



Livingston County



2026 Benefit Guide Full-Time LCCOPS Employees

Table of Contents

Medical Benefits	3
Telemedicine	5
Health Savings Account (HSA)	6
Flexible Spending Account (FSA)	6
Dental Benefits	7
Vision Benefits	7
Wellness Program	8
Open Enrollment Checklist	8
Critical Illness Insurance	9
Accident Insurance	9
Hospital Indemnity Insurance	10
Short-Term Disability Insurance	10
Pet Insurance	11
Holidays.....	12
Work on Holidays	12
Payment in Lieu of Holidays	12
Personal Leave	12
Sick Leave	12
Vacation	13
Retirement.....	13
Direct Deposit.....	13
Deferred Compensation.....	13
College Savings (529 Program)	13
Annual Notices	14



Livingston County is proud to offer a comprehensive benefits package to our employees. This benefit summary is for full-time employees covered by the collective bargaining agreement between Livingston County and Livingston County Coalition of Patrol Services (LCCOPS). You will have access to benefit summaries which may provide more detailed information about the benefits.

The group insurance benefit plans currently offered by Livingston County are:

- » Health Insurance
- » Dental Insurance
- » Vision Plan
- » Health Savings Account (HSA)
- » Healthcare Flexible Spending Account (FSA)
- » Critical Illness Insurance
- » Accident Insurance
- » Hospital Indemnity Insurance
- » Short-Term Disability Insurance
- » Pet Insurance

Additional benefits include:

- » Retirement Programs
- » Wellness Programs
- » Employee Assistance Program
- » Paid Leave Time
- » Paid Holidays

Enrolling in Benefits

Benefit changes and elections are accepted upon initial eligibility and once per year during an Open Enrollment period, or if you experience an IRS qualifying change in status (such as birth of a child, marriage, divorce, etc.). Benefit changes due to a qualifying life event must be requested within 30 days of the event, or during Open Enrollment only. For full details, reference your Plan Document or contact the Livingston County Human Resources Department.

Eligible dependents that may be added to your insurance programs include legal spouses and dependent children to age 26, in most cases.

To successfully enroll in benefits, completed forms must be provided to HR within specified deadlines. Contact HR as follows:

Livingston County Human Resources Department
 6 Court Street, Room 206
 Geneseo, NY 14454
HumanResources@livingstoncountyny.gov
 585.243.7570

This document is an outline of the coverage provided under the Livingston County benefit plans based as well as the terms and conditions set forth in the collective bargaining agreement between Livingston County and Livingston County Coalition of Patrol Services (LCCOPS). It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice or to provide benefits that are not expressly provided for within the collective bargaining agreement. To the extent that any of the information contained in this document is inconsistent with the plan documents and/or the collective bargaining agreement, the provisions set forth in the plan documents and collective bargaining agreement will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact the Livingston County Human Resources Department.

Medical Benefits

Administered by Excellus BCBS

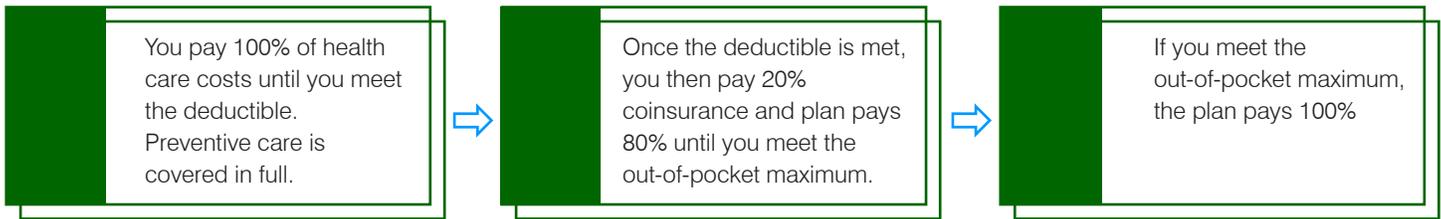


Livingston County provides medical coverage under Premium, Standard, and High Deductible Health Plan (HDHP) offerings (Of Note, employees hired after 08/28/2013 or making health insurance elections after 08/28/2013 are not eligible to elect the Premium Plan).

The High Deductible Health Plan Provides:

- » Choice and flexibility with the same provider and pharmacy network as the Premium and Standard Plans
- » Preventive care services covered in full, even if deductibles have not been met
- » An employer funded Health Savings Account, that also allows the employee to contribute pre-tax dollars. An HSA may only be paired with an IRS qualified High Deductible Health Plan
- » No employee payroll deductions for HDHP (Livingston County pays 100% of the insurance premium cost)

HOW THE HDHP 3000/6000 PLAN WORKS:



Plan Option Highlights (In-Network):

	Premium Plan	Standard Plan	HDHP 3000 / 6000
Network		Bluecard PPO	Bluecard PPO
Annual Deductible	Not applicable	Not applicable	\$3,000 single \$6,000 family In-Network
Out-of-Pocket Maximum Protection	\$6,850 single \$13,700 family	\$6,850 single \$13,700 family	\$6,000 single \$12,000 family An individual member will not exceed the federal maximum of \$9,100
Coinsurance	Not applicable	Not applicable	20% of services, after deductible is met.
Preventive Care and Wellness Services	Covered in Full	Covered in Full	Covered in Full, even if deductible has not been met.
Primary Care Physician	\$15 copay	\$20 copay	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
Specialist Visit	\$15 copay	\$20 copay	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
MD Live Telemedicine	Covered in Full	Covered in Full	Covered in Full

	Premium Plan	Standard Plan	HDHP 3000 / 6000
Network		Bluecard PPO	Bluecard PPO
Urgent Care Center	\$25	\$25	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
Emergency Room Visit	\$50	\$50	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
Hospital Admission	Covered in Full	\$100 copay	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
Outpatient Surgery	Covered in Full	Covered in full	Subject to deductible. After deductible is met, subject to 20% coinsurance. Total of all deductible and coinsurance expenses will never exceed the out-of-pocket maximum.
Prescription Drug	\$5 / \$15 / \$30	\$10 / \$25 / \$40	After deductible is met: \$10 / \$35 / \$70 copay (No coinsurance on Rx)
Contribution to Health Savings Account	Not applicable	Not applicable	County provides: Single: \$250 per year Family: \$500 per year
Monthly Cost	See Below	See Below	No Premium Cost – See Below

See Excellus Plan Summaries or SBCs for more complete benefit information. Health Insurance coverage is effective the 1st of the month following employment.

Employer Contributions toward Premium and Standard Plan coverage based on Date of Hire:

All current contractual full-time employees who had health insurance benefits as of January 1, 2002, and who did not contribute to the payment of premiums for their health insurance coverage shall continue to receive coverage as specified in this part without making a contribution.

All other employees who became contractual full-time employees before January 1, 2005, will pay ten percent (10%) of the premium costs.

Employees who became contractual full-time employees on or after January 1, 2005, but before August 28, 2013 who receive health insurance benefits will pay twenty five percent (25%) of the premium cost.

Employees who became contractual full-time employees on or after August 28, 2013 will pay twenty-five percent (25%) of the premium cost.

Please see a breakdown of per pay period cost on the next page

2026 Health Insurance Contributions Per Pay Period

Premium Plan		
	10% Contribution	25% Contribution
Individual	\$52.91	\$132.26
Two Person	\$121.69	\$304.22
Family No Spouse	\$132.05	\$330.13
Family	\$138.95	\$347.38

Standard Plan		
	10% Contribution	25% Contribution
Individual	\$49.76	\$124.39
Two Person	\$114.44	\$286.11
Family No Spouse	\$124.20	\$310.51
Family	\$130.68	\$326.69

High Deductible Health Plan (HDHP)		
	*Note, the County will make an annual contribution to a health savings account (HSA) of \$250 for individual coverage and \$500 for all other levels of coverage.	
Individual		\$0
Two Person		\$0
Family No Spouse		\$0
Family		\$0

Telemedicine

MD Live (for Excellus members)

Access telemedicine services day or night including medical and behavioral health care with 24/7 availability.

To connect with MD Live:

Register and login using your Excellus ID card:

ExcellusBCBS.com/Member

Download the MD Live mobile app

Text **EXCELLUS** to 635483

Call 866.692.5045



If you elect the HDHP



Health Savings Account (HSA)

Administered by Lifetime Benefit Solutions

There are many features of a Health Savings Account that make this a very popular option among employees across the US, including:

- » Triple tax benefits – contributions are made on a pretax basis, there is no tax if your account balance grows, and there is no tax when you use the funds to reimburse for qualified health, dental, vision, and retiree expenses
- » Accounts are individually owned, and account balances stay with the member
- » Account balances may build and roll over with no limits

Eligibility	HDHP 3000 / 6000 enrolled members who are not enrolled in Medicare, Medicaid or parental dependent plans
Pre-tax contribution limits (combined employer + employee)	\$4,400 single \$8,750 non-single The County will deposit \$250 for single, and \$500 for non single enrolled members in 2026
How to use it for eligible healthcare expenses	Use your LBS payment card; or Pay your out-of-pocket expenses and submit for reimbursement; or Pay your out-of-pocket expenses and let your balance grow!

If you elect the Standard, Premium, or no County Health insurance:

Flexible Spending Account (FSA)

Administered by Lifetime Benefit Solutions – Available to Standard or Premium Plan participants or those enrolled in other non-County plans.



Healthcare FSA:

Employees are able to elect pre-tax dollars to be set aside in a FSA account to cover out-of-pocket costs for medical, dental and vision expenses. Once an election is made, it can not be updated until the next plan year.

Annual maximum: \$2,500

Elections made must be used or they will be lost.

Dependent Care Flexible Spending Account (DCFSA)

Administered by Lifetime Benefit Solutions

Daycare FSA:

Employees are able to elect pre-tax dollars to be set aside in a Dependent Care FSA account to cover out of pocket costs for childcare expenses, such as daycare, preschool and before/after school programs for dependents under age 13. Once an election is made, it can not be updated until the next plan year.

Annual maximum: \$7,500

Elections made must be used or they will be lost.

Dental Benefits

Administered by Excellus BCBS

Livingston County is pleased to offer a robust dental plan to eligible County employees who elect coverage. This benefit is provided by Livingston County at no cost to the employee. Employees are not required to participate in the County Health Insurance program.



Plan Highlights (In-Network):	
Dental Plan and Network	Blue Shield + DenteMax
Deductible	\$50 single \$150 family
Annual Maximum Benefit (per member)	\$1500
Class 1: Preventive and Diagnostic Cleanings, X-Rays, Sealants	Covered at 100%
Class 2: Basic Restorative Fillings, Oral Surgery	Covered at 80%
Class 2A: Basic Restorative Root canals Periodontal Surgery	Covered at 80%
Class 3: Major Restorative Fixed prosthetics (Bridge) Inlays / Onlays / Crowns Implants	Covered at 50%
Class 4: Orthodontia	Covered at 80% up to \$1500 per lifetime for children up to age 19
Monthly Premium Cost	None! Livingston County contributes 100% of the dental premium cost

See Excellus Dental summary for complete benefit details.

Vision Benefits

Administered by VSP

A supplemental Vision Plan is offered to all benefit eligible County employees who elect the coverage. Employees are not required to participate in the County Health Insurance program.

The VSP Choice network provides the #1 in access to quality care. Members have choice of independent providers or popular retail chains including Visionworks, Walmart and more.



Plan Highlights (In-Network):	
Exam every 12 months	\$20 copay
Lenses every 12 months	\$25 frame/lens copay
Frames every 24 months	\$150 frame allowance
Contact lenses every 12 months (instead of lenses and frame)	\$150 contact lens allowance
MONTHLY RATES	
Employee Only	\$8.93
Employee + 1	\$14.29
Employee + Children	\$14.59
Employee + Family	\$23.53

See VSP Plan Summary for complete benefit details

Wellness Program

In Partnership with University of Rochester Employee Wellness (UREW) Team

We are pleased to offer year round access to programming and services through UREW including biometric screenings, health coaching, and lifestyle and condition management courses at no cost to employees. Watch for more information.

Additionally, multiple fitness facilities are provided at County sites for use with no cost.

Employees are eligible to utilize Employee Assistance Program (EAP) services whenever needed.



Open Enrollment Checklist

For Benefits Effective January 1st of each year

- » Attend informational meetings
- » Log onto Employee Navigator (<https://www.employeenavigator.com>) from November 1 at 12 a.m (midnight) through November 15 at 11:59 p.m.

Health Insurance:

- » If you wish to stay with your current plan, no action needed
- » If you wish to elect coverage for the first time or make changes to your existing plan, **please make elections on Employee Navigator**

Health Savings Account:

- » If you enroll in the HDHP 3000/6000 plan, you are eligible to make an election for payroll deduction (in addition to what the County is contributing on your behalf). Contribution amounts can be changed up to once per month, at any point in the year.

Flexible Spending Account:

- » If you are enrolled in the Premier or Standard Plan (or are covered by insurance elsewhere), you are eligible to make an election for payroll deduction. Contribution amounts can not be changed once elected, so please select your amount carefully.

Dental Insurance:

- » To enroll in this coverage, you must make elections on Employee Navigator

Vision Insurance:

- » To enroll in this coverage, you must make elections on Employee Navigator

Drop Payment Eligibility

The County agrees to pay annually to employees a payment of nine hundred dollars (\$900) for dropping individual coverage, one thousand two hundred dollars (\$1,200) for dropping dependent coverage or one thousand four hundred dollars (\$1,400) for dropping family coverage, whichever is presently provided to the employee. If, however, there are at least nine (9) but less than twelve (12) bargaining unit members who drop coverage, apply for and are eligible for a drop payment, the payments will be one thousand four hundred dollars (\$1,400) for dropping individual coverage, one thousand seven hundred dollars (\$1,700) for dropping dependent coverage, or one thousand nine hundred dollars (\$1,900) for dropping family coverage, whichever is presently provided to the employee. If there are twelve (12) or more bargaining unit members who drop coverage, apply for and are eligible for a drop payment, the payments will be one thousand nine hundred (\$1,900) for dropping individual coverage, two thousand two hundred dollars (\$2,200) for dropping dependent coverage, or two thousand four hundred dollars (\$2,400) for dropping family coverage, whichever is presently provided to the employee. For new employees becoming eligible during the first calendar year of employment the amount will be prorated.

When an employee signs a statement that he/she has procured health insurance through a spouse's employment, other employment of the employee or a private insurance plan, he will be eligible to apply for the alternative payment. Payment for this option will be made one (1) year after the effective date as provided by the following paragraph of this section.

Drop payments will be provided to eligible employees during a December payroll. To receive the payment in any given year, an employee must provide the required documentation on Employee Navigator. This must be provided between November 1 and November 15 of the year in which payment is requested.

No employee who receives County health insurance benefits through another employee or retiree shall be entitled to a drop payment. In the event both spouses are eligible for County health insurance and drop their County health insurance, they may receive one drop payment. In this event, they must designate which of the two will receive the drop payment or instruct the

Employer to provide each with one half of the drop payment.

Critical Illness Insurance

Administered by AFLAC

Aflac Policy Design	
Lump sum benefit payable upon diagnosis of a covered critical illness	
\$30,000 (in \$5,000 Increments)	
Spouse 100% Coverage	
Child(ren) 50% (child coverage automatically included)	
*Invasive Cancer *Heart Attack *Stroke *Major Organ Transplant End Stage Renal Failure Heart Disease	
Different Illness:	Once per illness
	0 month Diagnosis Separation
*Same Illness:	100% Recurrence
	0 month Diagnosis Separation (once per covered illness)
Maximum Policy Payout:	300% per person
Wellness Benefit:	\$50 (once per person each cal. yr.)
Issue Ages: 18-64 and Children up to age 26	
GUARANTEE ISSUE!	
No Pre-Existing Condition Waiting Period!	
A critical illness diagnosis MUST occur on or after the effective date	

See brochure / policy for all benefit features, limitations and exclusions

Accident Insurance

Administered by AFLAC

Aflac Policy Design	
Benefits are paid directly to you based on treatment received and injuries sustained as a result of a covered accident	
Common activities that are covered: Football, baseball, basketball, soccer, tennis, paintball, mountain biking, cheerleading, boxing, skateboarding, skiing, car accidents, motorcycle accidents, hunting, fishing, hiking, etc.	
Excluded activities: Aeronautical events, participating in a sport for pay or profit, motorized vehicular racing or track days, illegal activities, etc.	
Benefit Highlights	
Coverage Type:	On/Off the Job
Over 30 named benefits listed in the brochure / Issue Ages 18+ to age 26 for Children	
Urgent Care:	\$125
X-Ray:	\$50
Lacerations (stitches):	up to \$300
Fractures and Dislocations:	Fractures: up to \$5,000
	Dislocations: up to \$4,000
Hospital Admission and Daily Benefit:	\$1,000 Initial (24HR) / \$160 (For 365 Days)
Physical Therapy:	\$25 (Up To 10 Visits)
A covered accident MUST occur on or after the effective date	

Monthly Rates	
Employee Only	\$8.23
EE + Spouse	\$13.73
EE + Child(ren)	\$18.62
Family	\$24.12

Hospital Indemnity Insurance

Administered by AFLAC

Aflac Policy Design	
Benefits are paid direct to you based on being admitted to a hospital	
Common events that are covered: Sickness, illness or off the job accident (includes pregnancy AND pre-existing conditions)	
Excluded activities: Mental and nervous disorders, drug and alcohol addiction, elective / cosmetic procedures, etc.	
Benefit Highlights	
Coverage Type:	Sickness / Illness / Off the Job Accident
See the brochure for a complete listing of all benefits, limitation and exclusions	
(Accident) Initial Hospitalization:	\$1,000 (24HR) once per calendar year
(Sickness) Initial Hospitalization:	\$1,000 (24HR) once per calendar year
Daily Hospitalization:	\$160 (31 days)
ICU Benefits:	Payable Under Hospital Admission/Confinement
Guarantee Issue?:	YES!
Pre-Existing Condition Waiting Period?:	NO!
Pre-Existing Pregnancy Covered?:	YES!
A covered hospitalization MUST occur on or after the effective date / Ages 18+ and to age 26 for Children	

Monthly Rates	
Employee Only	\$14.82
EE + Spouse	\$35.78
EE + Child(ren)	\$27.38
Family	\$48.34

Short-Term Disability Insurance

Administered by AFLAC

Aflac Policy Design	
Benefits are paid direct to you based on being eligible for Short-Term Disability	
Common events that are covered: Sickness, illness or off the job accident	
Excluded activities: Mental and nervous disorders, drug and alcohol addiction, elective / cosmetic procedures, etc.	
Benefit Highlights	
Coverage Type:	Sickness / Illness / Off the Job Accident
See the brochure for a complete listing of all benefits, limitation and exclusions	
Elimination Period:	30 / 30 (Days)
Benefit Period:	12 Months
Benefit:	Up to \$6,000 Monthly (Subject to Income Requirements)
Guaranteed Renewable:	Until Age 74
Provisions	
Simplified Issue:	Just a few health questions
Pre-Existing Condition Waiting Period:	12 / 12 (Does not include LCCops)
Pre-Existing Pregnancy Covered?:	10 Month Waiting Period
Disability MUST occur on or after the effective date	

See brochure / policy for all benefit features, limitations and exclusions

Pet Insurance

Administered by ASPCA

ASPCA Plan Design	
Coverage for dogs or cats (8 weeks or older) – No Annual Exam Required!	
Customizes plans to meet your financial needs	
Excluded: Any Illness or Injury Incurred Prior to Policy Effective Date is Not Covered Unless it is Cured and Free of Treatment and Symptoms For 180 Days	
Benefit Highlights	
Coverage Type:	Accident Only or Accident and Illness (Wellness Benefit Optional)
See the ASPCA website for a complete listing of all benefits, limitation and exclusions	
Plan Term:	12 Months, Cancel Anytime
Annual Deductible:	Customized: \$100, \$250 or \$500
Copays:	Customized: 10%, 20% or 30%
Annual Maximum:	Customized For Any Amount
Multi-Pet Discount:	10% For Each Additional Pet
Rates:	Rates are customized for every pet. Rate factors are based on plan selection, species, breed, age, and location.

Holidays

Each employee will be credited with one (1) holiday on the first day of each month. Each employee will also be credited with an additional one (1) holiday on the first day of June.

Holidays must be used in full day increments.

Work on Holidays

A full-time, permanent employee who is required to work on New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day or Christmas Day shall be paid at one and one half (1 1/2) times his/her hourly rate for the total time worked on said holiday, and the employee may choose to receive payment in lieu of one accrued, unused holiday. (Payment in lieu of a holiday shall be paid at the employee's straight time rate and will be paid in the same pay period in which the holiday occurs.)

Payment in Lieu of Holidays

An employee may make only one (1) request for payment in lieu of holidays pursuant to this section per calendar year. This request may be for any number of holidays that the employee accrued and retained during that calendar year prior to the date of the employee's request. Requests must be submitted to the Sheriff no less than fourteen (14) calendar days prior to the date on which the employee desires payment and must be made no later than December 10th. Payments will be made through the normal payroll process.

Personal Leave

Each full-time LCCOPS employee shall be entitled to five (5) paid personal leave days on his anniversary date. New employees will receive one (1) personal leave day for each three (3) months of employment the first year. Such leave for all employees shall be cumulative from year to year.

Personal Leave shall be granted in segments of not less than one (1) hour.

Sick Leave

Each current employee after completion of six months of employment or upon completion of his probationary period, whichever occurs first, shall be permitted to accumulate up to one hundred sixty-five (165) days of paid sick leave. An employee may use up to five (5) days of this sick leave per calendar year for the illness or doctors' appointments of the employee's minor child, parent and/or spouse. (This provides for a total of five days to be used among these relatives. For example, an employee could take 1 day for a spouse, 1 day for a parent and 3 days for children.) An employee requesting sick leave use for these purposes must indicate "family illness or appointment" when making the request for this leave and note such on his/her timecard or equivalent time recording document. The Employer may require medical documentation of the illness or appointment.

Sick leave shall be accumulated at the rate of one-half (1/2) work day per pay period and may be accumulated to a maximum of one hundred sixty-five (165) days.

Vacation

All full-time LCCOPS employees shall be granted a paid vacation according to the following schedule on each employee's respective anniversary date of hire.

Required Service	Time Off
1st, 2nd, 3rd, and 4th Anniversary	10 days
5th, 6th, 7th, 8th, 9th and 10th Anniversary	15 days
11th Anniversary	16 days
12th Anniversary	17 days
13th Anniversary	18 days
14th Anniversary	19 days
15th to 24th Anniversary	20 days
25th and each following Anniversary	25 days

Vacation time shall be taken before the next anniversary date or it will be lost unless a carryover is approved by the Sheriff.

LCCOPS employees may not elect payment in lieu of vacation time, except employees who are eligible for three weeks vacation may elect payment in lieu of vacation time for one such week and employees who have four or five weeks of vacation may elect payment for a second week.

Retirement

Enrollment in the New York State Employees Retirement System is mandatory for full-time employees. Employee contributions will vary by tier.

Tier 1-4	
3% contribution for the first 10 years	
Tier 5	
3% contribution for your entire employment	
Tier 6	
\$45,000 or less	3%
\$45,000.01 – \$55,000	3.5%
\$55,000.01 – \$75,000	4.5%
\$75,000.01 – \$100,000	5.75%
More than \$100,000	6%

Direct Deposit

All employees shall participate in the Livingston County direct deposit program.

Deferred Compensation

The County will maintain an IRC §401(a) plan to provide for employer matching of bargaining unit member's deferred compensation plan contributions, with the match not to exceed two percent of an employee's wages per pay period.

Full-time LCCOPS members hired before January 2, 2008, may elect to participate in the §401(a) plan if they make an irrevocable waiver of their right to retiree health insurance benefits.

Full-time LCCOPS members hired on or after January 2, 2008, will be eligible for participation in the §401(a) plan after completing one year of full-time employment within the bargaining unit with no break(s) in service.

A full-time LCCOPS member who participates in the §401(a) plan, retires from the County in a bargaining unit position, and begins collecting a retirement benefit from the New York State Employees' Retirement System immediately upon such retirement may continue coverage in a health insurance plan offered by the County provided he/she pays 100% of the premium cost. The retired bargaining unit member is responsible for paying the premium cost in accordance with County policies and practices, and failure to make such payment shall result in permanent loss of the right to health insurance coverage through the County.

College Savings (529 Program)

Livingston County will provide a payroll deduction for employees who wish to participate in the New York State College Savings Program. This program allows you to save for college expenses by investing contributions and providing tax benefits.

Annual 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 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 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, 2024. Contact your state for more information on eligibility.

<p>ALABAMA – Medicaid http://myalhipp.com 855.692.5447</p>	<p>INDIANA – Medicaid Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584</p>
<p>ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>	<p>IOWA – Medicaid and CHIP (Hawki) Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562</p>
<p>ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)</p>	<p>KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660</p>
<p>CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov</p>	<p>KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms</p>
<p>COLORADO – Medicaid and CHIP Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442</p>	<p>LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p>
<p>FLORIDA – Medicaid www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268</p>	<p>MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofa/applications-forms 800.977.6740 TTY: Maine relay 711</p>
<p>GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2</p>	<p>MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com</p>

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ 800.657.3672
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059

TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ Email: upp@utah.gov 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 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 and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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This benefit summary prepared by



Gallagher

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