

# COUNTY OF TUOLUMNE

## 2025 BENEFITS



Thrive Today, Enjoy Tomorrow



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**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



# GETTING STARTED

## 2025 BENEFITS

January 1, 2025, through  
December 31, 2025

Whether you’re enrolling in benefits for the first time, nearing retirement, or somewhere in between County of Tuolumne supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability.

You’ll find tips to help you understand your medical coverage, save time and money on healthcare, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

### MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

# WHO'S ELIGIBLE FOR BENEFITS?



## Employees

You are eligible if you are a full time employee working at least 60 hours per 80 hour pay period.

## Eligible dependents

- Legally married with proof of marriage certificate.  
Registered Domestic Partner with proof of registration with the Secretary of State. Natural, adopted or step children up to age 26.
- Children over age who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

## When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following hire.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment in 2025 (the one time each year that you can make changes to your benefits for any reason).

# CHANGING YOUR BENEFITS

*Click to play video*



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.



# ENROLLING IN BENEFITS

## 2025 BENXCEL LOG IN INSTRUCTIONS

### WELCOME TO BENXCEL!

These instructions will help you complete your benefit elections for the 2025 Plan Year (January 1, 2025 – December 31, 2025) using BenXcel.

### BCC CUSTOMER SERVICE CALL CENTER

CONTACT: 800-685-6100 or [customersupport@benxcel.com](mailto:customersupport@benxcel.com)

MON - THURS: 8:00 am – 8:00 pm ET

FRI: 8:00 am – 6:00 pm ET

### LOG IN INSTRUCTIONS

1. Go to: <https://benxcel.net>
2. Enter your user name: the first 4 letters of your last name and the last 4 digits of your SSN  
→ *(ex: Mickey Mouse with SSN: 123456789 would be- mous6789)*
3. Enter your initial password: the first 4 letters of your last name and the first 4 digits of your SSN  
→ *(ex: mous1234)*
4. Enter the Company Name: County of Tuolumne
5. Click the SIGN IN button to enter the system

The screenshot shows the 'Sign In' page with three input fields: 'User Name', 'Password', and 'Company Name'. Below the fields is a large blue 'SIGN IN' button. At the bottom right, there is a link that says 'Forgot Password?'.

### ENROLLMENT PROCESS

Once logged in, you will be required to complete your enrollment:

1. Review the Required Employee Usage Agreement, Legal Agreement and Welcome screens. Click CONTINUE on each of these screens to agree and proceed.
2. For security purposes, a Change Password screen (pictured right) will appear. You are required to change your initial password and configure two security questions/answers. Click SAVE when finished to proceed.

The screenshot shows the 'Change Password' screen. It includes a list of instructions for password creation: 'Password must contain at least one letter', 'Password must contain at least one uppercase character', 'Password must contain at least one number', 'Password must contain at least one special character', and 'Password must be of EXACT length 8 Characters'. Below these are two security question fields, each with a dropdown menu to select a question and a text box for the answer. At the bottom, there are fields for 'New Password' and 'Confirm Password'. A 'Back' button is on the left, and 'Reset' and 'Save & Continue' buttons are on the right.

3. A Demographics screen will appear for you to review your existing information. Click SAVE to proceed.
  - All fields marked in red are required. Any blank fields are optional. Fields shaded in grey cannot be changed. If a field in grey needs updated, please contact your HR Department.
4. A Spouse/Domestic Partner screen and a Dependent Child screen will appear for you to add a Spouse/Domestic Partner and/or child(ren). Click CONTINUE to proceed.
  - All fields marked in red are required. Any blank fields are optional. Fields shaded in grey cannot be changed. If a field in grey needs updated, please contact your HR Department.

5. Your enrollment will begin and you will be presented with each benefit available for you to enroll:

- A description of each benefit is included on the enrollment screen.
- In the ELIGIBLE MEMBERS section of each benefit, check/uncheck the box next to each individual to indicate who should/should not be covered.
- If the benefit is waivable, an optional WAIVE button will appear.
- Click ENROLL NOW elect coverage.
- If you are already enrolled in a benefit and are not making changes (ex: adding or dropping a dependent from coverage), select the KEEP PLAN.

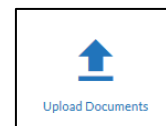
6. An ELECTION SUMMARY/FROM YOUR POCKET feature is available by clicking the link along the top of your Enrollment screen; it continually updates with your elections and costs throughout your enrollment.
7. A BENEFICIARY screen will appear if you have elected any coverages requiring you to designate a beneficiary.
8. A CONFIRMATION STATEMENT will appear when your enrollment is complete. It will show your demographic information, future elections (2025 benefit elections). [This statement can be printed or downloaded as a PDF by using the print/pdf icons at the top right corner of the Statement](#)

9. Click FINISH to submit your enrollment.

Finish

10. A confirmation pop-up box will appear when your enrollment is finished processing; your dashboard will appear

11. Upload required dependent verification documentation from the UPLOAD DOCUMENTS link on your dashboard (ex. marriage certification/birth certificate). Choose the corresponding enrollment type and then upload the documentation in a supported format. Click SAVE to submit.



12. Once satisfied with your elections, log out of BenXcel by clicking your name and then clicking LOG OUT at the top right corner of your screen.

If you log out of the system at any time without finishing your enrollment, the system will save all elections made prior to you logging out.

## ENROLLMENT COUNTDOWN

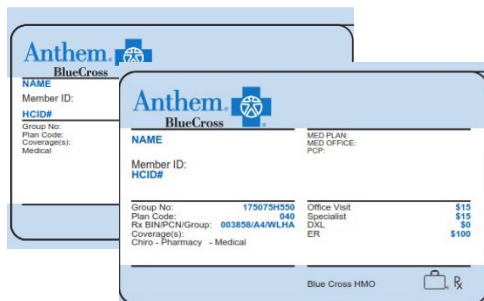
A yellow countdown box will appear at the top right corner of your dashboard, notifying you of the amount of time remaining to make benefit elections. This countdown acts as a link to return to your enrollment to make changes.



## ANTHEM ID CARDS

Members on a PPO plan will receive an ID card from Anthem and Express Scripts (ESI). The ESI card must be used to access pharmacy benefits for those plans.

### What ID Cards will look like :



### Anthem PPO Cards

- One ID card issued to subscriber and one to spouse/domesticpartner
- Two cards will be issued in the subscriber's name for subscriber plus child(ren) contracts
- ID cards with child dependent names can be requested by calling the member service number on the ID card



### Express Scripts PPO Cards

- Two ID cards issued to subscriber with subscriber name only
- No ID cards issued with dependent names
- For Medicare Part D, each subscriber receives their own card in each of their names



## MEDICAL

### OUR PLANS

**Kaiser – Medical Traditional HMO**

**Anthem – PRISM Safety PPO**

**Anthem – PRISM Care PPO**

**Anthem – PRISM Choice PPO**

**Express Scripts - RX**

### WHICH PLAN IS RIGHT FOR YOU?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

#### PPO Plans- do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

#### What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

## KAISER – TRADITIONAL HMO

|                                                 | Kaiser HMO                                                                                                                                                                                           |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual Deductible                               | \$0                                                                                                                                                                                                  |
| Annual Out-of-Pocket Maximum                    | <b>Self-only Coverage:</b> \$1,500<br><br><b>Family Coverage:</b> each member in a family of two or more members \$1,500<br><br><b>Family Coverage:</b> entire family of two or more members \$3,000 |
| Office Visit                                    | \$15 visit; specialist \$15                                                                                                                                                                          |
| Online Visit                                    | \$0                                                                                                                                                                                                  |
| Chiropractic & Acupuncture (combined 20 visits) | \$15 per visit                                                                                                                                                                                       |
| Lab and X-ray                                   | No charge                                                                                                                                                                                            |
| Urgent Care                                     | \$15 per visit                                                                                                                                                                                       |
| Emergency Room                                  | \$50 visit                                                                                                                                                                                           |
| Hospitalization                                 | No charge                                                                                                                                                                                            |
| Outpatient Surgery                              | \$15 per procedure                                                                                                                                                                                   |
| <b>PRESCRIPTION DRUGS</b>                       |                                                                                                                                                                                                      |
| Supply limit                                    | 30 days                                                                                                                                                                                              |
| Deductible                                      | \$0                                                                                                                                                                                                  |
| Generic                                         | \$5                                                                                                                                                                                                  |
| Brand Name                                      | \$20                                                                                                                                                                                                 |
| Specialty                                       | \$20                                                                                                                                                                                                 |
| <b>Mail Order</b>                               |                                                                                                                                                                                                      |
| Supply limit                                    | 100 days                                                                                                                                                                                             |
| Generic                                         | \$10                                                                                                                                                                                                 |
| Brand Name                                      | \$40                                                                                                                                                                                                 |
| Specialty                                       | Not covered (available at Pharmacy)                                                                                                                                                                  |

## ANTHEM SAFETY PPO – Network Prudent Buyer

|                                                         | Anthem Safety PPO                               |                                                                                           |
|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|
|                                                         | In-Network                                      | Out-of-Network                                                                            |
| Annual Deductible                                       | \$300 person<br>\$900 family                    | \$600 person<br>\$1,800 family                                                            |
| Annual Out-of-Pocket Maximum                            | \$2,000 person<br>\$4,000 family                | Unlimited                                                                                 |
| Office Visit                                            | \$10 copay; specialist \$35 copay               | 20% coinsurance after medical deductible is met                                           |
| Online Visit                                            | \$10 copay; specialist \$35 copay               | \$10 copay; specialist \$35 copay                                                         |
| Manipulation Therapy & Acupuncture (20 visits combined) | \$20 copay                                      | 20% coinsurance Manipulation, 10% coinsurance Acupuncture after medical deductible is met |
| Lab and X-ray                                           | 20% coinsurance after medical deductible is met | 20% coinsurance after medical deductible is met                                           |
| Urgent Care                                             | \$35 copay                                      | 20% coinsurance after medical deductible is met                                           |
| Emergency Room                                          | 20% coinsurance after medical deductible is met | Covered as In-Network                                                                     |
| Hospitalization                                         | 20% coinsurance after medical deductible is met | 20% coinsurance after medical deductible is met                                           |
| Outpatient Surgery                                      | 20% coinsurance after medical deductible is met | 20% coinsurance after medical deductible is met                                           |
| <b>PRESCRIPTION DRUGS</b>                               |                                                 |                                                                                           |
| <b>Pharmacy Name</b>                                    | <b>Express Scripts*</b>                         | <b>Express Scripts*</b>                                                                   |
| Supply limit                                            | 30 days                                         | 30 days                                                                                   |
| Deductible                                              | \$0                                             | \$0                                                                                       |
| Out-of-Pocket Maximum                                   | \$2,000 Individual, \$4,000 Family              | \$2,000 Individual, \$4,000 Family                                                        |
| Generic                                                 | \$10                                            | \$10                                                                                      |
| Preferred Brands                                        | \$25                                            | \$25                                                                                      |
| Non preferred brands                                    | \$45                                            | \$45                                                                                      |
| <b>Mail Order</b>                                       |                                                 |                                                                                           |
| Supply limit                                            | 90 days                                         | 90 days                                                                                   |
| Generic                                                 | \$20.00                                         | \$20.00                                                                                   |
| Preferred Brands                                        | \$40.00                                         | \$40.00                                                                                   |
| Non preferred brands                                    | \$75.00                                         | \$75.00                                                                                   |

\*90 day supply for maintenance medication available through Express Scripts, Walgreens and CVS.

# ANTHEM CHOICE PPO - Network Prudent Buyer

|                                                         | Anthem Choice PPO                                                                       |                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|
|                                                         | In-Network                                                                              | Out-of-Network                                  |
| Annual Deductible                                       | \$500 person<br>\$1,000 family                                                          | \$500 person<br>\$1,000 family                  |
| Annual Out-of-Pocket Maximum                            | \$3,000 person<br>\$6,000 family                                                        | Unlimited                                       |
| Office Visit                                            | \$20 copay                                                                              | 40% coinsurance after medical deductible is met |
| Online Visit                                            | \$20 copay; \$35 specialist                                                             | \$20 copay; \$35 specialist                     |
| Manipulation Therapy & Acupuncture (20 visits combined) | \$15 copay                                                                              | 40% coinsurance after medical deductible is met |
| Lab and X-ray                                           | 20% coinsurance after medical deductible is met                                         | 40% coinsurance after medical deductible is met |
| Urgent Care                                             | \$35 copay                                                                              | 40% coinsurance after medical deductible is met |
| Emergency Room (copay waived if admitted)               | \$50 copay per visit; doctor and other services 20% coinsurance after deductible is met | Covered as in-Network                           |
| Hospitalization                                         | 20% coinsurance after medical deductible is met                                         | 40% coinsurance after medical deductible is met |
| Outpatient Surgery                                      | 20% coinsurance after medical deductible is met                                         | 40% coinsurance after medical deductible is met |
| <b>PRESCRIPTION DRUGS</b>                               |                                                                                         |                                                 |
| <b>Pharmacy Name</b>                                    | <b>Express Scripts*</b>                                                                 | <b>Express Scripts*</b>                         |
| Supply limit                                            | 30 days                                                                                 | 30 days                                         |
| Deductible                                              | \$0                                                                                     | \$0                                             |
| Out-of-Pocket Maximum                                   | \$2,000 Individual; \$4,000 Family                                                      | \$2,000 Individual; \$4,000 Family              |
| Generic                                                 | \$5                                                                                     | \$5                                             |
| Preferred brands                                        | \$20                                                                                    | \$20                                            |
| Non preferred brands                                    | \$50                                                                                    | \$50                                            |
| <b>Mail Order</b>                                       |                                                                                         |                                                 |
| Supply limit                                            | 90 days                                                                                 | 90 days                                         |
| Out-of-Pocket Maximum                                   | \$1,000                                                                                 | \$1,000                                         |
| Generic                                                 | \$10                                                                                    | \$10                                            |
| Preferred brands                                        | \$40                                                                                    | \$40                                            |
| Non preferred brands                                    | \$100                                                                                   | \$100                                           |

\*90 day supply for maintenance medication available through Express Scripts, Walgreens and CVS.

# ANTHEM CARE PPO - Network Prudent Buyer

|                                                         | Anthem Care PPO                                                                                  |                                                                                |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|                                                         | In- Network                                                                                      | Out-of-Network                                                                 |
| Annual Deductible                                       | \$500 person<br>\$1,000 family                                                                   | \$500 person<br>\$1,000 family                                                 |
| Annual Out-of-Pocket Maximum                            | \$2,000 person<br>\$4,000 family                                                                 | Unlimited                                                                      |
| Office Visit                                            | \$20 copay; specialist \$35                                                                      | 40% coinsurance after medical deductible is met                                |
| Online Visit                                            | \$20 copay; specialist \$35                                                                      | 40% coinsurance after medical deductible is met                                |
| Manipulation Therapy & Acupuncture (20 visits combined) | \$15 copay                                                                                       | 40% coinsurance after medical deductible is met                                |
| Lab and X-ray                                           | 10% coinsurance after medical deductible is met                                                  | 40% coinsurance after medical deductible is met                                |
| Urgent Care                                             | \$35 copay                                                                                       | 40% coinsurance after medical deductible is met                                |
| Emergency Room (copay waived if admitted)               | \$50 copay per visit; doctor and other services 10% coinsurance after medical deductible is met. | Covered as in-Network                                                          |
| Hospitalization                                         | \$250 copay per admission then 10% coinsurance after medical deductible is met                   | \$250 copay per admission then 40% coinsurance after medical deductible is met |
| Outpatient Surgery                                      | 10% coinsurance after medical deductible is met                                                  | 40% coinsurance after medical deductible is met                                |
| <b>PRESCRIPTION DRUGS</b>                               |                                                                                                  |                                                                                |
| Pharmacy Name                                           | Express Scripts*                                                                                 | Express Scripts *                                                              |
| Supply limit                                            | 30 days                                                                                          | 30 days                                                                        |
| Deductible                                              | \$0                                                                                              | \$0                                                                            |
| Out-of-Pocket Maximum                                   | \$2,000 Individual; \$4,000 family                                                               | \$2,000 Individual; \$4,000 family                                             |
| Generic                                                 | \$5                                                                                              | \$5                                                                            |
| Preferred brands                                        | \$20                                                                                             | \$20                                                                           |
| Non preferred brands                                    | \$50                                                                                             | \$50                                                                           |
| <b>Mail Order</b>                                       |                                                                                                  |                                                                                |
| Supply limit                                            | 90 days                                                                                          | 90 days                                                                        |
| Out-of-Pocket Maximum                                   | \$1,000                                                                                          | \$1,000                                                                        |
| Generic                                                 | \$10                                                                                             | \$10                                                                           |
| Preferred brands                                        | \$40                                                                                             | \$40                                                                           |
| Non preferred brands                                    | \$100                                                                                            | \$100                                                                          |

\*90-day supply for maintenance medication available through Express Scripts, Walgreens and CVS.



## DENTAL

### OUR PLANS

Delta Dental PPO Plan - Basic

Delta Dental PPO Plan – Executive  
Only available to Executive/Confidential  
members.

### Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

## Delta Dental PPO Plan - Basic

|                         | In-Network                                  | Out-of-Network Benefits                     |
|-------------------------|---------------------------------------------|---------------------------------------------|
| Annual Deductible       | \$25 per individual;<br>\$75 per family     | \$25 per individual<br>\$75 per family      |
| Annual Plan Maximum     | \$1,000 per individual                      | \$1,000 per individual                      |
| Diagnostic & Preventive | 100%(deductible waived)                     | 100% (deductible waived)                    |
| Basic Services          | 80% after deductible                        | 80% after deductible                        |
| Major Services          | 60% after deductible                        | 60% after deductible                        |
| Orthodontia             | 50%<br>Children: Covered<br>Adults: Covered | 50%<br>Children: Covered<br>Adults: Covered |
| Ortho Lifetime Max      | \$1,000 Lifetime                            | \$1,000 Lifetime                            |

## Delta Dental PPO Plan – Only available to Executive/Confidential members

|                         | In-Network                                  | Out-of-Network Benefits                              |
|-------------------------|---------------------------------------------|------------------------------------------------------|
| Annual Deductible       | \$25 per individual;<br>\$75 per family     | \$25 per individual<br>\$75 per family               |
| Annual Plan Maximum     | \$1,500 per individual                      | \$1,500 per individual<br>(combined with in-network) |
| Diagnostic & Preventive | 100% (deductible waived)                    | 100% (deductible waived)                             |
| Basic Services          | 80% after deductible                        | 80% after deductible                                 |
| Major Services          | 70% after deductible                        | 70% after deductible                                 |
| Orthodontia             | 50%<br>Children: Covered<br>Adults: Covered | 50%<br>Children: Covered<br>Adults: Covered          |
| Ortho Lifetime Max      | \$1,500 Lifetime                            | \$1,500 Lifetime                                     |



# VISION

## OUR PLAN

VSP Vision –Choice Plan

*Click to play video*



## Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like LASIK, contact lenses, and money off on hearing aids and other related services. Visit the plan's website to check out these extra savings.

## VSP Vision Plan Network - VSP Choice

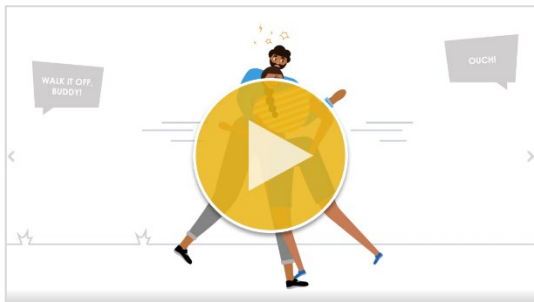
Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

|                                  | In-Network                                                                                                                                                                                                                                                                                                                                                        | Out-of-Network                                       |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Copay                            | Wellvision Exam: \$0                                                                                                                                                                                                                                                                                                                                              | Wellvision Exam \$45                                 |
| Essential Medical Eye Care       | Screening \$0<br>Exam \$20                                                                                                                                                                                                                                                                                                                                        | N/A                                                  |
| Frame                            | \$130 frame allowance<br>\$150 featured frame brands allowance<br>20% savings on the amount over your allowance                                                                                                                                                                                                                                                   | \$70 frame allowance                                 |
| Lenses                           | Single Vision: \$0<br>Bifocal: \$0<br>Trifocal: \$0                                                                                                                                                                                                                                                                                                               | Single Vision \$30<br>Bifocal: \$50<br>Trifocal \$65 |
| Lens Enhancements                | Standard progressive lenses \$0<br>Premium progressive lenses \$95-\$105<br>Custom progressive lenses \$150 - \$175                                                                                                                                                                                                                                               | N/A                                                  |
| Contacts (instead of eyeglasses) | \$130 allowance<br>Contact lens exam (fitting and evaluation) Up to \$60                                                                                                                                                                                                                                                                                          | \$105 allowance                                      |
| Frequency                        | <b>Exam:</b> 1 x every 12 months from the last date of service<br><b>Frames:</b> 1 x every 12 months from the last date of service<br><b>Lenses:</b> 1 x every 12 months from the last date of service<br><b>Contacts:</b> 1 x every 12 months from the last date of service                                                                                      | Same as in-network                                   |
| Extra Savings                    | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> | N/A                                                  |



# ENGAGE

*Click to play video*

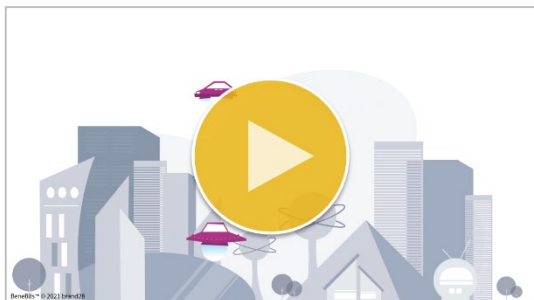


Urgent Care vs ER

## Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs



Virtual Healthcare

# KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

| Type                                                                                                                      | Appropriate for                                                   | Examples                                                                                                                                                                                     | Access                      | Cost       |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|
| <b>Nurseline</b><br>                     | Quick answers from a trained nurse                                | <ul style="list-style-type: none"> <li>Identifying symptoms</li> <li>Decide if immediate care is needed</li> <li>Home treatment options and advice</li> </ul>                                | 24/7                        | \$0        |
| <b>Online visit</b><br>                  | Many non-emergency health conditions                              | <ul style="list-style-type: none"> <li>Cold, flu, allergies</li> <li>Headache, migraine</li> <li>Skin conditions, rashes</li> <li>Minor injuries</li> <li>Mental health concerns</li> </ul>  | 24/7                        | \$         |
| <b>Office visit</b><br>                | Routine medical care and overall health management                | <ul style="list-style-type: none"> <li>Preventive care</li> <li>Illnesses, injuries</li> <li>Managing existing conditions</li> </ul>                                                         | Office Hours                | \$\$       |
| <b>Urgent care, walk-in clinic</b><br> | Non-life-threatening conditions requiring prompt attention        | <ul style="list-style-type: none"> <li>Stitches</li> <li>Sprains</li> <li>Animal bites</li> <li>Ear-nose-throat infections</li> </ul>                                                        | Office Hours, or up to 24/7 | \$\$\$     |
| <b>Emergency room</b><br>              | Life-threatening conditions requiring immediate medical expertise | <ul style="list-style-type: none"> <li>Suspected heart attack or stroke</li> <li>Major bone breaks</li> <li>Excessive bleeding</li> <li>Severe pain</li> <li>Difficulty breathing</li> </ul> | 24/7                        | \$\$\$\$\$ |

# ALTERNATIVE FACILITIES

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

| Need                                                                                                           | Alternative                           | Features                                                                                                                                                                                                                                                        | Savings                            |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Surgery</b><br>            | Ambulatory Surgery Center (ASC)       | <ul style="list-style-type: none"> <li>Specializes in same-day surgeries</li> <li>Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more</li> <li>Held to same safety standards as hospitals</li> </ul>                                      | Up to 50% over hospital stay*      |
| <b>Physical therapy</b><br>   | Free-standing physical therapy center | <ul style="list-style-type: none"> <li>Important part of the recovery process after an injury or surgery</li> </ul>                                                                                                                                             | 40 to 60% over a hospital setting* |
| <b>Sleep study</b><br>       | Home testing                          | <ul style="list-style-type: none"> <li>Diagnoses sleep apnea and other conditions</li> <li>Cost is often covered by insurance if considered medically necessary</li> </ul>                                                                                      | Approx. \$4,500*                   |
| <b>Infusion therapy</b><br> | Home or outpatient infusion therapy   | <ul style="list-style-type: none"> <li>For drugs that must be delivered by intravenous injections, or epidurals</li> <li>Delivered by licensed infusion therapy provider</li> <li>Maintain normal lifestyle and comfort of home or outpatient center</li> </ul> | Up to 90% over hospital stay*      |

*\*in-network*

## How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com) help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

# PREVENTIVE CARE SCREENING BENEFITS



## TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

## What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines.

**Preventive care is covered in full  
only when obtained from an  
IN-NETWORK provider.**

## Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

# PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video



## THE FORMULARY DRUG TIERS DETERMINE YOUR COST

---

\$ Generic Drug

---

\$\$ Brand Name Drug

---

\$\$\$ Specialty Drug

---

## Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

## What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

## Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

**To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.**



## LIFE & DISABILITY

### **YOUR BENEFICIARY = WHO GETS PAID**

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

### **Is your family protected?**

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide short and long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

### **If you need additional coverage**

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

## BASIC LIFE AND AD&D INSURANCE



### County of Tuolumne pays for the employee only

#### Basic Life and AD&D by Mutual of Omaha

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the company.

You must be actively working a minimum of 20 hours per week to be eligible for coverage.

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

| Life Coverage                                                                                     | For You                                                                         | For your Spouse | Your Dependent                                                                    |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------|
| All Active Full-Time Health Care (Class 2)                                                        | \$50,000                                                                        | \$500           | Six months and older \$500; 14 day to less than 6 months; less than 14 days \$500 |
| All Active Full-Time General, Skilled Trades, Road Operations, Professional (Class 1)             | \$50,000                                                                        | \$500           | Six months and older \$500; 14 day to less than 6 months; less than 14 days \$500 |
| All Active Full-Time Deputy Sheriffs Association (Class 3)                                        | \$50,000                                                                        | \$500           | Six months and older \$500; 14 day to less than 6 months; less than 14 days \$500 |
| All Active Full-Time Management (Class 4)                                                         | \$100,000                                                                       | \$500           | Six months and older \$500; 14 day to less than 6 months; less than 14 days \$500 |
| All Active Full-Time Attorneys, Executive, Confidential Employees and Elected Officials (Class 5) | \$200,000                                                                       | \$500           | Six months and older \$500; 14 day to less than 6 months; less than 14 days \$500 |
| AD&D Coverage                                                                                     | For You                                                                         |                 |                                                                                   |
| All Employees                                                                                     | The Principal Sum amount is equal to the amount of your life insurance benefit. |                 |                                                                                   |

# SHORT-TERM DISABILITY INSURANCE (STD)



## EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

## STD Benefits by Mutual of Omaha

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. County of Tuolumne pays the cost of this coverage.

Eligibility - all eligible active full-time management, other than superior court management, and all active executive and confidential employees.

Guarantee issue is 30 days from hire. No open enrollment.

## Disability - Short Term Disability (STD)

|                               |                                                                   |
|-------------------------------|-------------------------------------------------------------------|
| <b>Weekly benefit amount</b>  | 55% of your before-tax weekly earnings up to a maximum of \$1,000 |
| <b>Benefits begin</b>         | On the 15 <sup>th</sup> day of your disabling injury or illness.  |
| <b>Maximum payment period</b> | Up to 11 weeks                                                    |

## Employer Paid for Executive and Management Employees only

# LONG-TERM DISABILITY INSURANCE (LTD) EMPLOYEE PAID



## 3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

## LTD benefits by Mutual of Omaha

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Eligibility - all other eligible employees excluding physicians, superior court management and non-management, deputy sheriffs association, elected officials and retirees with PERS pension

Guarantee issue is 30 days from hire

## Disability - Long Term Disability (LTD)

|                               |                                                                        |
|-------------------------------|------------------------------------------------------------------------|
| <b>Monthly benefit amount</b> | 66 2/3% of your before-tax monthly earnings up to a maximum of \$6,000 |
| <b>Benefits begin</b>         | After 90 days of disability                                            |
| <b>Maximum payment period</b> | Social Security Normal Retirement Age                                  |

# VOLUNTARY LIFE INSURANCE



## GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

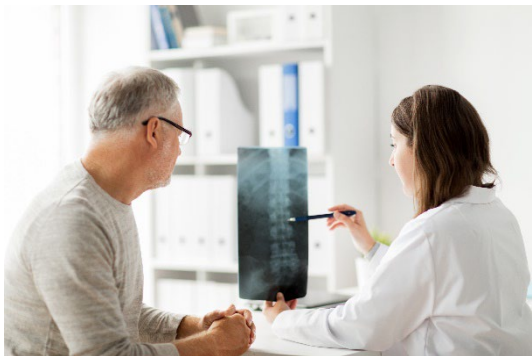
## Protecting those you leave behind

Voluntary Life Insurance by Mutual of Omaha allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

### Voluntary Life

| Coverage Guidelines | Minimum  | Guarantee Issue                            | Maximum                                                                       |
|---------------------|----------|--------------------------------------------|-------------------------------------------------------------------------------|
| For you             | \$10,000 | 10 times annual salary, up to \$250,000    | \$500,000, in increments of \$10,000, but no more than 10 times annual salary |
| Spouse              | \$5,000  | 100% of employee's benefit, up to \$30,000 | 100% of employee's benefit, up to \$150,000                                   |
| Children            | \$2,000  | 100% of employee's benefit                 | 100% of employee's benefit, up to \$10,000                                    |

# VOLUNTARY HEALTH-RELATED PLANS



## THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

## Accident Insurance

Accident insurance from Mutual of Omaha helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

## Critical Illness Insurance

Critical illness insurance from Mutual of Omaha can help fill a financial gap if you experience a serious illness such as cancer, heart attack, or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Mutual of Omaha products can be added during open enrollment without Evidence of Insurability (EOI), which refers to the procedure where individuals submit details about their health.

### Added benefit

The Hearing Discount program provides you and your family with discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit

[www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

Contact Human Resources for more information.



## WELLBEING & BALANCE

**“ THE KEY TO KEEPING YOUR  
BALANCE IS KNOWING WHEN  
YOU'VE LOST IT. ”**

### A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions
- Take time to spend with family and friends, take care of personal business, or just have a little extra “me time”.

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)



## CONTACT THE EAP

**Website:** [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

**Phone:** (800) 316-2796

**Note:** 3 visits in 6 months

## Mutual of Omaha's EAP Help for you and eligible dependents.

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Mutual of Omaha can help you handle a wide variety of personal issue such as emotional health and substance abuse; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

## No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions
- Unlimited web access to helpful articles, resources, and self-assessment tools.

### COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Alcohol or drug problems

### CHILDCARE

- Referrals to quality providers

### FINANCIAL COACHING

- Telephonic financial consultation
- Financial tools and seminars

### LEGAL CONSULTATION

- Online will preparation
- Legal library & online forms

### ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

### ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

# PROGRAM RESOURCES

## Anthem LiveHealth Online

Members cost share is the same as a physician office visit. See a doctor 24/7 on your computer or mobile device. A board-certified doctor reviews your electronic health record and consults with you just like an in-person visit. The doctor recommends a treatment for your medical issue. If a prescription is needed, it's sent electronically to the pharmacy of your choice.

Register by calling LiveHealth Online at (888) 548-3432 or go online at [www.livehealthonline.com](http://www.livehealthonline.com)

## Hinge Health –Virtual Physical Therapy

Hinge Health is a “no cost” digital Physical Therapy option to help prevent injury, prevent surgery, and address acute or chronic pain. Eligible plan participants will receive wearable devices free of charge. Please note HMO plans are not eligible to participate in the Hinge Health benefit.

Hinge Health pairs a complete clinical care team with advanced technology to deliver an all in one solution:

Dedicated physical therapist for 1:1 video visits

Dedicated health coach trained in motivation and behavioral support

Customized exercise therapy with wearable sensors for real-time feedback

Wearable pain management technology for immediate pain relief pain management

Expert Education on lifestyle, condition and Medical Opinion with in-house orthopedic surgeons

Members can apply at [www.hingehealth.com/prism](http://www.hingehealth.com/prism), or call (855) 902-2777

## Express Scripts – Livongo

With Livongo, PRISM covered individuals diagnosed with Diabetes can receive targeted support and guidance for better management of their condition. Livongo enrollees will be given a free cellular connected glucose monitor for effortless real-time data collection, free test strips to ensure regular/timely testing, personalized health nudges to deliver calls when members are most receptive, and human-centered support 24/7 with live 1:1 coaching from credentialed clinicians.

[welcome.livongo.com](http://welcome.livongo.com) \PRISM registration code PRISM or call (800)945-4355.

## Carrum Health

Special surgery benefit for Anthem PPO members that provides access to top surgeons and “Centers of Excellence” across the country. Carrum is a voluntary, no-cost surgery program for members and their dependents. You have access to select specialized physicians for Hip Replacement, Knee Replacement, Cervical and Lumbar Spinal Fusion surgeries. Call 888-855-7806 or go to

[www.info.carrumhealth.com/prism](http://www.info.carrumhealth.com/prism).

There are no medical bills! Co-insurance and deductibles are waived. Travel expenses are covered 100% for you and an adult companion. A personal Care Concierge will:

- Help complete forms
- Gather and transfer medical records
- Assist in the selection of surgeon
- Schedule the surgery
- Make travel arrangement coordinate discharge and recovery PT visits

## Anthem Health and Wellness

Your plan goes way beyond covering doctor visits. From online resources to personal attention from registered nurses, health and wellness programs are available to no extra cost.

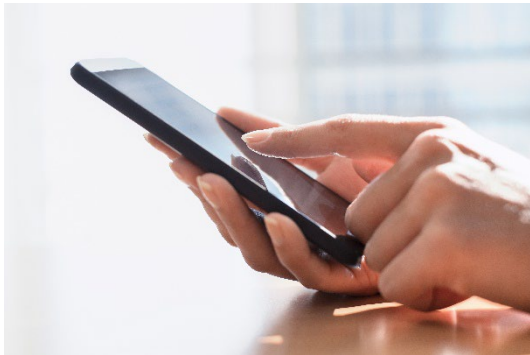
Visit: [www.anthem.com/ca/getting-better-care](http://www.anthem.com/ca/getting-better-care)

## Kaiser Connect

Get the care you need the way you want it. No matter which option you choose, your providers can see your health history, update your medical record, and give you personalized care that fits your life. Choose where, when and how to get care. Not sure where to go for care? Visit [kp.org/getcare](http://kp.org/getcare) for more information.

- 24/7 care advice
- In-person visit
- Email
- Phone appointment
- Video visit

# MOBILE RESOURCES



## ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Most of our carriers and vendors have mobile apps available making accessing your benefits information easier than ever.

Just download the apps via the Apple App Store and Google Play and make sure to share with your dependents!



**Anthem:** Meet Sydney, the mobile app that's all about you, your plan and your health care needs. It connects your questions to answers — and you to the right resources. Using it is like having a personal health assistant in the palm of your hand. Here's why.

- View member ID card
- View claims
- Benefits Information
- Find care and costs
- NurseHelp 24/7
- Wellness
- Find a doctor or urgent care

**Kaiser:** Manage your health quickly and securely anytime, anywhere it's easy to connect to care, get helpful resources, and more. All in one place. Whenever you need it

- Email your doctor's office with non-urgent questions
- Refill most prescriptions
- Schedule routine appointments
- Pay medical bills
- Find doctors and locations
- Access your digital membership card



# IMPORTANT PLAN INFORMATION

For current county contributions please see your individual MOU.

In this section, you’ll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms.
- A summary of the health plan notices you are entitled to receive annually,.

# PLAN CONTACTS

## MEDICAL, DENTAL & VISION

### **Anthem Medical**

Group #  
PPO Choice – 175075Q500  
PPO Care – 175075Q507  
PPO Safety – 175075Q514  
[Anthem.com/ca/prism](https://Anthem.com/ca/prism)  
Member Services  
(800) 967-3015

Anthem NurseLine  
(800) 700-9184

### **Kaiser Medical**

Group # 607170  
[kp.org](https://kp.org)  
Member Services  
(800) 464-4000

### **Delta Dental**

Group # 03110  
[deltadental.com](https://deltadental.com)  
Member Services  
(800) 765-6003

### **Vision Service Plan (VSP)**

Group # 40155188  
[vsp.com](https://vsp.com)  
Member Services  
(800) 877-7195

## PRESCRIPTION DRUGS

### **Express Scripts**

Group#  
PPO Choice – 175Q75Q500  
PPO Care – 175075Q507  
PPO Safety – 175075Q514  
[Express-scripts.com](https://Express-scripts.com)  
Member Services  
(800) 496-4165

## LIFE AND AD&D

### **Mutual of Omaha**

Group # G000AQJX  
[mutualofomaha.com](https://mutualofomaha.com)  
Member Services  
(800) 228-7104

## SHORT-TERM/LONG-TERM DISABILITY

### **Mutual of Omaha**

Group # G000AQJX  
[mutualofomaha.com](https://mutualofomaha.com)  
Member Services  
(800) 228-7104

## ACCIDENT & CRITICAL ILLNESS

### **Mutual of Omaha**

Group # G000AQJX  
[mutualofomaha.com](https://mutualofomaha.com)  
Member Services  
(800) 228-7104

## EMPLOYEE ASSISTANCE PROGRAM EAP

### **Mutual of Omaha**

[mutualofomaha.com/eap](https://mutualofomaha.com/eap)  
Call (800) 316-2796

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

**High Deductible Health Plan (HDHP)** A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

## GLOSSARY

### -I-

#### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

### -L-

#### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

#### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

### -M-

#### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

### -O-

#### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

#### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

#### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

#### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

#### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

### -P-

#### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

#### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

#### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

#### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

#### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

### -S-

#### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

### -T-

#### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

### -U-

#### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

#### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

### -V-

#### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

#### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

# IMPORTANT PLAN INFORMATION

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located below.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

## SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. If you would like a paper copy, please contact the Plan Administrator.

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available by contacting Human Resources.

- Kaiser HMO
- Anthem PPO

### STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the . It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

# Medicare Part D Notice

## **Important Notice from County of Tuolumne About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with County of Tuolumne and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. County of Tuolumne has determined that the prescription drug coverage offered by the County of Tuolumne is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your County of Tuolumne coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under County of Tuolumne is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your County of Tuolumne prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with County of Tuolumne and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through County of Tuolumne changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

|                          |                                       |
|--------------------------|---------------------------------------|
| Date:                    | January 1, 2025                       |
| Name of Entity/Sender:   | County of Tuolumne                    |
| Contact-Position/Office: | Erin Horton/Human Resources           |
| Address:                 | 2 South Green Street Sonora, CA 95370 |
| Phone Number:            | (209) 533-6988                        |

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call health plan's Member Services for more information.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for County of Tuolumne describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in County of Tuolumne health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in County of Tuolumne health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in County of Tuolumne health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Notice of Choice of Providers

County of Tuolumne allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from County of Tuolumne or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

# 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 **1-877-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 **1-866-444-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 January 31, 2024. Contact your State for more information on eligibility—

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| <b>ALABAMA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>ALASKA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| The AK Health Insurance Premium Payment Program   Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>   Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>                                                                                                                                                                                              |
| <b>ARKANSAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>   Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>CALIFORNIA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Health Insurance Premium Payment (HIPP) Program website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322   Fax: 916-440-5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                                                                                                                                                                                                                         |
| <b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943   State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991   State Relay 711<br>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 |
| <b>FLORIDA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                                                                                                                                                                                                           |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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><br>Phone: 678-564-1162, press 1<br>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>   Phone: 678-564-1162, press 2 |
| <b>INDIANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   Phone: 1-877-438-4479<br>All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   Phone 1-800-457-4584                                                                                                                                                                                                                                                                 |
| <b>IOWA – Medicaid and CHIP (Hawki)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   Medicaid Phone: 1-800-338-8366<br>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   Hawki Phone: 1-800-257-8563<br>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   HIPP Phone: 1-888-346-9562                                                                                                                          |
| <b>KANSAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884   HIPP Phone: 1-800-967-4660                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>KENTUCKY – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)<br>Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>   Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   Phone: 1-877-524-4718<br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>               |
| <b>LOUISIANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)                                                                                                                                                                                                                                                                                                                                      |
| <b>MAINE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003   TTY: Maine relay 711<br>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 800-977-6740   TTY: Maine relay 711                                                                                                                              |
| <b>MASSACHUSETTS – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 711<br>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>                                                                                                                                                                                                                                                                                                                      |
| <b>MINNESOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Phone: 1-800-657-3739                                                                                                                                                                                                                               |
| <b>MISSOURI – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>MONTANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084   email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>                                                                                                                                                                                                                                                                                                                       |
| <b>NEBRASKA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>NEVADA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>NEW HAMPSHIRE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Website: <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><br>Phone: 603-271-5218   Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218                                                                                                                                                                                                                                                              |
| <b>NEW JERSEY – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>   Phone: 1-800-701-0710                                                                                                                                                                                                                                  |

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| <b>NEW YORK – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831                                                                                                                                                                                                                                                                                                        |
| <b>NORTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100                                                                                                                                                                                                                                                                                                                                                |
| <b>NORTH DAKOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>   Phone: 1-844-854-4825                                                                                                                                                                                                                                                                                                                                    |
| <b>OKLAHOMA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                                                                            |
| <b>OREGON – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>   Phone: 1-800-699-9075                                                                                                                                                                                                                                                                                                            |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>   Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a>   CHIP Phone: 1-800-986-KIDS (5437)                                                                         |
| <b>RHODE ISLAND – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)                                                                                                                                                                                                                                                                                                             |
| <b>SOUTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                                                                          |
| <b>SOUTH DAKOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TEXAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Website: <a href="http://www.hhs.texas.gov/healthcare/hipp">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                                                                                                                                                                                                                                                            |
| <b>UTAH – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>   CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669                                                                                                                                                                                                                                                  |
| <b>VERMONT – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                                                                                                                                                                                                                                                                              |
| <b>VIRGINIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or<br><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><br>Medicaid/CHIP Phone: 1-800-432-5924 |
| <b>WASHINGTON – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022                                                                                                                                                                                                                                                                                                                                                        |
| <b>WEST VIRGINIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                           |
| <b>WISCONSIN – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002                                                                                                                                                                                                                                                                                      |
| <b>WYOMING – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269                                                                                                                                                                                                                                                        |

To see if any other states have added a premium assistance program since January 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)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee-only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

