



# Livingston County



## 2026 Benefit Guide Part-Time Non-Union Employees

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**Livingston County** is proud to offer a comprehensive benefits package to our employees. This complete benefit package for part-time employees not covered by a collective bargaining unit is briefly summarized in this booklet. 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

**Additional benefits include:**

» Retirement Programs

» Wellness Programs

» Employee Assistance Program

### 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 your employer's benefit plans based on information provided by Livingston County. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies, contracts, and/or Livingston County Board of Supervisors Resolutions (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. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents and the annual Livingston County Employees Not Covered by a Collective Bargaining Agreement Resolution 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

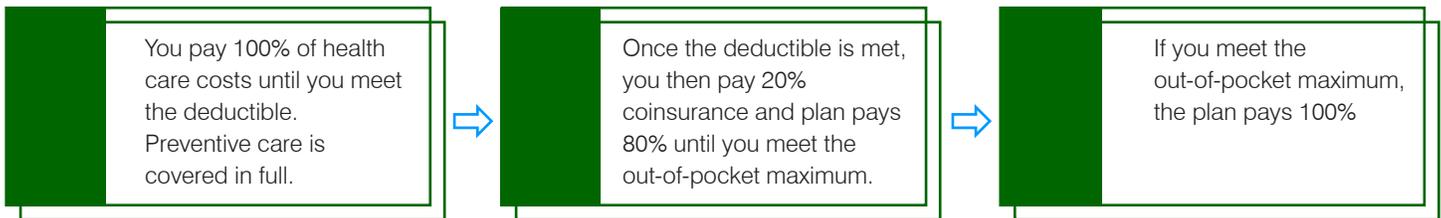


Livingston County provides medical coverage under the Standard or High Deductible Health Plan (HDHP 3000 / 6000) offerings.

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

### HOW THE HDHP 3000/6000 PLAN WORKS:



### Plan Option Highlights (In-Network):

	Standard Plan	HDHP 3000 / 6000
Network	Bluecard PPO	Bluecard PPO
Annual Deductible	Not applicable	\$3,000 single \$6,000 family In-Network
Out-of-Pocket Maximum Protection	\$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	20% of services, after deductible is met.
Preventive Care and Wellness Services	Covered in Full	Covered in Full, even if deductible has not been met.
Primary Care Physician	\$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	\$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
Urgent Care Center	\$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.

	<b>Standard Plan</b>	<b>HDHP 3000 / 6000</b>
<b>Network</b>	<b>Bluecard PPO</b>	<b>Bluecard PPO</b>
Emergency Room Visit	\$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	\$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	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	\$10 / \$25 / \$40	After deductible is met: \$10 / \$35 / \$70 copay (No coinsurance on Rx)
Contribution to Health Savings Account	Not applicable	County provides: Single: \$250 per year Family: \$500 per year
Monthly Cost	See Below	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.

**Employee contributions toward coverage:**

- » Salaried Part-Time: 100%
- » Salaried Part-Time Attorneys: 40%
- » Other Part-Time: not eligible

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

## 2026 Health Insurance Contributions Per Pay Period

Standard Plan		
	40% Contribution	100% Contribution
Individual	\$199.03	\$955.13
Two Person	\$457.78	\$2,288.88
Family No Spouse	\$496.82	\$2,484.09
Family	\$522.71	\$2,613.54

High Deductible Health Plan (HDHP)		
	40% Contribution	100% Contribution
Individual	\$142.04	\$710.19
Two Person	\$326.71	\$1,633.53
Family No Spouse	\$354.56	\$1,772.82
Family	\$373.04	\$1,865.21

## 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**



## 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 log onto Employee Navigator during the specified dates.

## Jury Duty

Employees who are selected for jury duty shall receive paid leave in accordance with New York State Judiciary Law section 519, if applicable. 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 optional for part-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.

## 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>  <a href="http://myalhipp.com">http://myalhipp.com</a>            855.692.5447</p>	<p><b>INDIANA – Medicaid</b>            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>            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>            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>  <a href="http://myarhipp.com">http://myarhipp.com</a>            855.MyARHIPP (855.692.7447)</p>	<p><b>KANSAS – Medicaid</b>  <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>            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>            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   KIHIPP.PROGRAM@ky.gov            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>            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>  <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>  <a href="http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>            877.357.3268</p>	<p><b>MAINE – Medicaid</b>            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>            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>  <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://dhcfp.nv.gov">http://dhcfp.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