



Livingston County



2026 Benefit Guide

NYSNA
Full-Time Employees

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Livingston County is proud to offer a comprehensive benefits package to our employees. This benefit guide is for full-time employees covered by the collective bargaining agreement between Livingston County and New York State Nurses Association (NYSNA). 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
- » 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 the New York State Nurses Association (NYSNA). 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

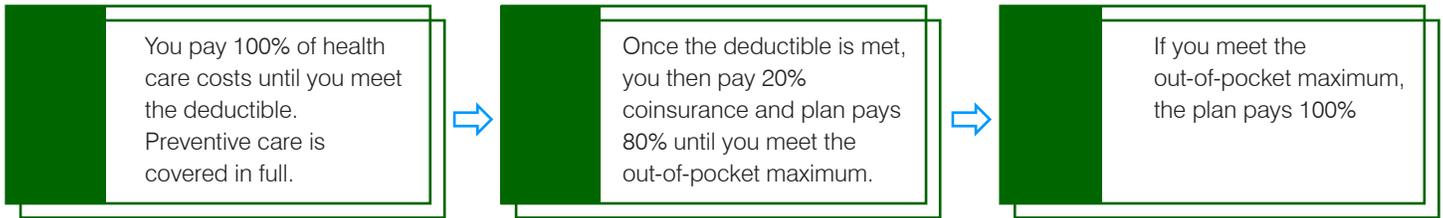


Livingston County provides medical coverage under Premium, Standard, and High Deductible Health Plan (HDHP 3000 / 6000) offerings (Of Note, employees hired after 03/31/2023 or making health insurance elections after 03/31/2023 are not eligible to elect the Premium Plan).

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.

Employee contributions toward coverage based on Date of Hire:

| Most Recent Date of Hire to Benefit Eligible Position | Regular Employee |
|---|--|
| After November 1989 but on or before September 1 , 2013 | Employer pays 80% Employee pays 20% |
| After September 11, 2013 (effective as of 1/1/2023) | Employer pays 75% Employee pays 25% |

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

2026 Health Insurance Contributions Per Pay Period

| Premium Plan | | |
|------------------|------------------|------------------|
| | 20% Contribution | 25% Contribution |
| Individual | \$105.81 | \$132.26 |
| Two Person | \$243.37 | \$304.22 |
| Family No Spouse | \$264.10 | \$330.13 |
| Family | \$277.90 | \$347.38 |

| Standard Plan | | |
|------------------|------------------|------------------|
| | 20% Contribution | 25% Contribution |
| Individual | \$99.51 | \$124.39 |
| Two Person | \$228.89 | \$286.11 |
| Family No Spouse | \$248.41 | \$310.51 |
| Family | \$261.35 | \$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.

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 cannot be changed once elected, so please select your amount carefully.

Dental Insurance:

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

Drop Payment Eligibility

- » The Employer agrees to pay annually to contractually eligible employees in the first payroll processed on or after December 1 for the previous twelve (12) months a payment of one thousand one hundred dollars (\$1,100.00) for dropping individual coverage and thirteen hundred fifty dollars (\$1,350.00) for dropping family or dependent coverage, whichever is currently provided to the employee. Such employees may resume coverage during open enrollment periods or upon a change in familial or economic status. New contractually eligible employees who become eligible for health insurance benefits during the twelve (12) month period preceding the drop payment date but who forego this benefit, will be entitled to a prorated drop payment. Other contractually eligible employees who drop coverage less than twelve (12) months prior to the December 1 drop payment date will also be entitled to a prorated drop payment. Contractually eligible employees that elect payment in lieu of health insurance will receive, upon termination, a prorated amount for all days the employee did not receive health insurance coverage from the Employer in that calendar year. In order to receive a drop payment, 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.

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. |

2026 Holiday Schedule

The following dates are designated as paid holidays for the year 2026:

| | | |
|-------------------|-----------|-------------------------------|
| January 1, 2026 | Thursday | New Year's Day |
| January 19, 2026 | Monday | Martin Luther King's Birthday |
| February 16, 2026 | Monday | Presidents' Day |
| May 25, 2026 | Monday | Memorial Day |
| June 19, 2026 | Friday | Juneteenth |
| July 3, 2026 | Friday | Independence Day |
| September 7, 2026 | Monday | Labor Day |
| October 12, 2026 | Monday | Columbus Day |
| November 11, 2026 | Wednesday | Veterans Day |
| November 26, 2026 | Thursday | Thanksgiving Day |
| December 25, 2026 | Friday | Christmas Day |

Floating Holidays

Two (2) floating holidays shall be scheduled during the year as requested by the employee subject to the approval of management. Approval shall not be unreasonably or arbitrarily denied. Floating holidays must be used in full-day increments.

Personal Leave

Each full-time employee shall become eligible for five (5) personal leave days on January 1 of each year. Each new full time employee hired prior to July first (1st) shall become eligible for five (5) personal days after six (6) months of employment. New employees hired on or after July first (1 st) shall become eligible for one (1) personal leave day after two (2) months' continuous service as a regular full-time employee and will receive one (1) personal leave day on the first (1st) day of each full quarter for the remainder of the calendar year. On January 1 of the second (2nd) year, they shall qualify for a maximum of five (5) days.

Personal leave may be used in segments of not less than one (1) hour. Once a minimum of one (1) hour of personal leave is utilized on a particular day an employee may take additional increments of one-half (1/2) hour.

On January 1 st of each year, any unused personal leave from the previous year shall be converted to and credited to the employee's accumulated sick leave.

Sick Leave

On the first day of the payroll period following the first two (2) months of continuous service, a regular full-time employee will be credited with paid sick leave at the rate of one (1) day per month of active employment to a maximum of one hundred sixty-five (165) days. Sick leave may be used in segments of not less than one (1) hour. Once a minimum of one (1) hour of sick leave is utilized on a particular day an employee may take additional increments of one-half (1/2) hour.

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 spouse, parent or child. (This provides for a total of five (5) days to be used among these relatives. For example, an employee could take one (1) day for a spouse, one (1) day for a parent and three (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 County may require medical documentation of the illness or appointment.

Vacation

Full-time NYSNA employees will be granted a paid vacation according to the following schedule on each employee's respective anniversary date of hire.

| Period of Continuous Employment | Vacation Days |
|---------------------------------|--------------------|
| 1-4 years | 15 days each year* |
| 5-24 years | 20 days each year |
| 25 or more years | 25 days each year |

*5 days of this vacation may be used after 6 months of continuous employment.

An employee who has accrued at least one hundred twenty (120) hours of vacation may elect to be paid for up to forty (40) hours of vacation in lieu of time off. Employees wishing to make this election must inform the Public Health Director of their election at least two (2) weeks prior to the date on which payment is desired. All such vacation hours must have already been earned before payment is made.

Jury Duty

Each employee will receive leave for required jury attendance. An employee on such leave will be paid the difference between the pay actually received from such attendance and the pay the employee would have received if not on such leave.

An employee on jury duty will report to work whenever his/her presence for jury duty is not required during normal working hours. At no time shall the combined total hours worked and jury duty time exceed the contractual normal workday.

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.

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@MyAKHIPP.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.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p> |
| <p>FLORIDA – Medicaid www.flmedicaidtplecovery.com/flmedicaidtplecovery.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/ofi/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: masspreassistance@accenture.com</p> |

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| 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 |

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| 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://dhhr.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

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



Notes

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting