



# Livingston County



## 2026 Benefit Guide Full-Time LCDSC 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
Floating Holidays .....	12
Personal Leave .....	12
Sick Leave .....	12
Vacation .....	13
Jury Duty .....	14
Retirement .....	14
Direct Deposit .....	14
Deferred Compensation .....	14
College Savings (529 Program) .....	14
Annual Notices .....	15



**Livingston County** is proud to offer a comprehensive benefits package to our employees. This benefit summary is for full-time employees covered by the contract collective bargaining agreement between Livingston County and Livingston County Deputy Sheriff Coalition (LCDSC). 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](mailto: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 Deputy Sheriffs Coalition (LCDSC). 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

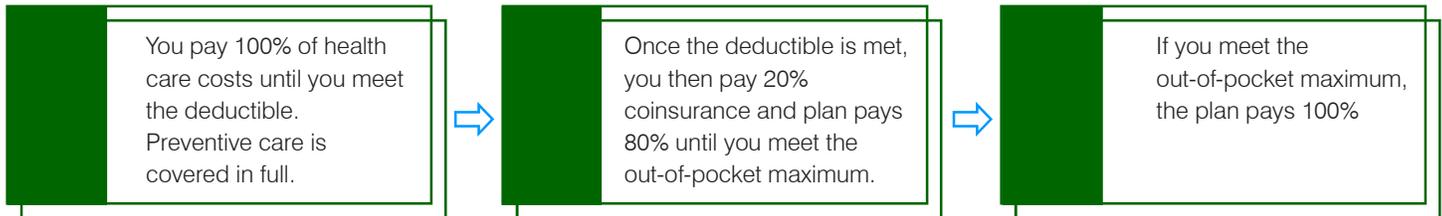


Livingston County provides medical coverage under Premium, Standard, and High Deductible Health Plan (HDHP 3000/6000) offerings (Of Note, employees hired after 08/28/2013 or making health insurance elections after 08/28/2013 are not eligible to elect the Premium Plan).

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:

**Premium Plan:**

- » On or prior to March 5, 1986, and all others hired before January 1, 1996 who do not currently contribute toward the cost of their health insurance: \$0
- » Hired before August 25, 2004: 15%
- » On or after August 25, 2004 but before January 1, 2013: During the first ten (10) years of employment with the Sheriff’s Office, 25% of the cost of their coverage; thereafter, 15%.
- » On or after January 1, 2013: 25%

**Standard Plan:**

- » On or prior to March 5, 1986, and all others hired before January 1, 1996 who do not currently contribute toward the cost of their health insurance: \$0
- » Hired before August 25, 2004: 10%
- » On or after August 25, 2004 but before January 1, 2013: During the first ten (10) years of employment with the Sheriff’s Office, 25% of the cost of their coverage; thereafter, 10%.
- » On or after January 1, 2013: 25%

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

## 2026 Health Insurance Contributions Per Pay Period

Premium Plan		
	15% Contribution	25% Contribution
Individual	\$79.36	\$132.26
Two Person	\$182.53	\$304.22
Family No Spouse	\$198.08	\$330.13
Family	\$208.43	\$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)		
	<b>*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.</b>	
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](https://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

<b>Eligibility</b>	HDHP 3000 / 6000 enrolled members who are not enrolled in Medicare, Medicaid or parental dependent plans
<b>Pre-tax contribution limits</b> (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
<b>How to use it for eligible healthcare expenses</b>	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.

## 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
<b>Class 1: Preventive and Diagnostic</b> Cleanings, X-Rays, Sealants	Covered at 100%
<b>Class 2: Basic Restorative</b> Fillings, Oral Surgery	Covered at 80%
<b>Class 2A: Basic Restorative</b> Root canals Periodontal Surgery	Covered at 80%
<b>Class 3: Major Restorative</b> Fixed prosthetics (Bridge) Inlays / Onlays / Crowns Implants	Covered at 50%
<b>Class 4: Orthodontia</b>	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

Existing Employees who drop or forego County health insurance are eligible for a “drop payment”. New full-time LCDSC employees who are eligible for health insurance benefits and forego such benefits are eligible for prorated payment.

In order to receive a drop payment, an employee must provide the required documentation on Employee Navigator proving that he/she has health insurance coverage through another source. 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 on drop payment. In this event, they must designate which of the two will receive the drop payment or instruct the County to provide each with one half of the drop payment.

Drop payments will be made in a pay period of December each year. The amount of the drop payment will be based upon the level of coverage (e.g. two person, family, etc.) the employee would have received. Payment amounts for those employees who went without coverage for a full plan year (January 1 through December 31) are as follows:

- » Dropped individual coverage: \$600
- » Dropped dependents or family coverage: \$1,100

## 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 <b>MUST</b> 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 <b>MUST</b> 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 <b>MUST</b> 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 <b>MUST</b> 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

All holidays will be floating holidays and the holiday will accrue on the first day of the month. Each employee will also be credited with an additional one (1) holiday on January 1. A holiday shall be accrued and paid at the number of hours the employee is regularly scheduled to work in a day during that month. An employee may carry over one holiday each year. All holidays will be forfeited if not used or carried over by December 31st. Holidays must be used in full day increments.

## Work on Holidays

All full-time employees required to work on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, or Christmas Day shall be paid at one and one half (1.5) times their hourly rates for the total time worked on the holiday and shall also choose from the following options regarding the use of the holiday: (1) receive payment in lieu of the holiday at the straight time rate, or (2) retain the holiday for use on a later date.

All full-time employees required to work on Martin Luther King Day, Presidents Day, Juneteenth, Columbus Day, or Veterans' Day, shall be paid at their hourly rates for all hours work on the holiday and shall choose from the following options regarding the use of the holiday: (1) receive payment in lieu of the holiday at the straight time rate, or (2) retain the holiday for use on a later date.

## Payment in Lieu of Holidays

An employee may make only one (1) request for payment in lieu of holidays 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. Payments will be made through the normal payroll process.

## Personal Leave

Each full-time LCDSC employee is eligible for five personal days on his/her anniversary date. A personal leave day shall be defined as eight hours for accrual purposes; except that for those whose regular shift is eight and one half hours. New LCDSC employees will receive one personal leave day for each three months of employment the first year. Such leave for all LCDSC employees shall be cumulative from year to year. Unused personal leave days shall not be payable at the time of termination of employment, whatever the reason for such termination. Personal leave shall be used on an hourly basis (or half-hour if connected with at least one full hour).

## Sick Leave

New full-time, permanent LCDSC employees will begin to accrue sick leave after completing six months of full-time, permanent employment, except that such employees shall be granted and entitled to use two (2) sick leave days after completing thirty (30) days of employment. Sick leave shall be accumulated at the rate of four (4) hours per pay period except that those whose regular shift is eight and one half (8.5) hours shall accumulate at the rate of four and one quarter (4.25) hours per pay period. Sick leave may be accumulated to a maximum of one hundred sixty-five (165) days. An employee may use up to five (5) days of this sick leave per calendar year for the illness and/or doctors' appointments of the employee's spouse, parent and/or minor child. Sick leave may be taken in one-half hour segments following the use of one hour. The minimum that can be taken is a one hour segment.

## Vacation

All full-time LCDSC 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

A vacation day shall be defined as eight (8) hours except for those who regular shift is eight and one half (8.5) hours, a vacation day shall be defined as eight and one half (8.5) hours.

Vacation time shall be taken before the next anniversary date or it will be lost unless a carryover is approved by the Sheriff. Notwithstanding the foregoing, employees assigned to a shift of eight and one half hours shall carry over unused accrued vacation past their anniversary date when the amount of such is eight hours or less.

Vacation may be taken in one-half hour segments following the use of one hour of vacation. The minimum that can be taken is a one hour segment.

## Payment in Lieu Vacation

An employee may elect payment in Lieu of vacation days for up to ten (10) days. Requests must be submitted to the Sheriff a minimum of two (2) weeks prior to the employee's anniversary date. An employee may make only one (1) request for payment in lieu of vacation per calendar year.

## Jury Duty

LCDSC employees selected for jury duty shall receive paid leave, not to exceed ten working days annually, when attendance as a juror is required by the court on regularly scheduled working hours of the employee. A full day's pay for each day of jury service will be paid if the employee does not work his/her full shift. Employees on such leave will remit to the Employer all remuneration received for jury duty service, with the exception of moneys paid for the reimbursement of travel and parking. Employees requesting payment for jury duty must notify their supervisor immediately upon receipt of a subpoena for jury duty as a condition of payment. An employee summoned to jury duty will cooperate with the Employer in a request for deferral of or excuse from jury duty whenever, in the Employer's judgment, such request is appropriate. An employee on jury duty shall report to work whenever his presence for jury duty is not required during his normal working hours.

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

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

<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>   Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   888.222.2542 Adult Expansion: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 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](http://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](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

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



## Notes

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting