2027 Union Employee Benefits Guide

NOTE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 22 for more information.

Open Enrollment Begins October 26, 2026

Now Is the Time to Focus on You.

Your physical, emotional, and financial health are important, especially during challenging times. Livingston County cares about you and your overall well-being, that's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2027 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.

Be Ready for Enrollment

Livingston County provides a full range of benefits that address your needs now and in the future.

For Your Health

- Medical & prescription drug insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts (FSAs)
- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance

For Your Wealth

- Voluntary Short-term disability insurance (VSTD)
- Voluntary Long-term disability insurance (VLTD)
- Basic life and accidental death and dismemberment (AD&D) insurance
- Supplemental life and accidental death and dismemberment (AD&D) insurance

For Your Lifestyle

- Pet insurance
- Employee assistance program (EAP)

TAKE ACTION!

All employees are strongly encouraged to complete an Open Enrollment session to review, elect, or waive coverages for 2027. All elections made during Open Enrollment will become effective January 1, 2027. Certain benefits WILL NOT automatically carry over and must be elected each year.

Make Your Livingston County Benefits Work for You

Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in Livingston County's health and group benefits, take a close look at all the benefits and options we offer you. You may experience changes from year to year, and there likely will be changes to what you pay for coverage each year. It's a good idea to make sure your benefits still fit you – and that you're not paying for more coverage than you need.

You must enroll if you want to:

- Change your medical, dental, or vision coverage for next year
- Contribute to the health care and/or dependent care FSAs
- Change your optional employee life Insurance, spouse supplemental life insurance, AD&D insurance, or STD insurance choices

If you don't enroll, you may be assigned coverage that won't meet your needs.

When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. Open Enrollment is October 26, 2026 to November 6, 2026 with your benefit choices being effective January 1, 2027. Our benefits plan year is January 1, 2027 to December 31, 2027.

If you're enrolling as a new employee, you become eligible for benefits the first day of employment and must enroll within 30 days to have coverage for the rest of the plan year. You may also need to enroll for the next plan year's benefits during the annual enrollment period.

Who We Cover

Employees:

Employees who work 30 hours per week or more are eligible for the benefits described in this guide.

Dependents:

- Your legal spouse
- Your children up to age 26 (children may include biological, adopted, step-children, and children for whom you have legal guardianship)
- Your children over age 26 who are not able to support themselves due to a physical or mental disability

How to Enroll

We offer online enrollment via Employee Self-Service (ESS).

Online: Visit **https://selfservice.livgov.com/ess/login.aspx** to log in and follow the prompts to complete your self-service enrollment.

Medical Coverage

Did You Know?

66% of the public say they worry about being able to afford health care.

KFF Health Tracking Poll, 2026

Medical Benefits

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

BENEFIT	COMMUNITY BLUE PPO 4 (BASE PLAN FOR ALL GROUPS)		COMMUNITY BLUE PPO 6 (BUY-UP PLAN FOR ALL GROUPS)		COMMUNITY BLUE PPO 1 (BUY-UP PLAN FOR LIEUTENANT & SERGEANT BARGAINING UNITS)		HIGH DEDUCTIBLE HEALTH PLAN (BUY-UP FOR 911 AND EMS GROUPS ONLY)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual/Calendar Year Deductible (Individual/Family)	$500/ $1,000	$1,000/ $2,000	$250/ $500	$500/ $1,000	None	$250/$500	$2,000/ $4,000	$4,000/ $8,000
Coinsurance Out-of-Pocket Maximum (Individual/Family)	$1,500/ $3,000	$3,000/ $6,000	$1,000/ $2,000	$2,000/ $4,000	None	$12,700/ $25,400	N/A	N/A
Deductible & Coinsurance Out-of-Pocket Maximum (Individual/Family)	$2,000/ $4,000	$4,000/ $8,000	$1,250/ $2,500	$2,500/ $5,000	None	$12,700/ $25,400	$3,000/ $6,000	$6,000/ $12,000
Total Out-of-Pocket (Deductibles, Fixed Copays, and Rx Copays) (Individual/Family)	$6,350/ $12,700	$12,700/ $25,400	$6,350/ $12,700	$12,700/ $25,400	$6,350/ $12,700	$12,700/ $25,400	$3,000/ $6,000	$6,000/ $12,000
Coinsurance	80%	60%	90%	80%	100%	80%	80%	60%
Physician Services								
PCP/Specialist Office Visit	Varies by Bargaining Unit		Varies by Bargaining Unit		Varies by Bargaining Unit		80%	60%
BCBSM Online Visit	$0	Not Covered	$0	Not Covered	$0	Not Covered	$59 Copay until deductible is met; $0 Copay after deductible + 80% in network coinsurance (60% out of network) after deductible is met	
Preventive Care	100% Covered	Not Covered	100% Covered	Not Covered	100% Covered	Not Covered	100% covered	Not Covered
Chiropractic Visits	Varies by Bargaining Unit		Varies by Bargaining Unit		Varies by Bargaining Unit		80% after deductible	60% after deductible
Lab & X-Ray Services	80% After Deductible	60% After Deductible	90% After Deductible	80% After Deductible	100%	80% After Deductible	80% after deductible	60% after deductible
Hospital Services								
Inpatient	80% After Deductible	60% After Deductible	90% After Deductible	80% After Deductible	100%	80% After Deductible	80% after deductible	60% after deductible
Outpatient	80% After Deductible	60% After Deductible	90% After Deductible	80% After Deductible	100%	80% After Deductible	80% after deductible	80% after deductible
Emergency Care	Varies by Bargaining Unit		Varies by Bargaining Unit		Varies by Bargaining Unit		80% after deductible	60% after deductible
Pregnancy & Maternity Care (Prenatal)	100%	60% After Deductible	100%	80% After Deductible	100%	80% After Deductible	100%	60% after deductible

NOTE: *Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at* ***https://www.bcbsm.com/amslibs/content/dam/public/employers/documents/share-resources-employees/individual-files/preventive-care-brochure.pdf****.*

Prescription Drug Benefits

Returning in 2027, RxBenefits, in partnership with OptumRx, will be your pharmacy benefits manager. Co-pay structures remain the same in 2027 as outlined below by medical plan:

PRESCRIPTION DRUGS	COMMUNITY BLUE PPO 4		COMMUNITY BLUE PPO 6		COMMUNITY BLUE PPO 1		HIGH DEDUCTIBLE HEALTH PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Retail (30-Day Supply)								
Generic	$2	In-Network Copay Plus 25% of the Approved BCBSM Amount	Varies by Bargaining Unit	In-Network Copay Plus 25% of the Approved BCBSM Amount	Varies by Bargaining Unit	In-Network Copay Plus 25% of the Approved BCBSM Amount	$10 after deductible	In-Network Copay Plus 20% of the Approved BCBSM Amount
Preferred Brand	$25						$40 after deductible	
Non-preferred Brand	$50						$80 after deductible	
Mail Order (90-Day Supply)								
Generic	Varies by Bargaining Unit	Not Covered	Varies by Bargaining Unit	Not Covered	Varies by Bargaining Unit	Not Covered	2x	2x
Preferred Brand								
Non-preferred Brand								

Member Services Quick Reference

Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

- Benefits Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries
As plan members, you and your dependents can call for questions related to:

- Coverage
- Clinical Programs
- Copays
- Deductible Issues

Paper Claims
Members can mail prescription receipts along with their prescription benefits manager's claim form to the address listed on their ID card or fax them to RxBenefits at 1-205-449-5225 to be processed for direct reimbursement.

Call: 800-334-8134 *or* **Email:** CustomerCare@RxBenefits.com
Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Live Chat: My RxBenefits Member Portal member.rxbenefits.com
Monday-Friday, 9:00 a.m. to 6:00 p.m. Central

RxBenefits.com | 1-800-377-1614

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My RxBenefits

Online Access to Your Pharmacy Benefits

By registering for My RxBenefits, **you'll gain access to robust information** related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week**.

My RxBenefits will allow you to:

- Chat with a live agent Monday - Friday, 9 a.m. to 6 p.m. CT
- View 18 months of pharmacy claims (including claims for eligible dependents)
- View, download and email copies of ID cards
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:
https://member.rxbenefits.com

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MyRxBenefits screen designs are not final and are subject to change.

More Medical Resources

Telemedicine

When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, video visits are available through Virtual Care by Teladoc Health (formerly Blue Cross Online Visits). These can be done in just minutes with no travel time. It's quick, convenient, and saves you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

Get Care For:

- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies, and rashes
- Trauma and grief counseling
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Insomnia, depression, and mood swings

To learn more, visit **http://www.bcbsm.com/find-care/virtual-care**. Make an appointment today by downloading the Teladoc Health app or use your Blue Cross member account to access virtual care on mobile or desktop.

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.

Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.

Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.

Exercise and maintain a proper diet. The healthier you are, the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

Along with Livingston County's contributions, you can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years in some circumstances may be invested. Better yet, HSAs provide tax advantages.

HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay federal taxes on the interest you earn in your account.
3. You don't pay federal taxes when you use the money to pay for qualified medical services.

Keys to Growing Your Health Savings Account (HSA):

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL LIVINGSTON COUNTY CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	$4,500	$1,000	$3,500
Family Coverage	$9,000	$2,000	$7,000

NOTE: *If an individual reaches age 55 by the end of the calendar year, they can contribute an additional $1,000. Please note that when opening an HSA, you must ensure you have no money in a Flexible Spending Account (FSA). You may not have an HSA while having an FSA.*

NOTE: *Amounts change yearly per IRS guidelines.*

Dental Benefits

Your dental health is an important part of your overall wellness. The following dental insurance plan is through Blue Cross Blue Shield of Michigan.

BENEFIT	DENTAL PLAN
Annual/Calendar Year Maximum	$1,200 Per Member
Annual/Calendar Year Deductible	$0
Preventive Services	100% Covered
Basic Services	50% Covered*
Major Services	50% Covered
Orthodontia Lifetime Maximum (adult and child)	$2,000

**Basic services are covered at 80% for CTS and LTS. Basic services are covered at 50% for EMS, Deps, SGT, & 911.*

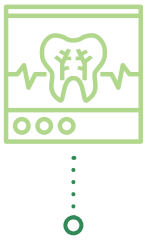
What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.

Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.

Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Coverage Provided Through Blue Cross Blue Shield of Michigan

CLASS 1 = PREVENTIVE	CLASS 2 = BASIC	CLASS 3 = MAJOR	ORTHODONTIC SERVICES
Oral Exams - once every six months (No Copay)	Fillings (amalgam, acrylic, or silicate)	Removable Dentures	Minor treatment for tooth guidance appliances (50% of approved amount)
Teeth Cleaning - once every six months	Inlays, Onlays, and Crowns	Fixed Bridges	Minor treatment to control harmful habits (50% of approved amount)
Bitewing X-rays - once every six months	Root Canal Therapy		Interceptive and comprehensive orthodontic treatment (50% of approved amount)
Full-mouth X-rays - once every 36 months	Periodontics Treatments		Post-treatment stabilization (50% of approved amount)
Fluoride Treatment	General Anesthesia		Cephalometric film (skull) and diagnostic photos (50% of approved amount)
Space Maintainers	Oral Surgery Including Extractions		
Palliative Emergency Treatment	Repairs to Existing Dentures		

Vision Coverage

Vision Benefits

Livingston County offers vision coverage through MetLife. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	$0	Up to $45
Retinal Imaging	Up to $39	
Frames	$10 Copay; $150 Allowance, 20% Off Balance Over $150	Up to $70
Frames - Costco, Sam's Club, & Walmart	$10 Copay; $85 Allowance	
Lenses		
Single Vision	$10 Copay	Up to $30
Bifocal	$10 Copay	Up to $50
Trifocal	$10 Copay	Up to $65
Standard Progressive Lens	$55 Copay	Up to $50
Premium Progressive Lens	$95 - $105 Copay	Up to $50
Lens Options (Paid by the Member, Added to the Base Price of the Lens)		
UV Treatment	$0 Copay	Applied to the Allowance for the Applicable Corrective Lens
Tint	$0 - $17 Copay	
Standard Plastic Scratch Coating	$17 - $33 Copay	
Standard Polycarbonate – Age 19 and Over	$31 – $35 Copay	
Standard Polycarbonate – Under Age 19	$0 Copay	
Standard Anti – Reflective Coating	$41 - $85 Copay	
Photochromic/Transitions	$47 - $82 Copay	
Other Add-Ons and Services	20% Off Retail Price	N/A
Contact Lens Fit and Follow-Up		
Standard Contact Lens Fit & Follow-Up	Up to $60 Copay	Applied to the Allowance for the Applicable Corrective Lens
Contact Lenses (Contact Lens Allowance Includes Materials Only)		
Conventional/Disposable	$0 Copay, $150	Up to $105
Medically Necessary	$10 Copay, Paid-In-Full	Up to $210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	Average of 15% Off the Retail Price or 5% Off the Promotional Price	N/A
Frequency		
Examination	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frame	Once Every 12 Months	

NOTE: *ID Card not required for vision services.*

5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean and follow the recommendations for use and wear.

Flexible Spending Accounts (FSAs)

Reduce your tax bill while putting aside money for health care and dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your federal income taxes at the same time. Livingston County offers 2 types of accounts – a health care FSA and a dependent care FSA.

HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.*

DEPENDENT CARE FSA

Babysitters, day care, day camp, home nursing care, etc.

How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis (federal) in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate – you may choose to participate in one, both, or neither. You cannot use money from the health care FSA to cover expenses eligible under the dependent care FSA or vice versa.

PLAN	PENDING FSA MAXIMUM RELEASE BY IRS FOR 2027	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	$7,500	Day care, nursery school, elder care expenses, etc.*

NOTE: *Limits may vary for highly compensated employees.*

NOTE: *See IRS Publications 502 and 503 for a complete list of covered expenses.*

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled. If you have any money left in your health care FSA at the end of the plan year, you may carry over up to Pending IRS carry over limit for 2027 for use in the next plan year.

Health Care Items You Might Not Realize Are FSA Eligible:

- Sunscreen
- Travel pillows
- Shoe inserts and other foot grooming treatments
- First aid kits
- Heating and cooling pads
- Motion sickness bands

Go to **www.naviabenefits.com/expenses** for a complete list of covered expenses.

- **Health Care FSA:** You may carry over up to $680 for use in the next plan year.
- **Limited Purpose FSA:** Your balance will be forfeited.
- **Dependent Care FSA:** Your balance will be forfeited.

NOTE: *2027 Annual Maximum contribution and rollover amounts are subject to change based on IRS guidance.*

Comparing the HSA & FSA

HSA vs FSA

Not sure which is right for you? Review this comparison between a Health Savings Account (HSA) and Flexible Spending Accounts (FSA) to learn more.

	HSA	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
What can I use the account for?	• Deductibles • Copays • Prescription and certain over the counter drugs • Medical equipment • Dental and vision expenses • And more You can use HSA funds to pay for your spouse or dependents' eligible expenses even if they are not covered under your medical plan.	• Deductibles • Copays • Prescription and certain over-the-counter drugs • Medical equipment • Dental and vision expenses • And more	• Eligible dental and vision expenses only (e.g., exams, glasses, contacts, dental treatment) • Can be combined with an HSA for other qualified medical expenses	• Babysitters • Daycare • Day camp for children under age 13 • Home nursing care or elder care
Who can elect this plan? **NOTE:** You must re-enroll in each plan each year.	High-deductible health plan (HDHP) participants	Medical plan participants with no HSA. You can also elect an FSA if you waive medical coverage.	Employees who are enrolled in Livingston County's HDHP and who want to set aside additional pre-tax dollars for dental and vision expenses	Anyone with eligible dependents
How does the account provide tax savings?	• You make pre-tax payroll deductions. • You don't pay taxes on the interest you earn in your account. • You don't pay taxes when you use the money to pay for qualified health care expenses.	• You make pre-tax payroll deductions. • You don't pay taxes when you use the money to pay for qualified health care expenses.	• You make pre-tax payroll deductions. • You don't pay taxes when you use the money to pay for qualified dental and vision expenses.	• You make pre-tax payroll deductions. • You don't pay taxes when you use the money to pay for qualified dependent care expenses.
What's the annual maximum contribution?	• $4,500/individual • $9,000/family • Over age 55, you can contribute an additional $1,000 • Plus, Livingston County's contributions, which count towards this maximum	$3,400 **NOTE:** 2027 FSA limits are subject to change per IRS guidelines.	$3,400 **NOTE:** 2027 FSA limits are subject to change per IRS guidelines.	$7,500 ($3,750 if you are married and filing separate tax returns) **NOTE:** 2027 FSA limits are subject to change per IRS guidelines.
When are the funds available for me to use?	Funds are available as soon as you contribute them to your account.	1/1/2027	1/1/2027	Funds are available as soon as you contribute them to your account.
Can I keep the money at the end of the year?	Yes, funds in your account are yours to keep even if you change jobs.	You may carry over up to $680 for use in the next plan year.	Unused balances will be forfeited.	Unused balances will be forfeited.
Can I change my contributions during the year?	Yes, you can change, start, or stop your contributions at any time.	No	No	No

Protect Yourself From Risk

Did You Know?

1 in 4—over 70 million—adults in the United States reported having a disability.

CDC, Disability and Health Data System (DHDS), July 2024

Disability Insurance

Your ability to bring home a paycheck is a valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Voluntary Short-Term Disability (VSTD)

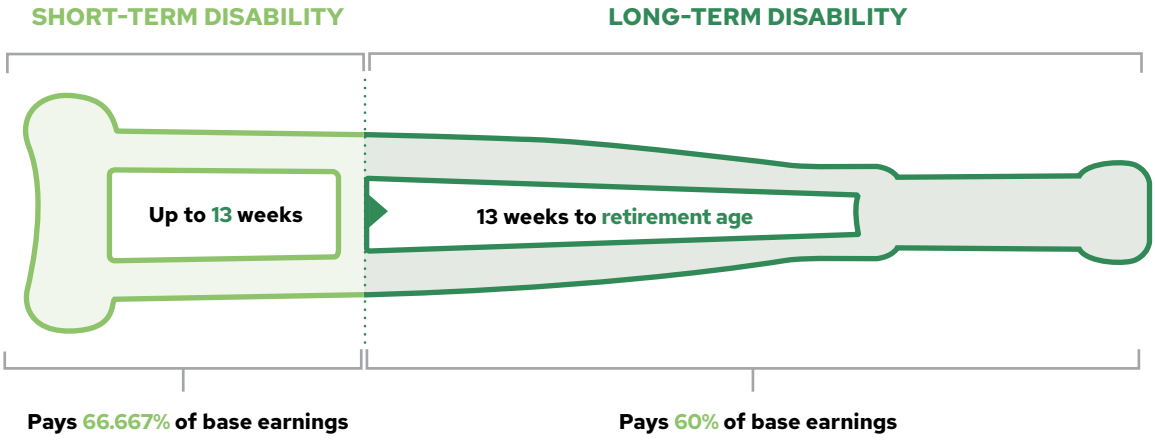
VSTD is available for full-time EMS & 911 members. You are disabled when New York Life (NYL) determines that due to sickness or injury you are unable to perform any of the material and substantial duties of your regular occupation; and you are not working in any occupation.

- Elimination period is 0 days for injury and 7 days for sickness
- Weekly Benefit: 66.6667% of weekly earnings up to max benefit of $2,500 per week
- Benefit Duration: 13 Weeks
- Pre-existing condition limitations apply
- Evidence of Insurability required

Voluntary Long-Term Disability (VLTD)

Long-term disability (VLTD) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan.

- Employer pays and enrollment is automatic for MAP Lieutenants
- Member pays and active enrollment is required for MAPE Court, MAP Sergeants, Paramedics/EMS, MAPE 911, LCDSA Deputies, LCDSA Corrections Officers, and LCDSA Detectives
- 60% of monthly earnings to a maximum benefit of $8,000 per month
- Elimination period is 90 days
- 30 day accumulation feature
- Evidence of Insurability required



Life and Accidental Death and Dismemberment (AD&D) Insurance

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family's future is financially secure if you're no longer there to provide for them.

Livingston County provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio. If Supplemental Life is elected after your initial enrollment period, coverage is subjected to Evidence of Insurability and approval.

Supplemental Life and AD&D Insurance

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Employee:** The benefit varies depending on bargaining unit.
- **Spouse:** The benefit varies depending on bargaining unit.
- **Child(ren):** The benefit varies depending on bargaining unit.

LIFE INSURANCE PLAN COMPARISON CHART

BASIC TERM LIFE	SUPPLEMENTAL LIFE
The premiums are fully company-paid.	The premiums increase as you age.
This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.	This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.

LIFE INSURANCE CLASS COMPARISONS CHART

BENEFIT LEVEL	NEW YORK LIFE	
Eligibility	• **Class 1** - Paramedics • **Class 2** - MAPE Court Members • **Class 3** - MAP Sergeants • **Class 4** - MAPE 911 Dispatch Members • **Class 5** - Deputies, Corrections Officers and Detectives	• **Class 6** - MAP Lieutenants • **Class 7** - Non-Union Members, Commissioners, Department Directors, and/or Deputy Directors • **Class 8** - County Administrators and Elected Officials • **Class 9** - Judges
Employee Life/AD&D Benefit Amount		
Base Life	• **Class 1** - $80,000 • **Class 2** - 2 times your annual earnings rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $200,000 • **Class 3** - $80,000 • **Class 4** - 1 times annual earnings rounded to the next higher multiple of $1,000. Maximum: $500,000	• **Class 5** - $90,000 • **Class 6** - $100,000 • **Class 7** - 1 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. Maximum: $500,000 • **Class 8** - 1 times annual earnings rounded to the next higher multiple of $1,000. Maximum: the lesser of 1 times annual earnings or $500,000 • **Class 9** = 1 times annual earnings, rounded to the next higher multiple of $1,000. Maximum; the lesser of 1 times annual earnings or $500,000.
Base AD&D	• All Classes Amount equal to Base life amount	
Employee Additional Life Benefit Amount	• **Additional Life:** • **Class 1** - **Employee:** $80,000, $160,000 **Spouse:** 5,000, $10,0000 **Child:** $2,500, $5,000 • **Class 2** - **Employee:** 1 or 2 times annual earnings, maximum $300,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000 • **Class 3** - **Employee:** $80,000, $160,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000 • **Class 4** - **Employee:** 1 or 2 times annual earnings, maximum $300,000 **Spouse:** $5,000, $10,000 **Child:** $2,500 ,$5,000 • **Class 5** - **Employee:** $90,000, $180,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000	• **Class 6** - **Employee:** $100,000, $200,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000 • **Class 7** - **Employee:** 1 or 2 times annual earnings, maximum $325,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000 • **Class 8** - **Employee:** 1 or 2 times annual earnings, maximum $400,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000 • **Class 9** - 1 or 2 times annual earnings, maximum $400,000 **Spouse:** $5,000, $10,000 **Child:** $2,500, $5,000
Dependent Life Benefit Amount	• **Spouse:** • **Spouse Non-Med Maximum:** Standard $10,000 • **Spouse Reduction:** Life Insurance Benefit for Spouses age 70 and over will reduce by the percentages shown below: 65% at age 70 45% at age 75 30% at age 80	• **Child:** • 0 - 14 days: $1,000 • 14 days - 6 months: $1,000 • 6 months +: $2,500 or $5,000 • **Child Age Limit:** 26 • Dependent coverage cannot be more than 100% of the employee's life amount.

NOTE: *Benefit reductions apply for employees 70 and older. Please see Human Resources with any questions.*

Prepare for the Future

Did You Know?

Nearly half of adults say it is difficult to afford health care costs.

KFF Health Tracking Poll, 2025

Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. Livingston County offers critical illness insurance, accident insurance, and hospital indemnity insurance.*

Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical illness insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have and is available to all employees regularly scheduled 30 hours or more.

Covered Illnesses Include:

- Heart attack
- Stroke
- Cancer
- Major organ transplant
- End stage renal (kidney) failure
- Coronary artery bypass surgery

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children as riders to your coverage.
- Coverage is portable – you can take your policy with you if you change jobs or retire.
- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.

The cost of the benefit will vary depending on your (the subscriber/employee's) age and the coverage and face amount elected.

**The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.*

Supplemental Medical Benefits

Accident Insurance

Major injuries are painful. But the financial impact of medical treatment doesn't have to be.

Accident insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.
- **24/7 Coverage:** Benefits are paid for accidents that happen off the job only.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.

NOTE: *The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.*

Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

NOTE: *The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your summary plan description (SPD) for complete details.*

Plan Features

- **Guaranteed Acceptance**: There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.
- **Payroll Deduction**: Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.
- **24/7 Coverage:** Benefits are paid for hospital stays that are not a result of a work related injury.

Additional Benefits

We offer a variety of additional benefits that give you options beyond health care and income protection.

Pet Insurance

Get coverage for every member of the family. With pet insurance, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more.

To enroll visit **www.petinsurance.com/livgov** or call **888-899-4874**.

Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. Livingston County knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

Plan Features

- Provided at no cost to you and your household members
- Includes counseling sessions
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call Life Advisor EAP at **800-448-8326** or visit **www.lifeadvisorEAP.com**.

Livongo

The Livongo for Diabetes and Livongo for Hypertension programs make living with diabetes and high blood pressure easier. They provide you with an exclusive connected blood glucose meter and blood pressure cuff, unlimited strips and lancets, a mobile app to view and track all of your readings, and personalized health coaching. Employees and dependents on the health plan are eligible to apply to the program. Visit **join.livongo.com/BCBSM/register** to register or call **800-945-4355** and use registration code: BCBSM for more information.

Valenz Bluebook (Previously Known as Healthcare Bluebook)

FAQs

What is Vālenz Bluebook?

And other frequently asked questions

COST

What is Vālenz Bluebook?

Vālenz Bluebook has been selected by your employer as an added benefit so you can shop for care, compare facilities, save money, and get the best quality for your medical services.

Did you know that in-network prices for the same procedure can vary by over 500% depending on the facility you choose?

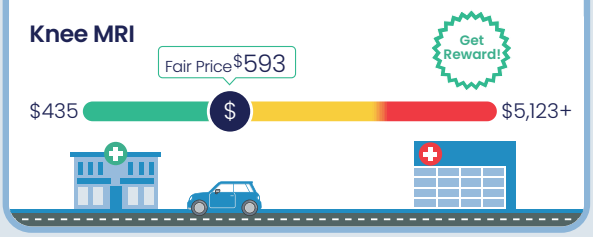
Bluebook's web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of **Fair Price™** (green) facilities.

We also provide detailed information on the quality of common inpatient procedures (those that require a hospital stay). We'll help you to easily identify and select a facility that has a high-quality rating.

What is the "FAIR PRICE?"

The **Fair Price™** is the amount you should reasonably expect to pay for a service or procedure and are based on the actual amount paid on the claim, not the billed amount, reflecting the discounts that the health plan has negotiated with the facility.

Here's an example of dramatic price differences between one facility and another.



QUALITY

Aren't all hospitals good at everything?

No, very few hospitals are good at all procedures. For example, a hospital can be among the highest performing facilities in the US for heart surgery, yet the same hospital can also be among the lowest performing facilities for joint replacement.

How does Bluebook assign quality ratings?

Bluebook's quality ratings are designed to help patients understand each hospital's specific level of quality for a particular inpatient clinical area or procedure. Quality ratings are calculated for each clinical area by combining a hospital's performance in several areas: patient complications, patient safety, mortality, and compliance with standards of care. Calculations are based on a statistically significant sample drawn from Centers for Medicare and Medicaid Services (CMS) data. Our methodology is validated and published in peer reviewed medical journals.

Can cheaper mean better quality? YES! Absolutely!

Providers with lower costs can have higher quality; there is no correlation between high cost and high quality. Vālenz Bluebook provides cost and quality ratings side-by-side for inpatient procedures, which is where quality matters most. By using Bluebook, it's easy to see which facilities offer the highest quality at the lowest costs.

Vālenz® Bluebook

Continued on page 2...

Valenz Bluebook (Previously Known as Healthcare Bluebook)

FAQs

REWARDS

How do I earn Go Green to Get Green Rewards?
You can earn up to a **$100** reward every time you search for select procedures in Vālenz Bluebook and use a Fair Price™ facility for your care.

How will I receive my reward? How long does it take?
Rewards will be processed on a monthly basis, but may be delayed due to the time it takes for claims to be billed and processed. Your reward and a letter of explanation will be sent to the address you have on file with your employer.

Are my family members eligible to receive rewards?
Family members who are participating in the health plan can earn rewards. However, rewards are always paid to the employee/enrollee.

Can I earn multiple rewards?
Yes, you may receive multiple rewards for procedures rendered on the same day. For example, if you had cataract surgery on both eyes, you would receive two separate rewards for using a **Fair Price™** (green) provider.

Always check in-network status before scheduling.

EASY SETUP

How do I access Vālenz Bluebook?

ON YOUR PC, LAPTOP, AND/OR TABLET:
Log in to Vālenz Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/livgov

ON YOUR MOBILE PHONE:
Download the app and login so you'll have Bluebook with you anytime you need to schedule a procedure.

Mobile Code: LIVGOV

Once you've logged in, search for your procedure, review the price range shown on the color bar, then scroll down the page and review the list of facility options by quality and cost.

Bluebook's convenient color codes make it easy for you to identify those providers by cost and quality.

COST RATINGS	$ At or Below Fair Price	$$ Slightly Above Fair Price	$$$ Highest Price
QUALITY RATINGS	Highest Quality	Average Quality	Lowest Quality

Check It Out:

healthcarebluebook.com/cc/livgov
800-341-0504

Download the App: App Store | Google play Mobile Code: LIVGOV

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Resources and Contact Information

Get More Information

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical	Blue Cross Blue Shield of Michigan	www.bcbsm.com	877-354-2583
Dental			
Prescription Drug	RxBenefits	www.rxbenefits.com	800-334-8134
Vision	MetLife	www.metlife.com/mybenefits	855-638-3931
Flexible Spending Accounts/ Dependent Care FSA	Navia	www.naviabenefits.com	800-669-3539
Short-& Long-Term Disability Claims	New York Life	mynylgbs.com	888-842-4462
Basic Life & Accidental Death & Dismemberment Claims			
Supplemental Life Claims			
Critical Illness Insurance	Aetna	My Aetna Supplemental app/ myaetnasupplemental.com/aetna.com	800-800-8121
Accident Insurance			
Hospital Indemnity Insurance			
Pet Insurance	Nationwide	www.petinsurance.com/livgov	888-899-4874
Employee Assistance Program - Life Advisor	Ulliance	www.lifeadvisorEAP.com	800-448-8326
Healthcare Savings Tool	Valenz Bluebook	healthcarebluebook.com/cc/livgov	800-341-0504
Human Resources	Stacy Bono	sbono@liv.gov www.livgov.com/HR	517-540-8793

ABOUT THIS GUIDE: *Actual plan provisions for Livingston County ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.*

Updated: October 2026

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Bi-weekly, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a federal tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, may be eligible for investment and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at **https://www.liv.gov.com/hr/benefits/Pages/medicalplans.aspx**; you may also request a copy free of charge by calling **517-546-3669 Option 4**.

Enclosed are important notices about your rights under your health and welfare plan (Livingston County), the "Plan." The information in the accompanying guide provides updates to your existing SPDs and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Livingston County reserves the right to right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Livingston County Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Livingston County Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Livingston County, Human Resources
304 E Grand River Ave, Suite 202
Howell, MI 48843

If you have any questions, please contact the Livingston County Human Resources Office at **517-546-1010**.

Patient Protection Notice

Livingston County generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Until you make this designation, Livingston County 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 Blue Cross Blue Shield of Michigan at **877-354-2583**.

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

You do not need prior authorization from Livingston County 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-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 Blue Cross Blue Shield of Michigan at **877-354-2583**.

Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator, Stacy Bono, at **517-540-8793**.

Newborns' and Mothers' Health Protection Act Disclosure

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).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Stacy Bono for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Livingston County About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Livingston County coverage will not be affected.

Your Livingston County coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

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

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at **www.ssa.gov**, or
- Call **800-772-1213**. TTY users should call **800-325-0778**.

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

Date: October 15, 2026
Name of Entity/Sender: Livingston County
Contact: Stacy Bono
Livingston County
Address:304 E. Grand River, Suite 205
Howell, MI 48843
Phone Number: **517-540-8793**

Your ERISA Rights

As a participant in the Livingston County benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **866-444-3272**. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Livingston County Human Resources or COBRA Administrator.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start**.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Livingston County
Livingston County Benefits Specialist
Stacy Bono
304 E. Grand River, Suite 205
Howell, MI 48843
517-540-8793

Summaries of Benefits and Coverage (SBCs)

Availability Notice

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.

Your plan offers a series of health coverage options. 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 any health coverage option in a standard format, to help you compare across options.

The SBC is available on the Livingston County website at **https://www.livgov.com/hr/benefits/Pages/medicalplans.aspx**. A paper copy is also available, free of charge, you may also call Livingston County benefits department at **517-546-3669 Option 4**.

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **517-546-1010** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice Regarding Wellness Program

Livingston County's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and blood sugar. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $100 for completing the health risk assessment and physician health screening form by the deadline date. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive $100.

Additional incentives of up to $500 for full-time employees and up to $300 for part-time employees may be available for employees who participate in certain health-related activities such as gym memberships, exercise or sports equipment, exercise sessions, pedometers, tennis/athletic shoes, yoga or meditation sessions, sport league fees, therapeutic massage, Weight Watchers/similar weight or tobacco cessation programs, minus foods or vitamins (anything ingestible is not eligible for the reimbursement under the wellness program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at **517-546-1010**.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Livingston County may use aggregate information it collects to design a program based on identified health risks in the workplace, BlueCross BlueShield of Michigan (BCBSM) will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your primary care physician in order to provide you with services under the wellness program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at **517-546-1010**.

HIPAA 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 the Livingston County group health 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. To request special enrollment or obtain more information, contact Stacy Bono, Benefits Specialist, at **517-540-8793**.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. ALASKA – Medicaid
   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
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
   Health Insurance Premium Payment (HIPP) Program
   Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
   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
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. GEORGIA – 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
8. ILLINOIS – Medicaid
   Illinois Medicaid Premium Assistance Information
   Medicaid application website: https://abe.illinois.gov
   HIPP Hotline Number: 217-524-8268
   HIPP Email: mhfs.boc.hipp@illinois.gov
9. INDIANA – Medicaid
   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
10. IOWA – Medicaid and CHIP (Hawki)
    Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
    Medicaid Phone: 1-800-338-8366
    Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
    Hawki Phone: 1-800-257-8563
    HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
    HIPP Phone: 1-888-346-9562
11. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
12. KENTUCKY – 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: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
13. LOUISIANA – 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
14. MAINE – Medicaid
    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
15. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
16. MINNESOTA – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
17. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
18. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
19. NEBRASKA – Medicaid
    Website: http://accessnebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
20. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
21. NEW HAMPSHIRE – Medicaid
    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
22. NEW JERSEY – Medicaid and CHIP
    Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
    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)
23. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
24. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
25. NORTH DAKOTA – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
26. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
27. OREGON – Medicaid and CHIP
    Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
28. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
    CHIP Phone: 1-800-986-KIDS (5437)
29. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
30. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
31. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
32. TEXAS – Medicaid
    Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
33. UTAH – Medicaid and CHIP
    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/
34. VERMONT – Medicaid
    Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
35. VIRGINIA – Medicaid and CHIP
    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
36. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
37. WEST VIRGINIA – Medicaid and CHIP
    Website: https://bms.wv.gov
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
38. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
39. 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
866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

Livingston County, Michigan
Organized in 1836