$27.27	$40.03	$62.79	$97.45	$148.20	$226.21
$300,000	$19.50	$20.85	$28.20	$41.40	$64.95	$100.80	$153.30	$234.00

Reduced benefit	65-69
$6,500	$8.22
$13,000	$16.44
$19,500	$24.67
$26,000	$32.89
$32,500	$41.11
$39,000	$49.33
$45,500	$57.56
$52,000	$65.78
$58,500	$74.01
$65,000	$82.23
$71,500	$90.45
$78,000	$98.67
$84,500	$106.89
$91,000	$115.11
$97,500	$123.34
$104,000	$131.56
$110,500	$139.78
$117,000	$148.00
$123,500	$156.22
$130,000	$164.46
$136,500	$172.68
$143,000	$180.90
$149,500	$189.12
$156,000	$197.34
$162,500	$205.56
$169,000	$213.79
$175,500	$222.01
$182,000	$230.23
$188,500	$238.45
$195,000	$246.67

Reduced benefit	70 & over
$5,000	$10.57
$10,000	$21.14
$15,000	$31.70
$20,000	$42.27
$25,000	$52.84
$30,000	$63.41
$35,000	$73.97
$40,000	$84.54
$45,000	$95.11
$50,000	$105.68
$55,000	$116.24
$60,000	$126.81
$65,000	$137.38
$70,000	$147.95
$75,000	$158.51
$80,000	$169.08
$85,000	$179.65
$90,000	$190.22
$95,000	$200.78
$100,000	$211.35
$105,000	$221.92
$110,000	$232.49
$115,000	$243.05
$120,000	$253.62
$125,000	$264.19
$130,000	$274.76
$135,000	$285.32
$140,000	$295.89
$145,000	$306.46
$150,000	$317.03

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal®

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TYLOFRANK INVESTMENTS, LLC

Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts
End of the rate guarantee period: 7/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
$5,000	$0.33	$0.35	$0.47	$0.69	$1.09	$1.68	$2.56	$3.90	**$3,250**	$4.11	**$2,500**	$5.29
$10,000	$0.66	$0.70	$0.95	$1.39	$2.17	$3.37	$5.12	$7.81	**$6,500**	$8.22	**$5,000**	$10.57
$15,000	$0.97	$1.04	$1.41	$2.07	$3.25	$5.04	$7.66	$11.70	**$9,750**	$12.33	**$7,500**	$15.86
$20,000	$1.30	$1.39	$1.88	$2.76	$4.33	$6.72	$10.22	$15.60	**$13,000**	$16.44	**$10,000**	$21.14
$25,000	$1.63	$1.74	$2.35	$3.45	$5.42	$8.40	$12.78	$19.50	**$16,250**	$20.55	**$12,500**	$26.42
$30,000	$1.96	$2.09	$2.83	$4.15	$6.50	$10.09	$15.34	$23.41	**$19,500**	$24.67	**$15,000**	$31.70
$35,000	$2.27	$2.43	$3.29	$4.83	$7.58	$11.76	$17.88	$27.30	**$22,750**	$28.78	**$17,500**	$36.99
$40,000	$2.60	$2.78	$3.76	$5.52	$8.66	$13.44	$20.44	$31.20	**$26,000**	$32.89	**$20,000**	$42.27
$45,000	$2.93	$3.13	$4.23	$6.21	$9.75	$15.12	$23.00	$35.10	**$29,250**	$37.00	**$22,500**	$47.56
$50,000	$3.26	$3.48	$4.71	$6.91	$10.83	$16.81	$25.56	$39.01	**$32,500**	$41.11	**$25,000**	$52.84
$55,000	$3.57	$3.82	$5.17	$7.59	$11.91	$18.48	$28.10	$42.90	**$35,750**	$45.22	**$27,500**	$58.13
$60,000	$3.90	$4.17	$5.64	$8.28	$12.99	$20.16	$30.66	$46.80	**$39,000**	$49.33	**$30,000**	$63.41
$65,000	$4.23	$4.52	$6.11	$8.97	$14.08	$21.84	$33.22	$50.70	**$42,250**	$53.44	**$32,500**	$68.69
$70,000	$4.56	$4.87	$6.59	$9.67	$15.16	$23.53	$35.78	$54.61	**$45,500**	$57.56	**$35,000**	$73.97
$75,000	$4.87	$5.21	$7.05	$10.35	$16.24	$25.20	$38.32	$58.50	**$48,750**	$61.67	**$37,500**	$79.26
$80,000	$5.20	$5.56	$7.52	$11.04	$17.32	$26.88	$40.88	$62.40	**$52,000**	$65.78	**$40,000**	$84.54
$85,000	$5.53	$5.91	$7.99	$11.73	$18.41	$28.56	$43.44	$66.30	**$55,250**	$69.89	**$42,500**	$89.83
$90,000	$5.86	$6.26	$8.47	$12.43	$19.49	$30.25	$46.00	$70.21	**$58,500**	$74.01	**$45,000**	$95.11
$95,000	$6.17	$6.60	$8.93	$13.11	$20.57	$31.92	$48.54	$74.10	**$61,750**	$78.12	**$47,500**	$100.40
$100,000	$6.50	$6.95	$9.40	$13.80	$21.65	$33.60	$51.10	$78.00	**$65,000**	$82.23	**$50,000**	$105.68

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) –*Child(ren) are covered until age 26*

$2,500	$0.25
$5,000	$0.50
$7,500	$0.75
$10,000	$1.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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Principal®

TYLOFRANK INVESTMENTS, LLC

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 7/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
$10,000	$0.60	$0.64	$0.86	$1.27	$2.00	$3.10	$4.71	$7.20	**$6,500**	$7.59	**$5,000**	$9.75
$20,000	$1.20	$1.29	$1.74	$2.55	$4.00	$6.21	$9.44	$14.40	**$13,000**	$15.18	**$10,000**	$19.51
$30,000	$1.80	$1.93	$2.60	$3.82	$6.00	$9.31	$14.15	$21.60	**$19,500**	$22.77	**$15,000**	$29.26
$40,000	$2.40	$2.56	$3.47	$5.09	$7.99	$12.40	$18.87	$28.80	**$26,000**	$30.36	**$20,000**	$39.02
$50,000	$3.00	$3.21	$4.34	$6.37	$10.00	$15.51	$23.59	$36.00	**$32,500**	$37.96	**$25,000**	$48.78
$60,000	$3.60	$3.85	$5.21	$7.64	$11.99	$18.61	$28.30	$43.20	**$39,000**	$45.54	**$30,000**	$58.53
$70,000	$4.20	$4.49	$6.07	$8.92	$13.99	$21.71	$33.02	$50.40	**$45,500**	$53.13	**$35,000**	$68.28
$80,000	$4.80	$5.13	$6.94	$10.19	$15.98	$24.81	$37.73	$57.60	**$52,000**	$60.72	**$40,000**	$78.03
$90,000	$5.40	$5.78	$7.81	$11.47	$17.99	$27.92	$42.45	$64.80	**$58,500**	$68.31	**$45,000**	$87.79
$100,000	$6.00	$6.41	$8.68	$12.74	$19.98	$31.01	$47.17	$72.00	**$65,000**	$75.90	**$50,000**	$97.55
$110,000	$6.60	$7.05	$9.54	$14.01	$21.98	$34.11	$51.88	$79.20	**$71,500**	$83.49	**$55,000**	$107.30
$120,000	$7.20	$7.70	$10.42	$15.29	$23.98	$37.22	$56.61	$86.40	**$78,000**	$91.08	**$60,000**	$117.06
$130,000	$7.80	$8.34	$11.28	$16.56	$25.98	$40.32	$61.32	$93.60	**$84,500**	$98.67	**$65,000**	$126.81
$140,000	$8.40	$8.98	$12.14	$17.83	$27.98	$43.42	$66.03	$100.80	**$91,000**	$106.26	**$70,000**	$136.56
$150,000	$9.00	$9.63	$13.02	$19.11	$29.98	$46.53	$70.76	$108.00	**$97,500**	$113.86	**$75,000**	$146.32
$160,000	$9.60	$10.27	$13.88	$20.38	$31.98	$49.63	$75.47	$115.20	**$104,000**	$121.44	**$80,000**	$156.07
$170,000	$10.20	$10.90	$14.75	$21.65	$33.97	$52.72	$80.19	$122.40	**$110,500**	$129.03	**$85,000**	$165.83
$180,000	$10.80	$11.55	$15.62	$22.93	$35.98	$55.83	$84.91	$129.60	**$117,000**	$136.62	**$90,000**	$175.59
$190,000	$11.40	$12.19	$16.49	$24.20	$37.97	$58.93	$89.62	$136.80	**$123,500**	$144.21	**$95,000**	$185.34
$200,000	$12.00	$12.83	$17.35	$25.48	$39.97	$62.03	$94.34	$144.00	**$130,000**	$151.80	**$100,000**	$195.09
$210,000	$12.60	$13.47	$18.22	$26.75	$41.96	$65.13	$99.05	$151.20	**$136,500**	$159.39	**$105,000**	$204.84
$220,000	$13.20	$14.12	$19.09	$28.03	$43.97	$68.24	$103.77	$158.40	**$143,000**	$166.98	**$110,000**	$214.60
$230,000	$13.80	$14.75	$19.96	$29.30	$45.96	$71.33	$108.49	$165.60	**$149,500**	$174.57	**$115,000**	$224.36
$240,000	$14.40	$15.39	$20.82	$30.57	$47.96	$74.43	$113.20	$172.80	**$156,000**	$182.16	**$120,000**	$234.11
$250,000	$15.00	$16.04	$21.70	$31.85	$49.96	$77.54	$117.93	$180.00	**$162,500**	$189.76	**$125,000**	$243.87
$260,000	$15.60	$16.68	$22.56	$33.12	$51.96	$80.64	$122.64	$187.20	**$169,000**	$197.34	**$130,000**	$253.62
$270,000	$16.20	$17.32	$23.42	$34.39	$53.96	$83.74	$127.35	$194.40	**$175,500**	$204.93	**$135,000**	$263.37
$280,000	$16.80	$17.97	$24.30	$35.67	$55.96	$86.85	$132.08	$201.60	**$182,000**	$212.52	**$140,000**	$273.13
$290,000	$17.40	$18.61	$25.16	$36.94	$57.96	$89.95	$136.79	$208.80	**$188,500**	$220.11	**$145,000**	$282.88
$300,000	$18.00	$19.24	$26.03	$38.21	$59.95	$93.04	$141.51	$216.00	**$195,000**	$227.70	**$150,000**	$292.64

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal®

TYLOFRANK INVESTMENTS, LLC

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 7/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$5,000	$0.30	$0.32	$0.43	$0.64	$1.00	$1.55	$2.36	$3.60
$10,000	$0.60	$0.64	$0.86	$1.27	$2.00	$3.10	$4.71	$7.20
$15,000	$0.90	$0.96	$1.30	$1.91	$2.99	$4.65	$7.07	$10.80
$20,000	$1.20	$1.29	$1.74	$2.55	$4.00	$6.21	$9.44	$14.40
$25,000	$1.50	$1.61	$2.17	$3.19	$5.00	$7.76	$11.79	$18.00
$30,000	$1.80	$1.93	$2.60	$3.82	$6.00	$9.31	$14.15	$21.60
$35,000	$2.10	$2.24	$3.04	$4.46	$6.99	$10.85	$16.51	$25.20
$40,000	$2.40	$2.56	$3.47	$5.09	$7.99	$12.40	$18.87	$28.80
$45,000	$2.70	$2.88	$3.90	$5.73	$8.99	$13.95	$21.22	$32.40
$50,000	$3.00	$3.21	$4.34	$6.37	$10.00	$15.51	$23.59	$36.00
$55,000	$3.30	$3.53	$4.78	$7.01	$10.99	$17.06	$25.95	$39.60
$60,000	$3.60	$3.85	$5.21	$7.64	$11.99	$18.61	$28.30	$43.20
$65,000	$3.90	$4.17	$5.64	$8.28	$12.99	$20.16	$30.66	$46.80
$70,000	$4.20	$4.49	$6.07	$8.92	$13.99	$21.71	$33.02	$50.40
$75,000	$4.50	$4.81	$6.50	$9.55	$14.99	$23.26	$35.37	$54.00
$80,000	$4.80	$5.13	$6.94	$10.19	$15.98	$24.81	$37.73	$57.60
$85,000	$5.10	$5.46	$7.38	$10.83	$16.99	$26.37	$40.10	$61.20
$90,000	$5.40	$5.78	$7.81	$11.47	$17.99	$27.92	$42.45	$64.80
$95,000	$5.70	$6.10	$8.24	$12.10	$18.99	$29.47	$44.81	$68.40
$100,000	$6.00	$6.41	$8.68	$12.74	$19.98	$31.01	$47.17	$72.00

Reduced benefit	65-69
$3,250	$3.80
$6,500	$7.59
$9,750	$11.39
$13,000	$15.18
$16,250	$18.97
$19,500	$22.77
$22,750	$26.57
$26,000	$30.36
$29,250	$34.16
$32,500	$37.96
$35,750	$41.74
$39,000	$45.54
$42,250	$49.33
$45,500	$53.13
$48,750	$56.93
$52,000	$60.72
$55,250	$64.51
$58,500	$68.31
$61,750	$72.10
$65,000	$75.90

Reduced benefit	70 & over
$2,500	$4.88
$5,000	$9.75
$7,500	$14.63
$10,000	$19.51
$12,500	$24.39
$15,000	$29.26
$17,500	$34.14
$20,000	$39.02
$22,500	$43.89
$25,000	$48.78
$27,500	$53.65
$30,000	$58.53
$32,500	$63.41
$35,000	$68.28
$37,500	$73.16
$40,000	$78.03
$42,500	$82.92
$45,000	$87.79
$47,500	$92.67
$50,000	$97.55

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) *–Child(ren) are covered until age 26*

$2,500	$0.23
$5,000	$0.46
$7,500	$0.69
$10,000	$0.92

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Annual Legal Notices

Medicare Part D Creditable Coverage Notice

Important Notice from TYLOFRANK INVESTMENTS DBA WOODY FORD 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 TYLOFRANK INVESTMENTS DBA WOODY FORD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. TYLOFRANK INVESTMENTS DBA WOODY FORD has determined that the prescription drug coverage offered by the TYLOFRANK INVESTMENTS DBA WOODY FORD Health and Welfare Plan 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 TYLOFRANK INVESTMENTS DBA WOODY FORD coverage will not be affected. Your coverage pays for other health expenses in addition to prescription drug. If you do decide to join a Medicare drug plan and drop your current TYLOFRANK INVESTMENTS DBA WOODY FORD coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with TYLOFRANK INVESTMENTS DBA WOODY FORD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TYLOFRANK INVESTMENTS DBA WOODY FORD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov 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 this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty)

Date: 08/01/2026
Name of Entity/Sender: TYLOFRANK INVESTMENTS DBA WOODY FORD
Contact--Position/Office: Jennifer Williams, Office Manager
Address: 201 S 2nd St Madill, OK 73446
Phone Number: (918) 623-1724

HIPAA Special Enrollment Notice

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

If you are declining coverage 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 depends 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify your employers within 30 days of date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

To request special enrollment or obtain more information, please contact TYLOFRANK INVESTMENTS DBA WOODY FORD, Jennifer Williams, (580)795-3323

General Notice Of COBRA Continuation Coverage Rights

Introduction

You're getting 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 another group health plan for which you are eligible (such as a spouse'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, 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 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 dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse 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;
- 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."

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;
- 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: TYLOFRANK INVESTMENTS DBA WOODY FORD

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will not be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, 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, Medicaid, 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.

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
TYLOFRANK INVESTMENTS DBA WOODY FORD Health and Welfare plan, Jennifer Williams, 201 S 2nd St Madill, OK 73446, (580) 795-3323.

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Newborns' and Mothers' Health Protection Act
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act
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 (580) 795-3323 for more information.

Privacy Notice Reminder
The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require that TYLOFRANK INVESTMENTS DBA WOODY FORD Health and Welfare Plan (the "plan") to periodically send a reminder to participants about the availability of the plan's Privacy Notice and how to obtain the notice. The Privacy Notice explains participants' rights and the plan's legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI. To obtain a copy of the Privacy Notice, please contact the Human Resources Department.

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: 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: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx **ARKANSAS – Medicaid** Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447) **CALIFORNIA – Medicaid** Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp	**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://www.Colorado.gov/pacific/hcpf/Child-health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 **FLORIDA – Medicaid** Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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.gerogia.gov/programs/third-party-libility/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone: 1-800-457-4584

IOWA – Medicaid
Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kancare.ks.gov
Phone: 1-800-792-4884

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://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

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

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

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840
TTY (617) 866-8102

MINNESOTA - Medicaid
Website:
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

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

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

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

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

NORTH CAROLINA – Medicaid
Website: http://www.dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Phone: -800-977-6740. TTY: Maine relay 711	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

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

OREGON – Medicaid
Website: http://www.healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website:
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (ps.gov)
CHIP Phone: 1-800-986-KIDS (5437)

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

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid/CHIP Phone: 1-800-432-5924

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

WEST VIRGINIA – Medicaid
Website: https://dhhr.wv.gov/bms/
http://www.mywvhipp.com
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
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, contact either:

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

Carrier Resources			
Plan	**Administrator**	**Website**	**Phone Number**
Medical/Prescription Coverage, Claims, Network Provider	UnitedHealthcare	www.myuhc.com	1-866-801-4409
Dental	Principal	www.principal.com	1-800-986-3343
Vision	Principal	www.principal.com	1-800-986-3343
Basic Term Life	Principal	www.principal.com	1-800-986-3343
Supplemental Life	Principal	www.principal.com	1-800-986-3343

Find In-network Providers		
UnitedHealthcare Medical (Choice Plus)	**Principal Dental** (Traditional Network)	**Principal Vision** (VSP Network)

Contact Resources		
Contact	**Email Address**	**Phone Number**
Jennifer Williams TYLOFRANK INVESTMENTS DBA WOODY FORD	jwilliams@woodyford.com	580-975-3323
Kelly Holman, Benefits Account Manager BancFirst Insurance Services	kelly.holman@banfirst.insurance	405-600-1828

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by TYLOFRANK INVESTMENTS DBA WOODY FORD. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact Human Resources.