

Sauk County



2024 Benefits Guide

Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

During Enrollment

Enroll in these plans or waive coverage:

- Medical
- Dental
- Vision
- Flexible Spending Account
- Dependent Care Flexible Spending Account
- Critical Illness Plan
- Accident Plan
- Short Term Disability Plan
- Whole Life Plan

Table of Contents

Benefits Enrollment Checklist	2	Vision Plan Highlights (Exam and Materials)	10
Carrier Contacts	3	Vision Plan Highlights (Materials Only)	11
Medical Plans	4	Protection Plans	12
Medical Plan Highlights (HMO)	5	Protection Plans (continued)	13
Medical Plan Highlights (POS)	6	Mental Health Resources	14
Find the Right Care	7	Retirement Savings Plan, Holidays	15
Flexible Spending Account (FSA)	8	Paid Time Off	16
Dental Plan Highlights	9	Required Federal Notices	17

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Carrier Contacts

<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical/Rx Insurance	Dean Health Plan	800.279.1301 www.deancare.com
Voluntary Dental Insurance	Delta Dental of WI	800.236.3712 www.deltadentalwi.com
Voluntary Vision Insurance	Superior Vision	800.507.3800 www.superiorvision.com
Flexible Spending Account	EBC	800.346.2126 www.ebcflex.com
Accident, Whole Life, STD, Critical Illness	Manhattan Life – Andrea Hoskinson	713.683.7639 www.manhattanlife.com
Employee Assistance Program (EAP)	Empathia	800.634.6433 www.mylifematters.com
Retirement Savings Plan	Wisconsin Retirement System (WRS)	877.533.5020 etf.wi.gov
457(b)	Mission Square	800.669.7400 www.missionsq.org
	Wisconsin Deferred Comp	877.457.WDCP (9327) www.wdc457.org

For open enrollment and benefit related questions, please contact Mary Jane Camu 608-355-3270 or via email maryjane.camu@saukcountywi.gov

Medical Plans

Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Sauk County provides eligible employees the choice of two medical plans administered by Dean Health Plan.

- HMO Option
- POS Option

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Dean network. Find a participating health care provider in your area by going to: <https://www.deancare.com/Find-A-Doctor>

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Eligibility

- All full-time employees
- Part-time employees with benefits

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to the end of the month the dependents turn age 26.

Terms To Know

Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

In-Network Coinsurance

Plan Pays 100%

You Pay 0%

Medical Plan Highlights

Dean Health Plan Network: Dean HMO	HMO Plan In-Network Coverage Only	
Deductible		
Single		\$500
Family		\$1,000
Out-of-Pocket Maximum		
Single		\$1,750
Family		\$3,500
Coinsurance		100%
Physician Services	Preferred Provider	Network Provider
Routine / Preventive Care	<i>Select Services Are FREE</i>	
*Primary Care Physician	\$0 copay	\$20 Copay
Specialist	\$0 copay	\$40 Copay
Hospital Services	Deductible Applies	
Urgent Care ER		
Urgent Care	\$50 Copay	\$100 Copay
Emergency Care	\$200 Copay	\$200 Copay
Prescription Drugs	Retail – 34 Day Supply	Mail Order – 90 Day Supply
Generic	\$10 Copay	2 Copays (\$20)
Brand	\$25 Copay	2 Copays (\$50)
Non-Preferred	\$50 Copay	3 Copays (\$150)

***Please Note:** upon enrollment, members are required to elect a **Primary Care Physician (PCP)**. Otherwise, a randomized provider will be assigned by Dean Health Plan. Each member within a household may have a different PCP. The role of the PCP is to manage and direct your care by referring to other physicians or specialists within the network.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$91.39	\$670.16
Family	\$235.78	\$1,729.02

Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$247.50	\$514.05
Family	\$638.56	\$1,326.24

Medical Plan Highlights

Dean Health Plan Network: Dean POS	POS Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$500	\$750
Family	\$1,000	\$1500
Out-of-Pocket Maximum		
Single	\$4,600	\$10,000
Family	\$9,200	\$20,000
Coinsurance	100%	20%
Physician Services		
Routine / Preventive Care	\$0 copay	20% coinsurance after deductible
Primary Care Physician	\$15 copay	
Specialist	\$15 copay	20% coinsurance after deductible
Hospital Services	0% Coinsurance after Deductible	20% coinsurance after deductible
Walk-in Clinics Urgent Care ER		
Urgent Care	\$30 copay*	\$30 copay*
Emergency Care	\$125 copay*	\$125 copay*
Prescription Drugs		
Tier 1	\$10 copay	50% Coinsurance
Tier 2	\$25 copay	50% Coinsurance
Tier 3	\$50 copay	Not covered
Tier 4	30% Coinsurance	50% Coinsurance

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

*You may be responsible for other charges in addition to the visit

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$199.62	\$670.16
Family	\$355.73	\$1,729.02

Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$515.01	\$514.05
Family	\$917.79	\$1,326.24

Find the Right Care

For Your Needs

Knowing your care options before you need them saves you time and money.

SSM Health Express Virtual Care

SSM Health Express Virtual Care offers two convenient and affordable options for patients to access non-emergent care via smart phone or computer without scheduling an appointment. These services are available to everyone, whether or not they are an established SSM Health patient.



Too sick to drive to the doctor?

Fill out an online questionnaire, receive a written diagnosis, treatment, and a prescription.

Cold/flu, allergies, lice, etc.

Prefer a face-to-face conversation?

Start a video visit and quickly connect with a SSM Health provider. No appointment necessary.

Abnormal headaches, earaches, chronic conditions, etc.

Wish to see your doctor for care?

Schedule an appointment at your primary care clinic. Same-day appointments are usually available.

In-person treatments and annual checkups.

Primary care clinic full or closed?

Visit your nearest Urgent Care facility.

When your normal clinic is full or closed.

Life-threatening illness or injury?

Go to the nearest emergency room or call 911.

Heart attack, stroke, head injury, severe pain.

All care subject to copay and deductible if filed with insurance.

Still not sure of the type of care you need?

Call the 24-Hour Nurse Advice Line at 833-925-0398.

A nurse is ready to help 24/7/365.

©2021 Dean HealthPlan, Inc. #192020 RD_2108

We are here to help
Visit deancare.com/rightcare
or scan this QR code to start your visit



DeanHealthPlan.
A member of SSM Health

Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by March 15th or you will lose the balance.

Sauk County offers two types of FSAs administered by EBC – General Purpose and Dependent Care FSA.

General Purpose FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care, and vision care.

General Purpose FSA Contribution Limits

Sauk County follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the General Purpose FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,200. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,200 cap.

Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You cannot contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why Sauk County offers a dental plan administered by Delta Dental.

Delta Dental Plan of WI

Individual Annual Maximum	\$1,000
Deductible	
Per Member	\$50
Preventive Care Services	
Exams	100%
Cleanings – twice per calendar year!	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	80%
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>	80%
Basic Restorative Services	
Fillings	80%
Endodontics – Surgical / Non-Surgical	50%
Periodontics – Surgical / Non-Surgical	50%
Extractions – Surgical / and other oral surgery (Deductible Applies)	50%
Extractions - Non-Surgical	80%
Major Restorative Services	
Crowns, Inlays, Onlays	50%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	50%
Implants	50%
Orthodontic Services	
Coinsurance	50%
Individual Lifetime Maximum	\$1,000

NEW: Adult Orthodontic Coverage Added

***All dental members, including spouses and dependents have access to orthodontic services!
Dependents are eligible up to age 26.***

Monthly Premiums	Employee Cost
Employee	\$38.42
Employee + Spouse	\$87.77
Employee + Child(ren)	\$90.26
Family	\$141.10

Vision Plan Highlights - Exam and Materials Plan

Your eyes provide doctors with a clear picture of your overall health. Sauk County offers two vision plans to provide you with choice. The first plan includes a comprehensive eye exam. An eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. If you are enrolled in the County’s health plan you can also get your annual exam through a participating Dean/SSM optometrist.

Superior Vision	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per Calendar Year	
Frame	Once per Calendar Year	
Lenses	Once per Calendar Year	
Contact Lenses	Once per Calendar Year	
Annual Vision Exam	Covered in Full	Up to \$35
Contact Lens (fit and follow-up)	\$150 Retail Allowance	Up to \$125
Allowance Summary		Up To
Frames	\$125 Retail Allowance	\$70
Medically Necessary Contacts	Covered in Full	\$150
LASIK Vision Correction	\$200 Allowance	\$200 Allowance

Monthly Premiums	Employee Cost
Employee	\$13.29
Employee + Spouse	\$26.58
Family	\$35.19

Vision Plan Highlights - Materials Only Plan

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Sauk County provides vision care administered by Superior Vision. If you are enrolled in the County's health plan you can get your annual exam through a participating Dean/SSM optometrist.

Superior Vision	In-Network	Out-of-Network
Frequency		
Vision Exam		Not Covered
Frame	Once per Calendar Year	
Lenses	Once per Calendar Year	
Contact Lenses	Once per Calendar Year	
Annual Vision Exam		Not Covered
Contact Lens (fit and follow-up)	\$150 Retail Allowance	Up to \$125
Allowance Summary		Up To
Frames	\$125 Retail Allowance	\$70
Medically Necessary Contacts	Covered in Full	\$150
LASIK Vision Correction	\$200 Allowance	\$200 Allowance

Monthly Premiums	Employee Cost
Employee	\$9.33
Employee + Spouse	\$18.65
Family	\$25.76

Protection Plans

Voluntary Short-Term Disability (STD)

Sauk County’s Voluntary Short Term Disability plan is administered by Manhattan Life. This benefit pays a weekly percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury.

Carrier Name	Benefit Highlights
Premium Benefit	Employee Paid Minimum benefit of \$300 and maximum benefit of \$5,000 per month Not to exceed 60% of base monthly income
Sickness Benefit Begins On	30 Day
Accident Benefit Begins On	30 Day
Maximum Benefit Duration	12 Month

NOTE: STD includes pre-existing condition limitations. Please review the plan summary for more details. Earnings for STD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

Voluntary Whole Life Insurance

In addition to the Short-Term Disability Plan, you have the option to purchase Supplemental Whole Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

Manhattan Life Plan Highlights

Employee Coverage	\$5,000-\$300,000
Spouse Coverage	\$5,000-\$50,000
Child Coverage	\$5,000-\$25,000

Employee Premiums

Age	Employee Per \$	Spouse Per \$
00-24	See HR for Age Based Rate Chart	
25-29	\$	\$
30-34	\$	\$
35-39	\$	\$
40-44	\$	\$
45-49	\$	\$
50-54	\$	\$
55-59	\$	\$
60-64	\$	\$
65-69	\$	\$
70-74	\$	\$
75 and over	\$	\$

For a full listing of weekly premiums, please contact HR.

Protection Plans (continued)

Voluntary Critical Illness Insurance

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for. Things like copays, deductibles, loss of income, child care and travel expenses. Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

Manhattan Life Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the monthly following one month of employment
Premium	Varies by benefit election Contact a member of HR
Benefit Increments	Lump-sum payment upon diagnosis: \$10,000-\$50,000

Covered Conditions

- Heart Attack
- Stroke
- Cancer
- Major organ failure
- End state renal (kidney) failure

NOTE: initial diagnosis and initial recommendation must occur after your coverage for these benefits becomes effective.

Voluntary Accident Insurance

Your medical insurance will cover some of the expenses incurred from an accident, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you're unable to work while you recover. That's where Accident insurance comes in. It helps protect your bank account from the out-of-pocket expenses that come with an injury. Whether you're coping with a broken arm or recovering from a serious car accident.

Manhattan Life Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the monthly following 30 days of employment
Premium	Varies by benefit election Contact a member of HR
Benefit Increments	Lump-sum payment upon injury: depends on type of accident

Covered Injuries

- Broken bones
- Burns
- Cuts
- Torn ligaments
- Eye injuries
- Accidental Death

Mental Health Resources

Employee Assistance Program (EAP)

Life doesn't always go as planned. From time to time, we may face personal, financial, legal, or other issues which can negatively affect our mental well-being. In these situations, our stress often transfers to the ones who matter most, our family members. That's why Sauk County has partnered with Empathia/Life Matters to provide short-term counseling and support services.

Sauk County offers this benefit to you and your immediate family members at no cost. To access services, simply call Empathia/Life Matters at 1-800-634-6433 or visit www.mylifematters.com. A phone call allows you to establish an appointment with one of their counselors. Our EAP benefit offers up to 3 sessions per issue. In most situations additional services won't be needed. If other services are necessary, Sauk County will facilitate a referral and those services will be paid according to your health plan coverage.

It should be noted that Empathia/Life Matters makes every effort to protect your privacy and ensure that your EAP service is completely confidential. Sauk County does not know who utilizes these services and we encourage you and your family to take full advantage of the benefits of our EAP.

Topics Covered

- Depression
- Divorce
- Choosing a college or university
- Legal issues
- Financial pressure
- Home Repair
- Pet Sitting
- Real Estate
- Caring for aging parents
- Seeking childcare
- Baby Welcome Program
- Entertainment Services
- Credit Report Review
- Workplace stress
- Relationship issues
- Travel Planning
- Will Kits
- Adoption Assistance

Modes of Access



Telephonic



Face-to-Face



Video



Email



Chat



Text

Retirement Savings Plan - WRS

Eligibility	All benefit eligible employees participate. The mandatory employee contribution is determined by ETF on an annual basis depending on employment category. The current employee contribution is 6.9% of WRS earnings.
Contribution Start Date	Immediately
Employer Match	Sauk County contributes 6.9% (14.3% for Protectives with Social Security) of your WRS earnings to your retirement plan, immediately. Annual contributions rates are determined by the ETF.
Vesting	Vesting requirements vary based on your date of hire and/or previous employment with a WRS employer. Only employee contributions are subject to vesting.

Wisconsin Retirement System (WRS), Wisconsin Department of Employee Trust Funds (ETF)
 For additional information, call 1.877.533.5020 or visit www.etf.wi.gov

Eligibility	All benefit eligible employees are able to participate
	Supplemental Retirement Plan. Roll overs from most plans are accepted. The Plan allows for hardship withdrawals (specific criteria must be met).

For additional information

Mission Square - 800.669.7400 or visit www.missionsq.org

Wisconsin Deferred Compensation (WDC) – 877.457.9327 or visit www.wdc457.org

Holidays

Part-Time and Full-Time employees in paid status are eligible for 11 paid holidays. Our holiday schedule includes the following for 2024:

Holiday	Observance Date
New Year's Day	January 1, 2024
Martin Luther King Jr. Day	January 15, 2024
Good Friday	March 29, 2024
Memorial Day	May 27, 2024
Independence Day	July 4, 2024
Labor Day	September 2, 2024
Thanksgiving	November 28, 2024
Friday After Thanksgiving	November 29, 2024
Christmas Eve	December 24, 2024
Christmas Day	December 25, 2024
New Year's Eve	December 31, 2024

NOTE: In some departments, due to shifts and/or bargaining agreements, there may be differences in the dates observed as holidays.

Paid Time Off (PTO)

Sauk County provides paid vacation time off for non-exempt and exempt employees. Employees may accrue up to 24 days of vacation. No additional vacation may be earned until the accrual drops below the 24-day maximum unless approved by the Personnel and Insurance Committee.

Vacation

Years of Service	Accrual Rate
1+ Month	1 day per month
5+ Years	1.5 days per month
10+ Years	1.75 days per month
13+ Years	2 days per month

Executive Leave

Eligibility	Exempt employees who are not eligible for compensatory time
Benefit	3 days of paid leave per year earned on the benefit accrual date. Unused executive leave expires on the next anniversary date and is not paid out.

Sick Leave

Eligibility	Part time and full-time employees
Benefit	Accruals begin on the date of hire. Employees are able to use earned sick time as it is accrued. Full time employees earn one day of sick leave per month for a maximum accumulation of 120 days. Part time employees earn leave on a prorated basis.

A special catastrophic sick leave account will be established for employees who have accumulated 120 days. A portion of accrued sick leave may be used at retirement to purchase continuing health insurance.

Jury Duty Leave

Eligibility	Part time and full-time employees in paid status
Benefit	Up to two weeks of paid leave as needed to serve for jury duty.

Bereavement Leave

Eligibility	Part time and full-time employees in paid status
Benefit	Up to three days of paid leave for employee's spouse, child, parent, brother, sister, stepparent, stepchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, grandparent, grandparent of spouse or grandchild.

Pallbearer Leave

Eligibility	Part time and full-time employees in paid status
Benefit	One day per year is available to an employee who performs the duties of a pallbearer or a member of a burial honor guard.

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: 1/1/2024

Who will follow this notice:

This notice describes the health information practices of Dean Health Plan, Delta Dental, and Superior Vision (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Medical, Dental and Vision benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Sauk County (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator 608-355-3270.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sauk 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. Sauk County has determined that the prescription drug coverage offered by the Sauk County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Sauk County coverage will not be affected. Employees can continue their prescription drug coverage under Sauk County and an elected part D coverage will coordinate with the Sauk County coverage.

If you do decide to join a Medicare drug plan and drop your current Sauk County coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

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 Sauk 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

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

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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: 10/5/2023

Name of Entity/Sender: Sauk County

Contact--Position/Office: Mary Jane Camu, HR Benefits Specialist

Address: 505 Broadway Street, Baraboo, WI 53913

Phone Number: 608-355-3270

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: Sauk County
Employer Identification Number (EIN): 39-600-5740
Employer Address: 505 Broadway Street, Baraboo, WI 53913
Employer Phone Number: 608-355-3270
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Mary Jane Camu

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

CALIFORNIA – Medicaid

Website:

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

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>

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

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

FLORIDA – Medicaid

Website:

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

CHIP (continued)

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

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website:

<http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website:

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov>

Medicaid Phone: 1-800-992-0900

CHIP (continued)

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

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/ChildrensHealthInsuranceProgram(CHIP)(pa.gov))
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)

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. 5218

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health/department-of-vermont-health-access)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

CHIP (continued)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

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 January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

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

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

WELLNESS PROGRAM DISCLOSURE

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 Mary Jane Camu, HR Benefits Specialist, 608-355-3270 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.