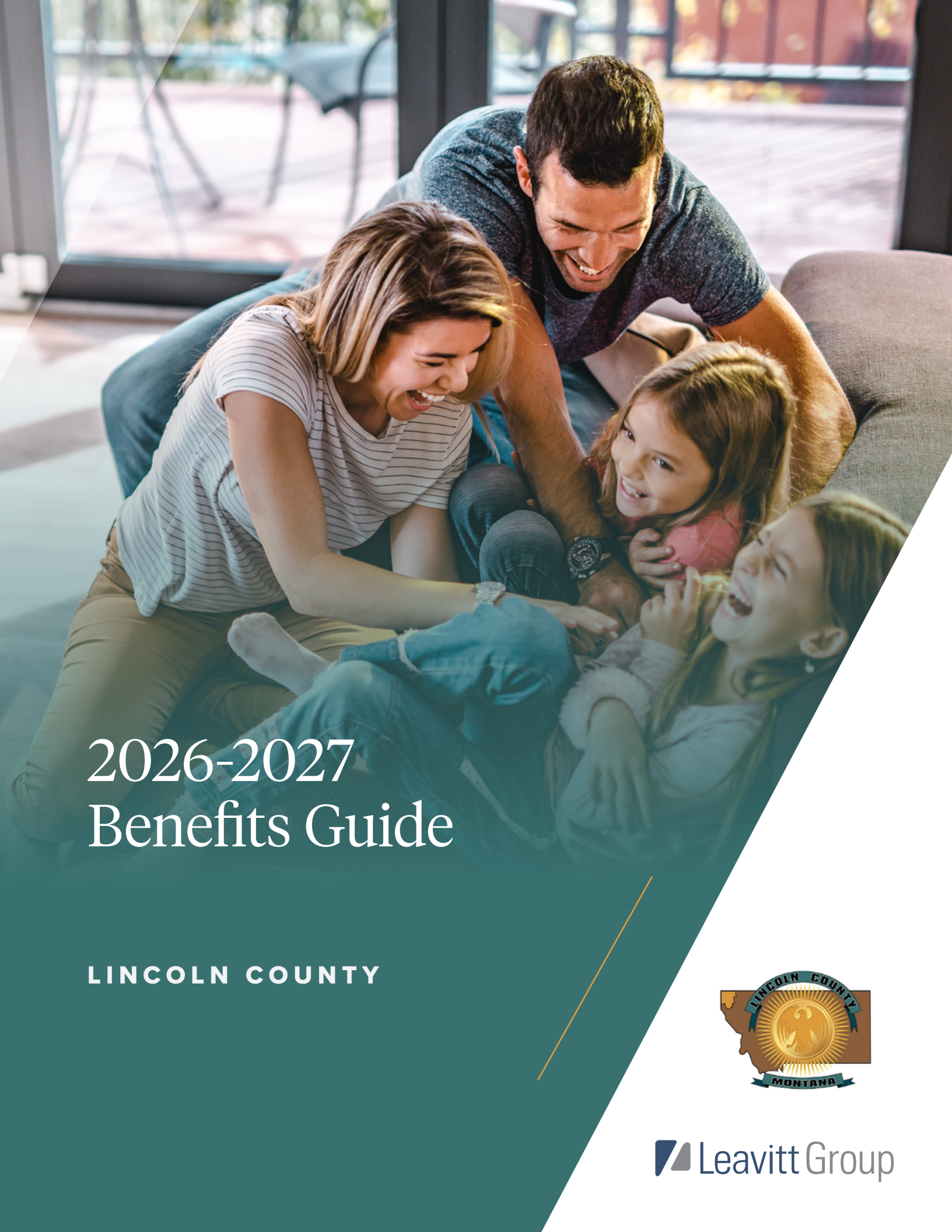




2026-2027 Benefits Guide

LINCOLN COUNTY



 Leavitt Group

Lincoln County strives to provide you and your family with a comprehensive and valuable benefits package.

We want to make sure you're getting the most out of your benefits—that's why we've put together this open enrollment guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide outlines all of the different benefits Lincoln County offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on August 1st. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your policy for a full explanation of your benefits, to include limitations and exclusions. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.



Who is eligible?

If you're a full-time employee at Lincoln County, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 20 or more hours per week.



How can I enroll?

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.



When can I enroll?

Open enrollment begins on June 8th and runs through June 19th. The benefits you choose during open enrollment will become effective on August 1st.

WHEN CAN I MAKE CHANGES?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:



Marriage, divorce, or legal separation



Birth or adoption of a child



Change in child's dependent status



Death of a spouse, child, or other qualified dependent



Change in residence



Change in employment status or a change in coverage under another employer-sponsored plan



Your Benefits Plan

Lincoln County is pleased to offer a comprehensive benefits program to our valued employees.

In the following pages, you will learn more about the benefits Lincoln County offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

CARRIER	PLAN	WEBSITE	PHONE #
Joint Powers Trust Administered by EBMS	Medical	www.jointpowerstrust.com	800.777.3575
SmithRx	Pharmacy Manager	https://smithrx.com/	844.454.5201
Joint Powers Trust Administered by EBMS	Voluntary Dental	www.jointpowerstrust.com	800.777.3575
Mutual of Omaha	Voluntary Vision	www.mutualofomaha.com	833.279.4358
Mutual of Omaha	Life & AD&D	www.mutualofomaha.com	800.775.8805
Mutual of Omaha	Voluntary Critical illness	www.mutualofomaha.com	800.775.8805
Mutual of Omaha	Voluntary Accident	www.mutualofomaha.com	800.775.8805
Mutual of Omaha	Voluntary Life	www.mutualofomaha.com	800.775.8805
Mutual of Omaha	Voluntary Long-Term Disability	www.mutualofomaha.com	800.877.5176

FOR MORE INFORMATION

LEAVITT GROUP WEST

Pete Shatwell
Consultant
406.443.1060
pete-shatwell@leavitt.com

Nikole Hofmann
Account Executive
406.407.7257
nikole-hofmann@leavitt.com

LINCOLN COUNTY

Dallas Bowe
Human Resources Director
406.283.2312
dbowe@libby.org



Medical Insurance

INSURED BY: JOINT POWERS TRUST & EBMS

BENEFIT DESCRIPTION	CURRENT \$2,000 TRADITIONAL	HDHP \$3,500
Deductible		
Individual	\$2,000	\$3,500
Family	\$4,000	\$7,000
Coinsurance (plan/member)	70/30	100/0
Out-of-Pocket Maximum		
Individual	\$6,000	\$3,500
Family	\$12,000	\$7,000
Deductible Included in OOP	Yes	Yes
Preventive Care	Paid at 100% per DPHHS guidelines. For a complete listing of services see your plan document.	
Office Visit Copay	First 5 visits paid at 100% after \$20 copayment, no deductible applies; thereafter, 70% after deductible	Deductible applies, then paid at 100%
DX&L	70% coinsurance after deductible	Deductible applies, then paid at 100%
Inpatient Services	70% coinsurance after deductible	Deductible applies, then paid at 100%
Emergency Room	70% coinsurance after deductible	Deductible applies, then paid at 100%

BENEFIT DESCRIPTION	CURRENT \$2,000 TRADITIONAL	HDHP \$3,500
Prenatal/Postnatal/Delivery	70% coinsurance after deductible.	Deductible applies, then paid at 100%.
Rehabilitation/Habilitation	70% after deductible. Coverage is limited to a lifetime of 30 days or 30 visits. This includes outpatient occupational, speech, physical, and cardiac.	100% after deductible. Coverage is limited to a lifetime of 30 days or 30 visits. This includes outpatient occupational, speech, physical, and cardiac.
Home Health	50% coinsurance after deductible. Coverage is limited to 180 visits per year.	100% coinsurance after deductible. Coverage is limited to 180 visits per year.
Skilled Nursing	70% coinsurance after deductible. Coverage is limited to 60 days per year.	100% coinsurance after deductible. Coverage is limited to 60 days per year.
PRESCRIPTION DRUGS	CURRENT \$2,000 TRADITIONAL	HDHP \$3,500
Deductible	\$100/person	Major medical deductible applies. Waived for preventive but preventive copays apply.
Tier 1	Deductible waived, paid at 100%	
Tier 2	20% after deductible	
Tier 3	40% after deductible	
Mail-Order	Same as retail, limited to 90-day supply	

MEDICAL PLAN RENEWAL	CURRENT \$2,000 TRADITIONAL	\$3,500 HDHP
Employee	\$816	\$771
Employee + Spouse	\$1,644	\$1,552
Employee + Child(ren)	\$1,478	\$1,396
Employee + Family	\$2,308	\$2,179



Voluntary Dental Insurance

INSURED BY: JOINT POWERS TRUST & EBMS

BENEFIT DESCRIPTION	CURRENT
Deductible	
Individual	No deductible
Family	No deductible
Maximum Annual Benefit	
Class A Services (age 18 and under)	No maximum
Class A Services (age 19 and over, and Class B and C services for all covered persons)	\$2,000 per person, per plan year
Class A: Preventive	100%
Class B: Basic	80%
Class C: Major	50%
Class D: Orthodontia (dependent children under age 19)	50% up to a \$1,000 lifetime maximum

VOLUNTARY DENTAL RATES	MONTHLY RATES
Employee	\$36.50
Employee + Spouse	\$73.01
Employee + Child(ren)	\$76.66
Employee + Family	\$109.51



Voluntary Vision Insurance

INSURED BY: MUTUAL OF OMAHA

BENEFIT DESCRIPTION	IN-NETWORK COST	OUT-OF-NETWORK REIMBURSEMENT
Comprehensive Vision Exam		
Exam	\$10 copay	Up to \$37
Exam Options		
Retinal Imaging	Up to \$39	Not applicable
Standard Contact Lens Fit & Follow-up	Up to \$40	Not applicable
Premium Contact Lens Fit & Follow-up	10% off retail price	Not applicable
Frames		
	\$0 copay	
Allowance	\$175 allowance, 20% off balance over allowance	Up to \$77
Standard Plastic Lenses		
Single Vision	\$10 copay	Up to \$32
Bifocal	\$10 copay	Up to \$48
Trifocal	\$10 copay	Up to \$76
Lenticular	\$10 copay	Up to \$76

BENEFIT DESCRIPTION	IN-NETWORK COST	OUT-OF-NETWORK REIMBURSEMENT
Contact Lenses (contact lens allowance includes materials only)		
Conventional	\$0 copay \$175 allowance, 15% off balance over allowance	Up to \$119
Disposable	\$0 copay \$175 allowance	Up to \$140
Medically Necessary	\$0 copay; paid in full	Up to \$210
Lens Options		
Standard Progressive Lenses (add-on to bifocal copay)	\$0 copay	Up to \$100
Premium Progressive Lenses (add-on to bifocal copay)	Tier 1: \$20 copay Tier 2: \$30 copay Tier 3: \$45 copay Tier 4: \$0 copay + 80% of charge, less \$120 allowance	Up to \$100
Polycarbonate Lenses (adults)	\$0 copay	Up to \$32
Polycarbonate Lenses (children under age 19)	\$0 copay	Up to \$32
UV Treatment	\$0 copay	Up to \$12
Tint	\$0 copay	Up to \$12
Scratch Coating	\$0 copay	Up to \$12
Anti-Reflective	\$45	Not applicable
Photochromic Transitions	\$75	Not applicable
Other Add-ons	20% off retail price	Not applicable

Benefit frequency: once every 12 months for examination, lenses or contact lenses, and frames.

VOLUNTARY VISION RATES	MONTHLY RATES
Employee	\$7.05
Employee + Spouse	\$16.89
Employee + Child(ren)	\$18.30
Employee + Family	\$31.22

Life and AD&D Insurance

INSURED BY: MUTUAL OF OMAHA

EMPLOYEE	SPOUSE	DEPENDENT CHILD(REN)
\$15,000	\$5,000	\$5,000 (14 days - 26 years)

There is no cost to you for this insurance.

In the event of death, the benefit paid will be equal to the benefit amount after any age reductions, less any living care/accelerated death benefits previously paid under this plan.

Voluntary Life

INSURED BY: MUTUAL OF OMAHA

	MINIMUM AMOUNT	MAXIMUM AMOUNT	INCREMENTS	GUARANTEED ISSUE AMOUNT*
Employee/Member	\$10,000	5x annual salary, up to \$500,000	\$10,000	5x annual salary, up to \$100,000
Spouse**	\$5,000	100% of employee's benefit, up to \$250,000	\$5,000	100% of employee's benefit, up to \$25,000
Children**	\$2,000	\$10,000	\$1,000	\$10,000

FEATURES

Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$375,000
--	--

AGE REDUCTION AND EXCLUSIONS

Insurance benefits and guaranteed issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

Spouse's coverage terminates when you reach age 85.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

*All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The guaranteed issue amount is reduced according to the reduction schedule.

**Dependent spouse and/or child coverage is only available if the employee has coverage under this plan. Spouse coverage terminates at age 85.



Voluntary Life (continued)

COST SUMMARY*

AGE BAND	EMPLOYEE + SPOUSE (RATE PER \$1,000)	ALL CHILDREN (RATE PER \$1,000)
<25	\$0.07	\$0.13
25 - 29	\$0.07	
30 - 34	\$0.08	
35 - 39	\$0.10	
40 - 44	\$0.15	
45 - 49	\$0.25	
50 - 54	\$0.41	
55 - 59	\$0.65	
60 - 64	\$1.01	
65 - 69	\$1.81	
70 - 74	\$3.24	
75 - 79	\$5.35	
80 - 84	\$10.84	
85 - 89	\$10.84	
90 - 100	\$10.84	

*This plan is rated using the same rates for the employee and spouse.

Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

Spouse coverage terminates when the employee attains age 85 (regardless of the spouse's actual age).

Voluntary Accident Insurance

INSURED BY: MUTUAL OF OMAHA

ACCIDENT INSURANCE

Coverage Tier

The employee/member may elect one of the following coverage options:

- ▶ Employee/member only
- ▶ Employee/member and spouse
- ▶ Employee/member and dependent children
- ▶ Employee/member, spouse, and dependent children

Coverage Type

24-hour coverage (on and off job)

Express Benefit

\$100

If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

INITIAL CARE & EMERGENCY BENEFITS

Most initial care/emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

BENEFIT

AMOUNT

Initial Care

Emergency Room

\$200

Urgent Care Center

\$125

Initial Physician Office Visit

\$100

Emergency Transportation

Ground Ambulance

\$300

Air Ambulance

\$1,500

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.

If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

Additional limitations apply as described in the policy.

COST SUMMARY

EMPLOYEE

EMPLOYEE + SPOUSE

EMPLOYEE + CHILD(REN)

EMPLOYEE + FAMILY

\$15.00

\$23.00

\$28.00

\$38.00

Voluntary Critical Illness Insurance

INSURED BY: MUTUAL OF OMAHA

The critical illness insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	MINIMUM AMOUNT	MAXIMUM AMOUNT	INCREMENTS	GUARANTEED ISSUE AMOUNT*
Employee/Member	\$5,000	\$30,000	\$5,000	\$30,000
Spouse	\$5,000	100% of employee/member benefit amount, up to \$30,000**	\$5,000	\$30,000
All Children †	25% of employee/member benefit, up to \$8,000**			\$5,000

* Guaranteed issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the guaranteed issue amount(s) may be reduced or rescinded. The guaranteed issue amount for any employee/member or spouse age 70 and older is 50% of the amount shown above.

**The amount of insurance for any dependent will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

† Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70. The reduction is applied on the first day of the month that coincides with or follows the day the employee/member reaches the specified age. Reduced amounts of insurance round to the nearest dollar.

COST SUMMARY*

AGE BAND	MONTHLY RATES (PER \$1,000)
<30	\$0.22
30 - 39	\$0.42
40 - 49	\$0.97
50 - 59	\$2.03
60 - 69	\$4.22
70 - 79	\$7.86
80 - 89	\$10.90

*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan.

Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee/member reaches the starting age of the next age band.

Child insurance is automatic. A separate premium is not required.

Voluntary Long-Term Disability

INSURED BY: MUTUAL OF OMAHA

To provide long-term salary protection, we offer all benefit-eligible employees the chance to purchase voluntary long-term disability benefits via payroll deductions. Employees must work 30 hours or more each week to be eligible.

	YOU RECEIVE	MAXIMUM BENEFIT	ELIMINATION PERIOD	GUARANTEED ISSUE AMOUNT
Employee/Member	60% of your monthly earnings	Up to \$5,000	90 days	\$5,000

COST SUMMARY*

AGE BAND	MONTHLY RATES (PER \$100)
<20	\$0.19
20 - 24	\$0.20
25 - 29	\$0.30
30 - 34	\$0.44
35 - 39	\$0.58
40 - 44	\$0.76
45 - 49	\$1.05
50 - 54	\$1.59
55 - 59	\$1.94
60 - 64	\$2.09
65 - 69	\$2.19
70 - 99	\$2.30

*Rates are calculated based on the employee's current age on the effective date of the plan. Rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

TO CALCULATE YOUR MONTHLY PREMIUM:

Step 1:	<u>Enter your annual income</u> ÷ 12 = <u>Your monthly income</u>
Step 2:	<u>Enter monthly income</u> x 0.60 = <u>Monthly LTD benefit</u>
Step 3:	<u>Enter monthly LTD benefit</u> ÷ 100 = <u>Monthly benefit by \$100</u> x <u>Enter age rate for employee from table above</u> = <u>\$ monthly premium</u>

EXAMPLE

Joe's annual income is \$60,000 and he is 40 years old.

Step 1:	\$60,000 ÷ 12 = \$5,000
Step 2:	\$5,000 x 0.60 = \$3,000
Step 3:	\$3,000 ÷ 100 = 30 x 0.76 = \$22.80
Total:	Joe's monthly premium will be \$22.80

miBenefits

ANYTIME ACCESS TO YOUR PERSONAL BENEFITS AND OTHER HEALTHCARE INFORMATION

Registration is easy!

- ▶ Visit www.ebms.com.
- ▶ Click on the “Log In” link on the top right side of the screen.
- ▶ Click on the “Not Registered Yet? Register Now” link and complete the simple registration form.
- ▶ EBMS will immediately validate your eligibility status. Once verified, you will have instant access to your personal health benefit information.

That’s it! Use your own username and password every time you want to visit the miBenefits site.

miBenefits provides enrolled plan members with 24/7 access to their personal benefits and other healthcare information.

Utilizing miBenefits, you can obtain real-time information on any of your, or your dependents’, claims. Additionally, you’ll have access to valuable healthcare resources that provide you with the necessary education to make better healthcare choices.

A new feature just added to the miBenefits system is EBMS Online Chat. The online chat provides instant, online access to the EBMS Client Service Center for answers to any questions normally posed to the call center. EBMS Online Chat will be staffed during normal EBMS Client Service Center hours of operation:

Monday - Thursday: 7 AM - 8 PM MST

Friday: 7 AM - 6 PM MST

www.mibenefits.ebms.com

INFORMATION AVAILABLE WITHIN MIBENEFITS

- ▶ Employer announcements
- ▶ Recent (and historical) claims activity
- ▶ Accumulator information
- ▶ Listing of all covered dependents
- ▶ Links and contact information for PPOs (participating provider organizations)
- ▶ View and print plan documents
- ▶ Medical and dependent care flex information (if applicable)
- ▶ Links to important sites and forms (set up by employer or EBMS)
- ▶ FAQs and answers for administered health plan members

THINGS YOU CAN DO THROUGH MIBENEFITS

- ▶ Access FSA, HSA, or HRA balances and submit requests for reimbursement (if applicable)
- ▶ View or update your demographic information
- ▶ Request a new ID card
- ▶ Update your HIPAA authorizations
- ▶ Submit documentation/ requested information to EBMS
- ▶ Use the flex savings calculator to calculate savings and annual elections (if applicable)
- ▶ Live chat with EBMS Client Service staff using EBMS’ new online chat tool

SmithRx

SmithRx is a next-generation pharmacy benefits manager which provides exceptional customer service, technology, and cost containment to our members..

The SmithRx Connect program facilitates copay assistance, patient assistance, and an international sourcing program for our members to obtain high-cost medications for little to no cost.

REGISTRATION

1. Go to <https://mysmithrx.com>.
2. Click on “Create an account.”
3. Fill out the form with your account information.
 - a. All fields are required.
 - b. Name and DOB must match our records.
 - c. Member ID must be in the system to proceed.
 - d. Password must be a minimum of 8 characters.
 - e. Reach out to your employer if you experience any issues.
4. On completion, an email will be sent for confirmation. Sign into your account automatically by clicking on the button.

LOGIN

1. Go to <https://mysmithrx.com>.
2. Enter the email you registered with, click ‘Next’, then proceed to enter your password.
3. If you’ve forgotten your password, you’ll have the option to reset it.

INFORMATION AVAILABLE WITHIN SMITHRX

- ▶ Resources
- ▶ Pharmacy Lookup
- ▶ Benefit Information
- ▶ RX History
- ▶ Forms
- ▶ Informational Documents
- ▶ Contact Information



Pharmacy copayments for all plans are consistent; however, on the high deductible health plan(s) the medical deductible must be met first due to the federal rules for qualified high deductible plans. Once the medical deductible is met, the applicable copayment applies.

SmithRx Pharmacy Partners

SmithRx partners with over 65,000 retail pharmacies across the nation including the major national chains, regional chains, grocers, and independent pharmacies. In addition, we have three preferred mail order pharmacies and two specialty pharmacies. You can always find the pharmacy with the best price by using the Find My Meds search tool in the Member Portal at mysmithrx.com.

MAIL ORDER PHARMACIES:

	Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone: • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: 512-884-5981 • Amazon prescriber and pharmacy line: 855-206-3605
	Doctors can send prescriptions via electronic prescribing, fax or phone: • Walmart Pharmacy fax: 1 (800) 406-8976 • Walmart prescriber and pharmacy line: 1 (800) 273-3455 • Website: www.walmart.com/cp/1042239
	See whether your medications are available: www.costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to: • Name/E-scribe: Mark Cuban Cost Plus Drug Company (MCCPD)

SPECIALTY PHARMACIES:

	Create an account on the Costco Pharmacy Member Portal (Smithrx.com/Specialty). Once enrolled, members can log into the portal to request refills, manage their prescriptions and track orders. Prescribers can be directed to send prescriptions via e-scribe.
	For enrollment assistance, patients can call: 888-777-5547. Prescribers can visit https://www.senderrarx.com/finding-a-form and fill out the appropriate forms for the appropriate department. Prescriptions can be sent via fax or e-scribe.

RETAIL PHARMACIES:

Here are just a few of the retail pharmacies in our network.



WE ARE HERE TO HELP.

Contact the Smith Rx Member Support Team

CHAT	EMAIL	PHONE	MEMBER PORTAL
Chat live on our website or in the member portal.	help@smithrx.com	844.454.5201	Find plan info, ID cards, and documents at smithrx.com/portal .

Health Savings Account

HDHP MEDICAL PLAN

Similar to a Healthcare Flexible Spending Account, an HSA allows you to fund your out-of-pocket medical, dental, and vision expenses, such as deductibles and copays, with pre-tax dollars. This can save you a minimum of \$0.23 per dollar because you do not pay federal income tax or FICA tax on contributions. There are no “use it or lose it” rules for HSAs—full funds roll over from year to year, making it a great way to save money for future medical expenses. Furthermore, HSA funds can be invested in the market with tax-free earnings to help supplement your retirement.

Before contributing to an HSA, here are a few things you should know:

- ▶ The amount you contribute to an HSA is deducted from your paycheck before income taxes.
- ▶ Any money left in the account at the end of the year will roll forward to the next year.
- ▶ You may no longer contribute to your HSA beginning with the first month you are enrolled in Medicare.

MAX CONTRIBUTION	2026
Single Coverage	\$4,400
Family Coverage	\$8,750

*Members may utilize any HSA vendor they choose.



WHO QUALIFIES?

To be eligible for a Health Savings Account (HSA), you must:

- ▶ Be covered under a qualified high deductible Health Plan (QHDHP) on the first day of the month
- ▶ Not be enrolled in Medicare
- ▶ Have no other non-HDHP coverage
- ▶ Not be claimed as a dependent on another person’s tax return



If you are an eligible individual who is age 55 or older at the end of the tax year, you may contribute an additional \$1,000 as a catch-up contribution each year.

Important Legal Notices Affecting Your Health Plan Coverage

INITIAL AND ANNUAL ENROLLMENT NOTICES – GUIDE

The Women's Health Cancer Rights Act Of 1998 (WHCRA)

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
- ▶ 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. Therefore, the same deductibles and coinsurance apply.

Newborns Act Disclosure – Federal

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).

Notice Of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a state CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- ▶ Coverage is lost under Medicaid or a state CHIP program
- ▶ You or your dependents become eligible for a premium assistance subsidy from the state

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact the person listed at the end of this summary.

Wellness Program Disclosure

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at the telephone number listed at the end of this document and we will work with you to develop another way to qualify for the reward.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the following pages, 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, call 1-877-KIDS-NOW, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 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, 2025. Contact your state for more information on eligibility.

ALABAMA – MEDICAID	ALASKA – MEDICAID
Website: http://myalhipp.com/ Phone: 1.855.692.5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1.866.251.4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Website: http://myarhipp.com/ Phone: 1.855.MyARHIPP (855.692.7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – HEALTH FIRST COLORADO (COLORADO’S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)	FLORIDA – MEDICAID
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1.800.221.3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1.800.359.1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1.855.692.6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1.877.357.3268
GEORGIA – MEDICAID	INDIANA – MEDICAID
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678.564.1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1.877.438.4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1.800.457.4584

IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
Medicaid Website: https://hhs.iowa.gov/medicaid Medicaid Phone: 1.800.338.8366 Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki Hawki Phone: 1.800.257.8563 HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program HIPP Phone: 1.888.346.9562	Website: https://www.kancare.ks.gov/ Phone: 1.800.792.4884 HIPP Phone: 1.800.967.4660
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1.855.459.6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1.877.524.4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1.800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1.800.977.6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1.800.862.4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1.800.657.3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005

MONTANA – MEDICAID	NEBRASKA – MEDICAID
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1.800.694.3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1.855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1.800.992.0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603.271.5218 Toll free number for the HIPP program: 1.800.852.3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1.800.356.1561 CHIP Premium Assistance Phone: 609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1.800.701.0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1.800.541.2831
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
Website: https://medicaid.ncdhhs.gov/ Phone: 919.855.4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1.844.854.4825
OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID AND CHIP
Website: http://www.insureoklahoma.org Phone: 1.888.365.3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1.800.699.9075
PENNSYLVANIA – MEDICAID AND CHIP	RHODE ISLAND – MEDICAID AND CHIP
Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp Phone: 1.800.692.7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1.800.986.KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1.855-697.4347, or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Website: https://www.scdhhs.gov Phone: 1.888.549.0820	Website: http://dss.sd.gov Phone: 1.888.828.0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1.800.440.0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1.888.222.2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1.800.250.8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1.800.432.5924
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID AND CHIP
Website: https://www.hca.wa.gov/ Phone: 1.800.562.3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304.558.1700 CHIP Toll-free phone: 1.855.MyWVHIPP (1.855.699.8447)
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1.800.362.3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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

1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

www.cms.hhs.gov

1.877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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



Confidentiality Disclosure

These materials are produced by Leavitt Great West for the sole use of its clients, prospective clients, and their representatives. Certain information contained in these materials are considered proprietary information created by Leavitt Great West and/or its licensed and appointed insurance carriers. Such information and any insurance designs furnished by Leavitt Great West are considered "Confidential Material." Such information shall not be used in any way, directly or indirectly, detrimental to Leavitt Great West and its clients and/or potential clients, and any of their representatives will keep that information confidential.

IRS Circular 230 Disclosure: Leavitt Great West Insurance Services does not provide tax advice. Accordingly, any discussion of U.S. tax matters contained herein (including any attachments) is not intended or written to be used, and cannot be used, in connection with the promotion, marketing, or recommendation by anyone unaffiliated with Leavitt Great West Insurance Services of any of the matters addressed herein or for the purpose of avoiding U.S. tax-related penalties. Also, the information contained in this benefit summary should not be construed as medical or legal advice.