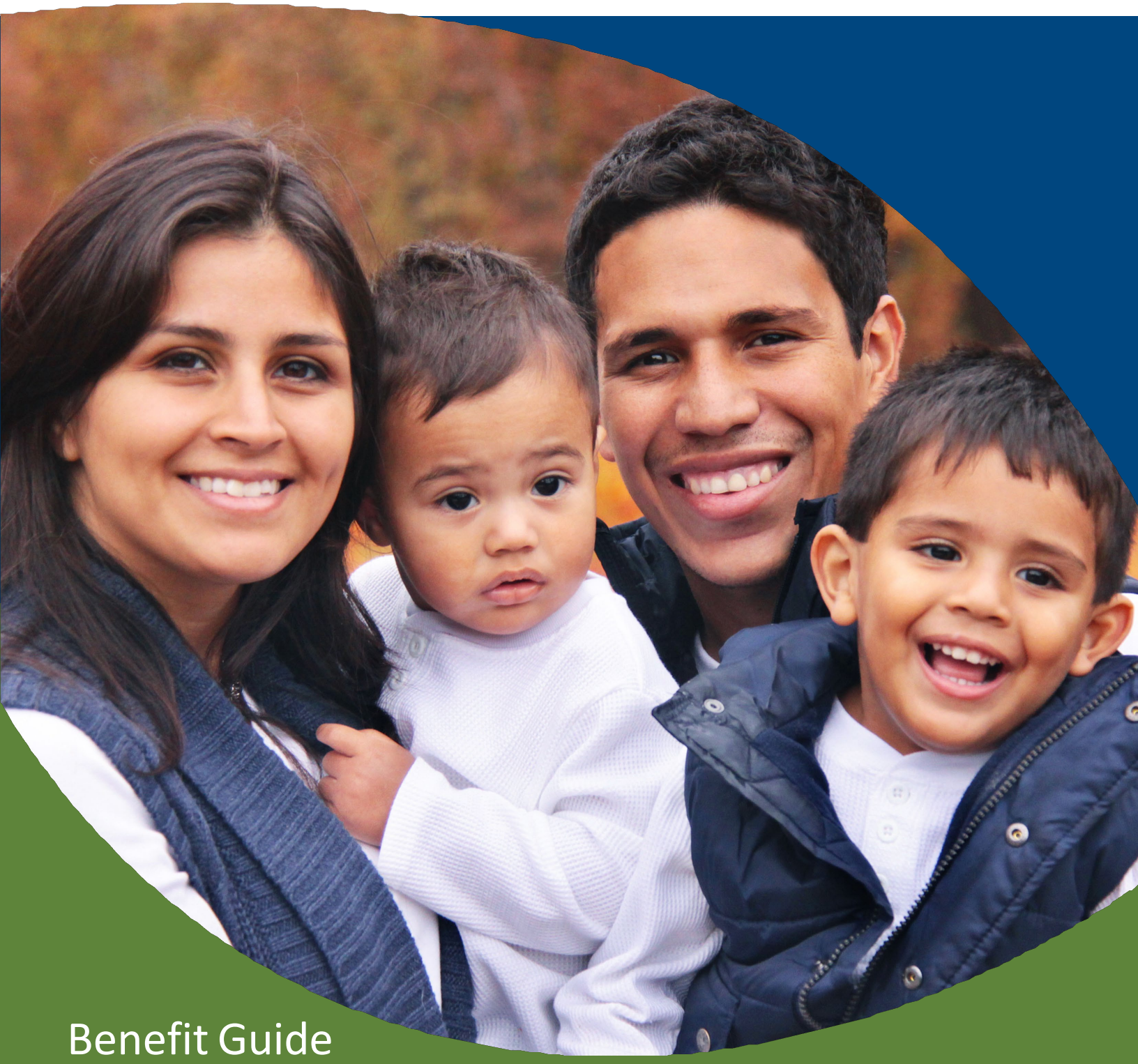
SUWANNEE
COUNTY
EST. 1858



Benefit Guide
October 2026 – September 2027

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, vision care, 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.

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, 2027.

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 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.

ENROLLMENT INSTRUCTIONS

** IMPORTANT INFORMATION FOR THIS UPCOMING OPEN ENROLLMENT**

Once again, we are partnering with Daybright Broker Solutions / 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 be carried 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.

For Enrollment and Benefit Information:

Please go to: https://suwanneecountyfl.mybenefitsinfo.com/ **or scan this QR code**:

What to expect during my call:

Your call with the Benefits Specialist will take on average about 15 – 20 minutes. During this time, they will verify all demographic and dependent information, as well as discuss each benefit program with you. This is your annual opportunity to review and ask questions regarding any of your benefit programs.

The Call Center will be open Monday – Friday, August 24 – August 31 from 9am to 6pm EST. Please call 386.271.0945 to speak with a benefit specialist and enroll in your benefits.

If you are a New Hire

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, 2027. The enrollment will take place through our benefit call center with a benefit specialist.

Please call 386.271.0945 **Monday – Friday, 9am to 8pm EST**, to speak with a benefit specialist and enroll in your benefits.

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 / 03161 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 $110.70 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

Phone: 800.352.2583

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

Download on the App Store

GET IT ON Google Play

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 / 03161 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	$1,650 single coverage $3,300 family coverage (Individual within a family: $3,300)	$1,000 per person $3,000 family maximum
Out-of-Pocket Maximum	$3,000 per person $6,000 family maximum	$5,100 single coverage $5,500 family coverage (Individual within a family: $5,500)	$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	$125 if performed during an office visit Independent Lab: 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 – $600*
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%	Ambulatory Surgical Center: $500 Copay; Hospital: $200 Copay
OUT-OF-NETWORK COVERAGE (PLUS BALANCE BILLING)			
Deductible	Not covered	$3,300 / $6,600 (Individual within a family: $6,600)	$1 000 / $3 000
Coinsurance	Not covered	40% after Deductible	40% after Deductible
Out-of-Pocket Maximum	Not covered	$10,200 / $11,000 (Individual within a family: $11,000)	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 / 03161 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
RETAIL PRESCRIPTIONS (UP TO 30 DAYS)			
Generic	$15	Medical Deductible then $15	$15
Preferred Brand	$30	Medical Deductible then $30	$30
Non-Preferred	$50	Medical Deductible then $50	$50
MAIL ORDER PRESCRIPTIONS (90 DAYS)			
Generic	$30	Medical Deductible then $30	$30
Preferred Brand	$60	Medical Deductible then $60	$60
Non-Preferred	$100	Medical Deductible then $100	$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 Blue Options 03160 / 03161 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:	$1,328.40 a year ($110.70 monthly)	
You may contribute up to:	$3,071.60	$8,750.00
For a total maximum of:	$4,400.00 (based on 2026 IRS Maximum)	$8,750.00

Contributions and contribution maximums assume 12 months of coverage in the Blue Options 03160 / 03161 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)

$1,328.40 added by the County (employee only coverage)

No income tax is applied

$2,228.40
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 Blue Options 03160 / 03161 HDHP plan with **single** coverage, you will receive a contribution of **$110.70 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 $110.70 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

HUMANA DENTAL

Group: 665204

Website: 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
COPAYS		
Eye Examination	$10 Copay	Up to $30 Reimbursement
Materials	$15 Copay	N/A
GLASSES		
Single Vision Lenses	Covered after copay	Up to $25 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
CONTACTS		
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.

HUMANA VISION

Group: 665204

Website: www.humanavisioncare.com

Phone: 866.537.0227

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 / 03161	Blue Options 03559
Employee Only	$26.00	$0.00	$26.00
Employee + Spouse	$589.50	$351.55	$572.23
Employee + Child(ren)	$490.18	$199.48	$474.51
Employee + Family	$1,105.84	$674.74	$1,140.63

*Employees who enroll in the Blue Options 03160 / 03161 plan with single (Employee Only) coverage will be eligible for a contribution of $110.40 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
$10,000 increments; **$500,000** maximum Amounts over $150,000 may not exceed ten times your annual salary.	**$5,000** increments; **$250,000** maximum May not exceed 100% of employee coverage.	**$5,000** increments; **$50,000** 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.

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

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 Protections Disclosure

The Suwannee County Board of County Commissioners Health Plan 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 the Florida Blue at 800.352.2583 or www.floridablue.com.

For children, you may designate a pediatrician as the primary care provider.
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 the Florida Blue at 800.352.2583 or www.floridablue.com.

HIPAA Special Enrollment Rights

Suwannee County Board of County Commissioners Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Suwannee County Board of County Commissioners Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. 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.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance 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 to obtain more information about the plan's special enrollment provisions, contact Paula Pennington - Director of Human Resources at 386.364.3400 or PaulaP@suwcountyfl.gov.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

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:

Plan 1: Blue Care 60 HMO (Individual: 20% coinsurance and $0 deductible; Family: 20% coinsurance and $0 deductible)

Plan 2: Blue Options 03160 / 03161 HDHP (Individual: 20% coinsurance and $1,650 deductible; Family: 20% coinsurance and $3,300 deductible)

Plan 3: Blue Options 03559 PPO (Individual: 20% coinsurance and $1,000 deductible; Family: 20% coinsurance and $3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 386.364.3400 or PaulaP@suwcountyfl.gov.

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 insurance 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**.

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** 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 July 31, 2026. 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	ILLINOIS - 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	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana 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	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/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
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	Medicaid Website: https://www.nj.gov/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)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493

UTAH – Medicaid and CHIP	VERMONT– Medicaid
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/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
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	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
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)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
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 July 31, 2026, 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 & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 5/31/2029)

NOTES

Suwannee County Board of County Commissioners

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting