



Livingston County



2026 Benefit Guide

NYSNA
Part-Time 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 covered by the collective bargaining agreement between Livingston County and New York State Nurses Association (NYSNA) 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
- » Health Savings Account (HSA)
- » Healthcare Flexible Spending Account (FSA)

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

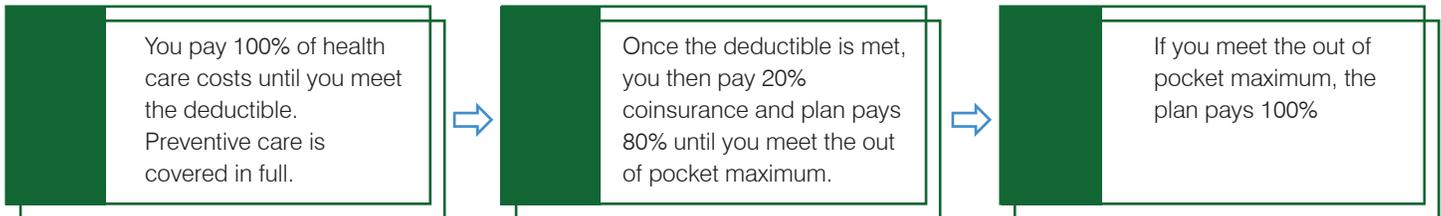


Livingston County provides medical coverage under Premium, Standard and High Deductible Health Plan (HDHP 3000 / 6000) offerings (Of Note, employees hired after 03/31/2023 or making health insurance elections after 03/31/2023 are not eligible to elect the Premium Plan).

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

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

	Standard Plan	HDHP 3000/6000
Network	Bluecard PPO	Bluecard PPO
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.
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 based on Date of Hire:

Most Recent Date of Hire to Benefit Eligible Position	Part-Time Employee
After November 1989 but on or before September 11, 2013	Employer pays 80% X (Number of hours scheduled to work per week ÷ 40). Employee pays remaining premium.
After September 11, 2013 (effective as of 1/1/2023)	Employer pays 75% X (Number of hours scheduled to work per week ÷ 40). Employee pays remaining premium.

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

2026 Health Insurance Contributions Per Pay Period

Standard Plan	
	55% Contribution
Individual	\$273.66
Two Person	\$629.44
Family No Spouse	\$683.12
Family	\$718.72

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.
	55% Contribution
Individual	\$195.30
Two Person	\$449.22
Family No Spouse	\$487.53
Family	\$512.93

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.

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.

Drop Payment Eligibility

- » The County 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.

2026 Holiday Schedule

This holiday schedule is applicable to part-time NYSNA employees..

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

An employee working on any of the holidays shall be paid at the employee's base compensation rate for all time worked on the holiday, portal to portal, in addition to receiving monetary compensation for the holiday.

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. The parties acknowledge that part-time employees receive prorated floating holidays. For example, an employee who works three (3) days of a five (5) day workweek accrues each floating holiday at the rate of 4.8 hours. The parties agree that part-time employees must use one prorated day of holiday accruals as a single unit.

Personal Leave

Part-time employees receive personal leave on a pro-rata basis for hours worked in the previous year. If this results in the part-time employee accruing a fractional hour of personal leave, the hour will be rounded to the nearest full hour. (Hours of 5/10ths or greater shall be rounded up to a full hour and hours of less than 5/10ths shall be rounded down.) If a part-time employee becomes a regular employee, he/she earns additional personal leave during the calendar year as follows: one (1) day of personal leave on the first day of each full quarter; however, in no event will an employee earn more than five (5) days of personal leave per year.

On January 1st 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 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. A part-time employee will be entitled to a proportionate benefit. 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. When such days are taken in two segments, the paid lunch period will be credited on only one of the two segments.

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

Part-time 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

Part-time employees 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 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.

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, 2023. Contact your state for more information on eligibility.

<p>ALABAMA – Medicaid http://myalhipp.com 855.692.5447</p>	<p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 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://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/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://kidshealth.ky.gov/Pages/index.aspx 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.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442</p>	<p>LOUISIANA – Medicaid www.medicare.la.gov or www.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p>
<p>FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.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: masspremassistance@accenture.com</p>
	<p>MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739</p>

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. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
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
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 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 Rlite Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820

SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 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
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, 2023, 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