

**Benefit Guide  
October 2024 – September 2025**

# BENEFIT PLANS THAT FIT YOUR BUDGET AND LIFE.



## CAREFULLY DESIGNED WITH YOU IN MIND

We're committed to making sure you get the benefits package that's right for both you and your family. Our package combines the peace of mind that comes with excellent medical care.

Annual Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, and disability and life insurance options are built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. As a whole, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## SELECTING YOUR PLANS

### When you're first hired

Your **benefit eligibility date**, when your coverage begins, is the first day of the month following 30 days. You have **30 days** following your eligibility date to submit your benefit elections, effective through September 30, 2025.

### If you have a life change

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year. If this occurs, please contact Human Resources within **30 days** of the event to update your benefits.

### During Annual Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Annual Enrollment are effective October 1 through September 30.

## COVERING YOUR FAMILY

### Dependent Eligibility

	Spouse	Children	
Medical	✓	✓	until the end of the calendar year when they turn 30
Dental	✓	✓	until age 26
Vision	✓	✓	until age 26
Life Insurance	✓	✓	until age 25

**Disabled dependents:** children who became disabled before age 26 and rely on you for support are also eligible for health coverage. Please contact Human Resources if this applies to you.



## IMPORTANT ENROLLMENT INSTRUCTIONS

### 2024 Open Enrollment

#### *Important information for this upcoming Open Enrollment:*

We are continuing to partner with U.S. Enrollment Services to assist in our Open Enrollment and have contracted for their Call Center and Co-Browsing support. **If you need to make changes to your current benefits, please contact the call center. If you do not speak with a benefit specialist, your current benefits will carry forward.** The benefits specialist will be trained on all benefit programs available to benefit eligible employees and will be able to answer questions regarding your programs. They will review your current elections and will assist you in making changes or modifications to benefit programs for the upcoming Plan Year. You will simply make an appointment online to set a convenient time to speak to the representative.

#### *How to set up my appointment with a Benefits Specialist:*

To schedule your appointment, go to <https://suwanneecountyfl.mybenefitsinfo.com> or scan



#### *When you're first hired*

When you are first hired, your coverage begins on your **benefit eligibility date**: the first day of the month following your new hire benefit waiting period.

The choices you make as a new hire will be in effect through September 30, 2025.

The enrollment will take place through our benefit call center with a benefit specialist.

To schedule your appointment, go to:

<https://suwanneecountyfl.mybenefitsinfo.com> or scan



#### *Please call 800.735.0080 for assistance.*

Once you schedule your appointment time, you will receive a confirmation email and a reminder email the day prior to your appointment.



## FIND THE MEDICAL PLAN THAT'S BEST FOR YOU

### COMPARE YOUR OPTIONS



#### Blue Care 60 HMO

Highest per-paycheck cost if you cover dependents

Lowest out-of-pocket maximum

##### **In-network coverage only**

You have access to high-quality doctors, specialists, and hospitals who participate in the Blue Care network. Except for a true emergency, care received outside of the network will not be covered.



#### Blue Options 03160 / 61 HDHP

Lowest per-paycheck cost if you cover dependents

Higher out-of-pocket maximum

##### **Health Savings Account compatible**

A Health Savings Account (HSA) is a special tax-free account dedicated to medical, pharmacy, dental, and vision expenses. The county contributes \$162.70 per month to your HSA when you select employee-only coverage!



#### Blue Options 03559 PPO

Higher per-paycheck cost if you cover dependents

Moderate out-of-pocket maximum

##### **Predictability with Copays**

Although this plan has a higher deductible, most services are subject to copays which makes them exempt from the deductible requirement.

#### Important Terms

**Copay** – a flat fee you pay whenever you use certain medical services, like a doctor visit.

**Deductible** – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

**Coinsurance** – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum.

**Out-of-Pocket Maximum** – the most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

**Balance Billing** – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. This amount is in addition to, and does not count toward your out-of-pocket maximum.

**FLORIDA  
BLUE**

Group: 15534

Website: [www.floridablue.com](http://www.floridablue.com)

Phone: 800.352.2583

*Download Florida Blue's  
mobile app for claims  
information, to access your  
ID card, find a doctor, and  
more!*



## MEDICAL BENEFITS

Administered by Florida Blue

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Suwannee County Board of County Commissioners.

Suwannee County Board of County Commissioners offers you a choice of three (3) medical plans.

Blue Care HMO has In-Network coverage only. On the Blue Options PPO plans, you have the option to use Out-of-Network providers, however you will pay a higher cost share and may be subject to balance billing.

	Blue Care 60 HMO	Blue Options 03160 / 61 HDHP	Blue Options 03559 PPO
Plan Network	Blue Care Network	Blue Options Network	Blue Options Network
IN-NETWORK COVERAGE	In-Network Only	In- and Out-Of-Network	In- And Out-Of-Network
Deductible	\$0	\$1,600 single coverage \$3,200 family coverage	\$1,000 per person \$3,000 family maximum
Out-of-Pocket Maximum	\$3,000 per person \$6,000 family maximum	\$5,000 single coverage \$5,000 family coverage	\$3,000 per person \$9,000 family maximum
Preventive Care	Covered 100% In-Network	Covered 100% In-Network	Covered 100% In-Network
Primary Doctor Visit	\$15	Deductible then 20%	\$20
Specialist Doctor Visit	\$25	Deductible then 20%	Deductible then 20%
Independent Labs	100% covered	Deductible then 20%	100% covered
X-Rays	100% covered	Deductible then 20%	\$100
Imaging: MRI / CT / PET	100% covered	Deductible then 20%	\$100
Urgent Care Center	\$50	Deductible then 20%	\$45
Emergency Room	\$150	Deductible then 20%	\$100 then 20%
Inpatient Hospitalization	20% (facility charges)	Option 1 – Deductible then 20% Option 2 – Deductible then 25%	Option 1 – \$500* Option 2 – \$1,000*
Ambulatory Surgery Center	20% (facility charges)	Deductible then 20%	\$500 (facility charges)
Outpatient Hospital	20% (facility charges)	Option 1 – Deductible then 20% Option 2 – Deductible then 25%	Option 1 – \$200* Option 2 – \$300*
<b>OUT-OF-NETWORK COVERAGE (PLUS BALANCE BILLING)</b>			
Deductible	Not covered	\$3,200 / \$6,400	\$1 000 / \$3 000
Coinsurance	Not covered	40% after Deductible	40% after Deductible
Out-of-Pocket Maximum	Not covered	\$10,000 / \$10,000	Combined with In-Network

\*The copay is for facility charges. Provider services (paying the doctors) are subject to the deductible, then you pay 20%.

## PHARMACY COVERAGE

	Blue Care 60 HMO	Blue Options 03160 / 61 HDHP	Blue Options 03559 PPO
Plan Network	Blue Care Network	Blue Options Network	Blue Options Network
Pharmacy Deductible	\$200 Per Person	Combined with Medical Deductible	\$200 Per Person
<b>RETAIL PRESCRIPTIONS (UP TO 30 DAYS)</b>			
Generic	\$15	Medical Deductible then \$15	\$15
Preferred Brand	\$30	Medical Deductible then \$30	\$30
Non-Preferred	\$50	Medical Deductible then \$50	\$50
<b>MAIL ORDER PRESCRIPTIONS (90 DAYS)</b>			
Generic	\$30	Medical Deductible then \$15	\$30
Preferred Brand	\$60	Medical Deductible then \$30	\$60
Non-Preferred	\$100	Medical Deductible then \$50	\$100

# HEALTH SAVINGS ACCOUNT

## SAVINGS FOR WHEN YOU NEED CARE

The HSA is a great way to handle any medical, prescription, dental, and vision expenses not covered by your insurance. You make regular contributions to your account through payroll – and the contributions are tax free.

### And that's not all

- » You own the account, even if you change plans or jobs;
- » Your funds roll over from year to year and any growth is tax-free;
- » Any withdrawal for qualified medical expenses is tax-free.

Please remember that you'll need to enroll in the HDHP with HSA plan to join our HSA. Also, you can't contribute to an HSA if you're in another medical plan (including Medicare or TRICARE) or are a dependent on someone else's tax return. In these cases, you can still enroll in the HDHP plan, but you'll need to opt out of the HSA.

## HOW YOUR HSA WORKS

Once you enroll in the 03160 / 61 plan, we will complete the account setup steps to open your HSA And once it's open, we'll begin making contributions to it if you elect single coverage with HSA contributions (see page 7).

	If You Choose Individual Coverage	If You Choose Family Coverage
We will contribute up to	<b>\$1,952.40</b> a year (\$162.70 monthly)	
Plus		
You may contribute up to	<b>\$2,347.60</b>	<b>\$8,500.00</b>
For a total maximum of	<b>\$4,300.00</b> (based on 2025 IRS Maximum)	<b>\$8,500.00</b>

Contributions and contribution maximums assume 12 months of coverage in the 03160/61 plan. Contribution amounts and maximums are prorated on a monthly basis for coverage lasting less than 12 months.

**AGE 55 OR OLDER?** You may contribute an extra \$1,000 per year in catch-up contributions.

### THE HSA ADVANTAGE

#### Brad has an individual HSA



He saves directly from his paycheck into his HSA

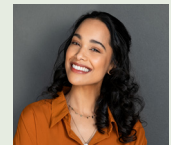
**\$900** (\$37.50 per paycheck)

**\$1,952.40** added by the County (employee only coverage)

No income tax is applied

**\$2,855.88**  
Tax-free money to cover medical expenses

#### Angie doesn't have an HSA



She saves for medical expenses from her paycheck

**\$900** (\$37.50 per paycheck)

County contribution does not apply

**- \$225** (25% federal income tax)

**\$675**  
Post-tax money to cover medical expenses

### HSA Contribution Options

If you elect the 03160 / 61 HDHP plan with **single** coverage, you will receive a contribution of **\$162.70 per month**. You have two options for this contribution: you may have it deposited into your HSA, or you can have it redirected to your paycheck. Have questions about which option is best for you? We encourage you to review these options and your individual financial situation with a qualified financial professional.

### Deposit Into Your Health Savings Account (HSA)

#### Tax-Free

You will receive the entire \$162.70 per month on a tax-free basis to use for qualifying health (medical, pharmacy, dental, and vision) expenses.

Money in your HSA never expires, and unused funds roll over from year to year. Additionally, any balance you carry in the account may be eligible to earn tax-free interest.

### Redirect it to your paycheck

#### Taxable

Redirecting the contribution to your paycheck allows you to use the funds however you choose (not limited to health expenses).

However, this option subjects the contribution to normal income tax – just like the rest of your paycheck – and therefore your actual take-home amount will be lower.



**Choose  
your own  
bank!**

**A Health Savings Account belongs to you!**

Open an HSA at any bank you choose and provide your account information to payroll.



# DENTAL INSURANCE

Administered by Humana

## DENTAL CARE THAT MAKES YOU SMILE

Our Humana dental PPO plan allows you to visit any licensed dentist you like -but choose a Humana PPO dentist and you'll make the most of your plan. With a Humana PPO dentist, you'll enjoy:

- » **Quality Assurance** – PPO Dentists are monitored for proper licensing, cleanliness, and safety.
- » **No Balance Billing** – You won't be charged more than the contracted rate.
- » **No Pre-Payment** – You'll pay only your portion of the bill - Humana pays your dentist directly.
- » **Lower Prices** – Through reduced fees

	In-Network Care	Out-of-Network Care
Plan Year Deductible – waived for Orthodontia	\$50 Single; \$150 Family	\$50 Single; \$150 Family
Plan Year Benefit Maximum (excluding Type 1 Care)	\$1,000 per person	\$1,000 per person
Type 1: Preventive Care (no deductible)	100% Covered	100% Covered
Type 2: Basic Care (fillings, extractions)	Deductible then 20%	Deductible then 20%
Type 3: Major Care (crowns, dentures)	Deductible then 50%	Deductible then 50%
Type 4: Child Orthodontic Care (to age 18)	50% (\$1,000 lifetime max benefit)	50% (\$1,000 lifetime max benefit)
Balance Billing	No balance billing	Balance billing applies



**Group:** 665204  
**Website:** [www.humanadental.com](http://www.humanadental.com)  
**Phone:** 866.537.0227

## VISION INSURANCE

Administered by Humana

### FOCUS ON YOUR VISION

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through Humana. Access Network. Except frames, all services are available once every 12 months; frames are available once every 24 months.

	In-Network	Out-of-Network
<b>COPAYS</b>		
Eye Examination	\$10 Copay	Up to \$30 Reimbursement
Materials	\$15 Copay	N/A
<b>GLASSES</b>		
Single Vision Lenses	Covered after copay	Up to \$250 Reimbursement
Bifocal Lenses	Covered after copay	Up to \$40 Reimbursement
Trifocal Lenses	Covered after copay	Up to \$60 Reimbursement
Frames	\$130 allowance; 20% discount on balance	Up to \$65 Reimbursement
<b>CONTACTS</b>		
Elective Contact Lenses	\$130 allowance	Up to \$104 Reimbursement
Standard Contact Fit and Follow-Up	Up to \$55 allowance	N/A
Medically Necessary Contacts	Covered in full	Up to \$200 Reimbursement

Elective contact lenses are available in lieu of glasses (lenses and/or frames). You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.



<h1>HUMANA VISION</h1>	<p><b>Group:</b> 665204</p> <p><b>Website:</b> <a href="http://www.humanavisioncare.com">www.humanavisioncare.com</a></p> <p><b>Phone:</b> 866.537.0227</p>
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## PAYCHECK DEDUCTIONS

### YOUR SEMI-MONTHLY COST FOR COVERAGE

We do our very best to get the most competitive prices while getting you the best possible coverage. These premiums are the amount you pay for your insurance each paycheck, 24 times a year. Remember that they come out before taxes, which lowers your taxable income.

**Rates are subject to final budget approved by the Suwannee County Board of County Commissioners.**

#### Medical Insurance

Coverage Level	Blue Care 60	Blue Options 03160 / 61	Blue Options 03559
Employee Only	\$0.00	\$0.00*	\$0.00
Employee + Spouse	\$452.44	\$289.29	\$445.21
Employee + Child(ren)	\$372.10	\$166.27	\$366.17
Employee + Family	\$870.11	\$550.71	\$904.99

\*Employees who enroll in the Blue Options 03160 / 61 plan with single (Employee Only) coverage will be eligible for a contribution of \$162.70 per month. See pages 6 and 7 for details on this contribution and the Health Savings Account (HSA).

#### Dental and Vision Insurance

Coverage Level	Dental Insurance	Vision Insurance
Employee Only	\$17.25	\$3.39
Employee + Spouse	\$36.21	\$6.78
Employee + Child(ren)	\$37.95	\$6.44
Employee + Family	\$52.60	\$10.12



## LIFE INSURANCE

Administered by The Standard

### COVERAGE FOR THE UNEXPECTED

As an employee of Suwannee County Board of County Commissioners, you are provided with **\$20,000** life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you.

*This coverage ends when your employment with the County terminates except at retirement when you may keep \$15,000 in life insurance only (not AD&D).*

#### Additional life insurance coverage options

	Employee	Spouse (Option 2)	Child (Option 2)
Available Increments	\$10,000	\$5,000	\$5,000
Coverage Maximum	Five times annual salary up to \$300,000	100% of employee amount up to \$150,000	\$10,000 (\$500 maximum for ages 14 days to 6 months)
New Hire Medical Question Maximum	\$100,000	\$30,000	\$10,000

As a newly eligible employee, you may elect up to the medical question limit with no medical questions required. Employees may increase coverage by one increment during annual open enrollment.

#### Additional AD&D Coverage

Accidental Death & Dismemberment (AD&D) coverage pays a benefit if death is caused by an accident, and may also pay a partial benefit due to loss of function. You may choose to purchase AD&D insurance on yourself and your dependents; cost information is available at enrollment. *This coverage ends at retirement or when you leave the County.*

Coverage for You	... For Your Spouse	... For Your Children
<b>\$10,000</b> increments; <b>\$500,000</b> maximum Amounts over \$150,000 may not exceed ten times your annual salary.	<b>\$5,000</b> increments; <b>\$250,000</b> maximum May not exceed 100% of employee coverage.	<b>\$5,000</b> increments; <b>\$50,000</b> maximum May not exceed 100% of employee coverage.

#### Benefit Reduction

Additional life and AD&D coverage reduces to 65% at age 65, and to 50% at age 70.



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## AFLAC BENEFITS



### Additional Benefit Options

Extra protection for you and your family

We offer additional benefit options through Aflac to provide you and your family with the protection you need. Below is a summary of the plans available.

### Short-Term Disability

Short-Term Disability insurance is designed to provide you with income protection if you are unable to work due to sickness or injury.

- » Benefits begin on the 1st day you are out due to an accident and on the 8th day you are out due to sickness or illness.
- » 3 Month Benefit Duration
- » You may elect up to 60% of your salary, up to a maximum of \$3,000 per month
- » Coverage is guaranteed issue, meaning no medical questions are asked at time of enrollment
- » Pre-existing condition limitation – if you have had an injury or been diagnosed with an illness in the last 12 months, that specific injury or illness would not be covered for the first 12 months of this policy
- » Mental Illness, drug addiction and alcoholism are excluded

### Accident Insurance

This coverage is designed to help you with the cost of an accident. Benefits are paid based on the injuries received and treatment associated with a covered accident. This could be a severe burn, broken bone, emergency room visit, follow up care, and more.

- » Family coverage available.
- » Hospital, transportation, x-rays, and injury benefits available. Examples Include:
- » Emergency Room or Urgent Care - \$175
- » Ambulance - \$400
- » Fracture / Broken Bones – Up to \$5,000
- » Hospital Admission - \$1,000
- » Wellness benefit: \$50 once per calendar year

### Critical Illness

Critical Illness Insurance may help you cover expenses not covered by your health insurance. It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery. You can use the benefits however you please, such as for medical bills, medical appliances, your mortgage, or time off work.

You choose the level of coverage with benefit amounts up to \$20,000.

- » This coverage is guaranteed issue (no medical underwriting)
- » Your spouse and children may be covered at 50% of your benefit amount

### Benefits

100% of the benefit amount chosen is paid directly to you when you are diagnosed with the following critical illnesses:

- » Cancer • Heart Attack • Stroke • Major Organ Transplant • Kidney Failure (End Stage Renal Failure) • Bone Marrow Transplant • Type 1 Diabetes • Sudden Cardiac Arrest • Coronary Artery Bypass Surgery
- » Other illness may also be covered at a lower percentage
- » Wellness benefit: \$50 per insured per calendar year

### Hospital Indemnity Plan

Hospital Indemnity insurance works to complement medical coverage and pays in addition to what the medical plan may or may not cover.

- **Pays you if you are admitted to the hospital for any reason – sickness, injury, pregnancy**

- » Hospital Admission (per confinement) – \$1,000
  - Once per covered sickness or accident per calendar year
- » Hospital Confinement (per day) – \$150
  - Maximum confinement period: 31 days per covered sickness or covered accident
- » Hospital Intensive Care (per day) – \$150
  - Maximum confinement period: 10 days per covered sickness or covered accident
- » Intermediate Intensive Care Step-Down Unit (per day) – \$75
  - Maximum confinement period: 10 days per covered sickness or covered accident
- » Coverage is Guaranteed Issue
- » Spouse and/or children may also be covered
- » Benefits are paid regardless of other coverage
- » Benefits are paid directly to you



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## DISCLOSURES AND NOTICES

### Summary of Benefits and Coverage Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health plan option(s). This summary is in a standard format, as regulated by the Patient Protection and Affordable Care Act, to help you compare options. The standard format enables readers to conduct an apples-to-apples comparison.

We are pleased to provide you with the Summary of Benefits and Coverage (SBC) for your plan(s) along with the Health and Human Services uniform glossary that is to be paired with the SBC when distributed to employees.

A complimentary paper copy is available upon request by calling your Human Resources Department. Participants and beneficiaries may request an electronic SBC from their employer.

### Patient Protection Notices

The disclosure is applicable to the following plan

» BlueCare Plan 60

#### Designation of Primary Care Providers:

Florida Blue generally requires 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. Until you make this designation, Florida Blue designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Florida Blue at 800.352.2583 or [www.floridablue.com](http://www.floridablue.com).

#### Designation of Pediatricians as Primary Care Providers:

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

#### Access to OBGYN without Referrals:

You do not need prior authorization from Florida Blue 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 Florida Blue at 800.352.2583.

### HIPAA 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 towards 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).

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.

In addition if you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact your Human Resources Department.

### **Notification of Rights under the Women's Health & 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. Therefore, the following deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, contact your Human Resources Department.

### **Newborn's and Mother's Health Protection Act Statement of Protection**

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility.**

<p><b>ALABAMA – Medicaid</b>  <a href="http://myalhipp.com">http://myalhipp.com</a>            855.692.5447</p>	<p><b>INDIANA – Medicaid</b>            Health Insurance Premium Payment Program            Family and Social Services Administration  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   800.403.0864            All other Medicaid  <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584</p>
<p><b>ALASKA – Medicaid</b>            The AK Health Insurance Premium Payment Program  <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861            CustomerService@MyAKHIPP.com            Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>	<p><b>IOWA – Medicaid and CHIP (Hawki)</b>            Medicaid: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a>            800.338.8366            Hawki: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a>            800.257.8563            HIPP: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a>            888.346.9562</p>
<p><b>ARKANSAS – Medicaid</b>  <a href="http://myarhipp.com">http://myarhipp.com</a>            855.MyARHIPP (855.692.7447)</p>	<p><b>KANSAS – Medicaid</b>  <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            800.792.4884   HIPP Phone: 800.967.4660</p>
<p><b>CALIFORNIA – Medicaid</b>            Health Insurance Premium Payment (HIPP) Program  <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>            916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p><b>KENTUCKY – Medicaid</b>            Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            855.459.6328   <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP: <a href="https://kynect.ky.gov/">https://kynect.ky.gov/</a>   877.524.4718            Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>
<p><b>COLORADO – Medicaid and CHIP</b>            Health First Colorado (Colorado’s Medicaid Program)  <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a>            Member Contact Center: 800.221.3943   State Relay 711            Child Health Plan Plus (CHP+)  <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>            Customer Service: 800.359.1991   State Relay 711            Health Insurance Buy-In Program (HIBI)  <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>            HIBI Customer Service: 855.692.6442</p>	<p><b>LOUISIANA – Medicaid</b>  <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.la.gov/lahipp">www.la.gov/lahipp</a>            888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p>
<p><b>FLORIDA – Medicaid</b>  <a href="http://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html">www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html</a>            877.357.3268</p>	<p><b>MAINE – Medicaid</b>            Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            800.442.6003   TTY: Maine relay 711            Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofl/applications-forms">https://www.maine.gov/dhhs/ofl/applications-forms</a>            800.977.6740   TTY: Maine relay 711</p>
<p><b>GEORGIA – Medicaid</b>            GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            678.564.1162, Press 1            GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            678.564.1162, Press 2</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b>  <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            800.862.4840   TTY: 711   Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>

<b>MINNESOTA – Medicaid</b>
<a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> 800.657.3672
<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: HSHIPPProgram@mt.gov
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcfnv.gov">http://dhcfnv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218   Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 800.356.1561 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710 (TTY: 711)   Premium Assistance: 609.631.2392
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid and CHIP</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
<a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> 800.692.7462 CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a> CHIP Phone: 800.986.KIDS (5437)

<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Utah’s Premium Partnership for Health Insurance (UPP) <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>   Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   888.222.2542 Adult Expansion: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
<a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

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## NOTES

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Suwannee County Board of County Commissioners

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting