



2023-2024
CITY OF HAGERSTOWN
EMPLOYEE
BENEFITS
GUIDE



WELCOME!

The City of Hagerstown takes pride in offering a comprehensive and competitive benefits package to our employees. Through our program, you can choose the benefits that best meet the needs of you and your family. Our core benefit options include a variety of medical, dental and vision plan options. We also offer employer-paid life insurance, voluntary long-term disability insurance, voluntary life benefits, an employee assistance program, a 457(b) deferred compensation plan, vacation days, paid holidays and more!

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the City of Hagerstown family and look forward to a healthy and safe 2023.

ELIGIBILITY

If you are a regular, full-time employee you are eligible to enroll in the benefits described in this guide. Regular, part-time employees working 30 hours or more per week are eligible for the Medical plan and the Employee Assistance Program (EAP). Benefits for new hires begin on the 1st day of employment.

Eligible Dependents Include:

- Legal spouse
- Dependent children to age 26

QUALIFYING LIFE EVENTS

Unless you have a qualified event, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified events include marriage, divorce, birth or adoption of a child or a dependent losing their health care coverage. Changes due to a qualifying event must be completed within 30 days of the event date.

THE BENEFIT PLAN YEAR
RUNS FROM **JULY 1ST**
THROUGH JUNE 30TH OF
THE FOLLOWING CALENDAR
YEAR TO CORRESPOND WITH
THE FISCAL YEAR.

To learn more about your benefits and to access the City's benefit documents, visit the link below.

hagerstownmd.org/1360/Employee-Benefits



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CONTACT INFORMATION

MEDICAL

United HealthCare
myuhc.com
 1-866-414-1959

DENTAL

United Concordia
unitedconcordia.com
 1-800-332-0366

VISION

EyeMed
eyemed.com
 1-888-581-3648

LIFE AND DISABILITY & VOLUNTARY BENEFITS

The Hartford
thehartford.com
 Life: 1-800-563-1124
 Disability: 1-800-549-6514

VIRTUAL BENEFITS

United HealthCare
myuhc.com
 1-866-414-1959

FSA/HRA

WEX
<https://www.wexinc.com/discovery-benefits/>
 1-866-451-3399

RETIREMENT PLAN

Empower Retirement
empower-retirement.com
 1-855-756-4738

POLICE & FIRE RETIREMENT

Amy Dreisbach
 301-739-8577 ext. 108

MD STATE RETIREMENT AND PENSION PLANS

1-800-492-5909
sra.state.md.us

Human Resources Contacts

Amy Dreisbach HR Administrator-Benefits & Wellness 301-739-8577 ext. 108	Kevin DeHaven Safety & Risk Management Administrator 301-739-8577 ext. 189
Don Francis Director of Human Resources 301-739-8577 ext. 109	Donnie Harkcom HR Coordinator 301-739-8577 ext. 828
Tamara Owens Part Time HR Representative 301-739-8577 ext. 298	



Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.



MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

The City offers three medical plans. By offering a choice of three plans, there's sure to be a plan that works for you. Each plan has its own advantages. You can find a network provider online at uhc.com before you sign up.

For each, your deductible will run from JULY 1—JUNE 30

When you use an in-network provider or facility, you save money for yourself and the City, which in turn helps the medical plan remain affordable for you. Take time to explore the Cost Estimator on myuhc.com to help you choose providers that may have lower claims costs.

TIP Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

- ? How many hours do I need to work to be eligible for insurance benefits?**

A full-time employee working a minimum of 30 hours per week on a regular basis. Regular, part-time employee working 30 hours or more are eligible for the Medical plan and the Employee Assistance Program.
- ? Will I receive a new Medical ID card?**

You will receive an ID card in the mail if you are electing medical coverage for the first time, adding dependents, or switching plans.
- ? Does the deductible run on a calendar year or policy year basis?**

A policy year basis. July 1 through June 30.
- ? How long can I cover my dependent children?**

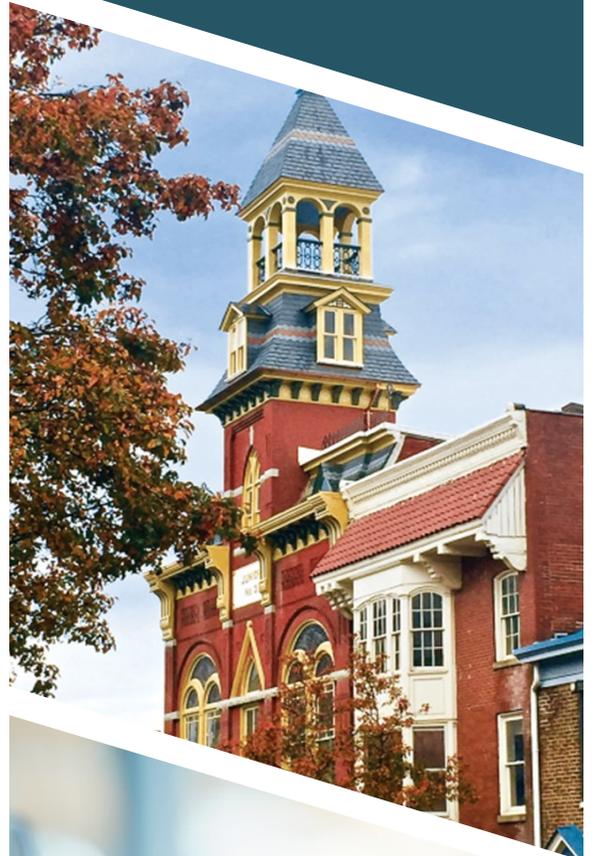
Dependent children are eligible until age 26.
- ? I just got hired. When will my benefits become effective?**

Your benefits will begin on the first day of employment.

 **Medical Plans Explained**

YOUR MEDICAL PLANS

- OPTION 1: LEVEL PLAN
- OPTION 2: SELECT PLAN
- OPTION 3: PLUS PLAN (EE PLAN & EE + 1/FAMILY PLAN)



MEDICAL INSURANCE



YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting myuhc.com



PRIMARY CARE

- Routine, primary/preventive care
 - Non-urgent treatment
 - Chronic disease management
- For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.



UHC VIRTUAL VISITS

- Cold/flu
 - Diarrhea
 - Fever
 - Rash
 - Sinus problems
- UHC Virtual Visits lets you see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere! UHC Virtual Visits bring you care from the comfort and convenience of your home or wherever you are. Visit myuhc.com to get started!



CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
 - Flu shots
 - Pregnancy tests
 - Vaccines
 - Rashes
 - Screenings
- These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.



URGENT CARE

- Sprains
 - Small cuts
 - Strains
 - Minor infections
 - Sore throats
 - Mild asthma attacks
 - Back pain or strains
- Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours – or if you can't be seen by your doctor immediately – you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.



EMERGENCY ROOM

- Heavy bleeding
 - Large open wounds
 - Chest pain
 - Spinal injuries
 - Difficulty breathing
 - Major burns
 - Severe head injuries
- An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

▶ Primary Care vs. Urgent Care vs. ER

MEDICAL INSURANCE



24/7 NURSELINE

- **Right Treatment:** Help answer clinical concerns, facilitate referrals to relevant health and wellness programs, and provide condition management and treatment-decision counseling.
- **Right Provide:** Identify UnitedHealth Premium providers and seven schedule appointments.
- **Right Medication:** Coaching on medication adherence and education on drug interactions or medication alternatives.
- **Rights Lifestyle:** Preventive care information, healthier lifestyle coaching and referrals to wellness coaching and behavioral health.

UnitedHealthcare NurseLine is a health services solution in which members are connected with a health care expert, who helps guide them to resources and more effective use of care.

Call the number on your health plan ID card or sign in to myuhc.com to get in touch with a 24-hour Nurse. There's no additional cost!

HEALTH4ME APP

- Find nearby care options in your network
- Estimate costs
- Video chat with a doctor 24/7
- View and share your health plan ID card
- See your claim and view progress toward your deductible

When you're out and about, you can do everything from managing your plan to getting convenient care.

The UnitedHealthcare app puts your plan at your fingertips. The app is available for download from iPhone or Android.

REAL APPEAL WEIGHT-LOSS PROGRAM

- Entertaining and aspirational messaging
- A Success Kit
- Weekly group classes
- One-to-one personalized consultation
- Digital support and tracking



The Real Appeal program is provided at no additional cost to members as part of the health insurance plan. Members will receive a free initiation package with all sorts of goodies, as seen in the picture to the left. Visit realappeal.com to learn more and enroll!

UHC VIRTUAL VISITS—TELEHEALTH



The City provides access to a telehealth service as part of your medical plan. UHC Virtual Visits provides you with 24/7/365 access to board-certified doctors via video chat or phone. The cost of a phone or online visit is the same or less than with your primary care provider. You can use Virtual Visits to get care for the following conditions, and many more: bladder or urinary tract infection, fever, pinkeye, sinus problems, bronchitis, sore throat, allergies, cold/flu, etc. Employees will receive a diagnosis, and a prescription, if appropriate.

MEDICAL INSURANCE

MEDICAL/PRESCRIPTION DRUG INSURANCE PLAN OPTIONS AND COSTS

United HealthCare	Level Plan		Select Plan	
	Employee Cost Weekly	Employee Cost Monthly	Employee Cost Weekly	Employee Cost Monthly
Employee Employee + 1 Family	\$23.45 \$65.49 \$109.47	\$101.62 \$283.79 \$474.37	\$30.00 \$78.46 \$131.54	\$130.00 \$340.00 \$570.00
	In-Network		In-Network	
Deductible Individual / Family	\$500 / \$1,250		\$250 / \$625	
Coinsurance (Member Pays)	10%		10%	
Out-of-Pocket Maximum Individual / Family <i>(includes deductible, coinsurance & copays)</i>	\$2,000 / \$4,000		\$1,500 / \$3,000	
Office Visit Primary Care Physician / Specialist	\$25 copay		Deductible then 10%	
Preventive Care	Covered at 100%		Covered at 100%	
Diagnostics Lab and X-ray	Deductible then 10%		Deductible then 10%	
Urgent Care	\$50 copay		\$50 copay	
Emergency Room	\$75 copay		\$75 copay	
Outpatient Surgery	10% after deductible		10% after deductible	
Inpatient Hospital Services	10% after deductible		10% after deductible	
Prescription Drug Generic / Brand / Brand Non- Formulary	\$6 / \$30 / \$45		\$6 / \$30 / \$45	
	Out-of-Network		Out-of-Network	
Deductible Individual / Family	\$750 / \$2,250		\$750 / \$2,250	
Member Coinsurance	30%		30%	
Out-of-Pocket Maximum Individual / Family	\$2,500 / \$5,000		\$2,500 / \$5,000	

Your medical plans are detailed in the UnitedHealthCare 2023 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

The SBC's can be found here:



MEDICAL INSURANCE

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

United HealthCare	Plus Plan	
	Employee Cost Weekly	Employee Cost Monthly
Employee Employee + 1 Family	\$2.62 \$46.37 \$74.50	\$11.35 \$200.94 \$322.83
	Plus Plan (EE Plan)	Plus Plan (EE+1/Family Plan)
	In-Network	In-Network
Deductible Individual / Family	\$1,500 / N/A	\$3,000 / \$6,000
Coinsurance (Member Pays)	0%	0%
Out-of-Pocket Maximum Individual / Family <i>(includes deductible, coinsurance & copays)</i>	\$2,000 / N/A	\$2,800 / \$5,000
Office Visit Primary Care Physician / Specialist	Deductible then 0%	Deductible then 00%
Preventive Care	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray	Deductible then 0%	Deductible then 0%
Urgent Care	Deductible then 0%	Deductible then 0%
Emergency Room	Deductible then 0%	Deductible then 0%
Outpatient Surgery	Deductible then 0%	Deductible then 0%
Inpatient Hospital Services	Deductible then 0%	Deductible then 0%
Prescription Drug	\$6 / \$30 / \$45 after deductible	\$6 / \$30 / \$45 after deductible
	Out-of-Network	Out-of-Network
Deductible Individual / Family	\$1,500 / N/A	\$2,700 / \$5,000
Member Coinsurance	30%	30%
Out-of-Pocket Maximum Individual / Family	\$5,600 / N/A	\$6,000 / \$12,000

Your medical plans are detailed in the UnitedHealthCare 2023 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

The Plus Plan Deductible can be found here:



MEDICAL INSURANCE

HIGHLIGHTS OF THE PLUS MEDICAL PLAN

Consider joining the Plus Medical Plan and put your weekly premium savings into a Health Savings Account (HSA) and use your savings to pay your deductible! The HSA is your account and your savings for future health care spending. It is tax-free! The difference in your weekly premiums between the Plus Medical Plan and the Level Medical Plan is listed below:

	Weekly Premium Savings	Annual Premium Savings	PLUS the City deposits the following amounts into your Health Savings Account every July
Employee	\$20.83	\$1,083.16	\$500
Employee + 1	\$19.12	\$994.24	\$750
Family	\$34.97	\$1,818.44	\$1,000

The Plus Plan is a high deductible plan. Wellness visits are covered at 100% and are not subject to the deductible. Employee only coverage has a \$1,500 deductible. Your weekly premium savings and the City's contribution will cover the deductible within the year! If you don't use any medical services, the funds are savings in your bank account that can be used in the future. The HSA bank account is a savings account for your future medical/dental/vision costs.



HEALTH SAVINGS ACCOUNT (HSA)



UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

- Regular payroll deductions on a pre-tax basis, and
- Lump-sum contributions of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep – the HSA is owned by you, just like a personal checking or savings account.

THE HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds – or all three). Of course, your funds are always available if you need them for qualified health care expenses.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money always belongs to you, even if you leave the company, and unused funds carry over from year to year. You never have to worry about losing your money. That means if you don't use a lot of health care services now, your HSA funds will be there if you need them in the future – even after retirement.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

You can use your HSA for your spouse and tax dependents for their eligible expenses – even if they're not covered by your medical plan.

Contribute up to \$3,850 Single,
or \$7,750 Family

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2023 are \$3,850 for Single and \$7,750 for Family coverage. If you're age 55 or older, you are allowed to make extra contributions each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. But save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.



What Is A Health Savings Account?

HEALTH SAVINGS ACCOUNT (HSA)

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING IS TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.

FREQUENTLY ASKED QUESTIONS

WHAT WILL I PAY AT THE PHARMACY WITH THE HSA QUALIFIED PLAN OPTIONS?

You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to United Healthcare.

You will not owe anything at the time of the visit. Later you'll receive an Explanation of Benefits (EOB) from United Healthcare that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

WHERE CAN I GET A COPY OF AN EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to myuhc.com

FLEXIBLE SPENDING ACCOUNTS (FSA)



HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. You are allowed to carry forward \$500 into the new year, anything over \$500 will be forfeited.

Eligible Expenses Examples

■ Coinsurance and copayments	■ Laboratory fees
■ Contraceptives	■ Licensed practical nurses
■ Crutches	■ Orthodontia
■ Dental expenses	■ Orthopedic shoes
■ Dentures	■ Oxygen
■ Diagnostic expenses	■ Prescription drugs
■ Eyeglasses, including exam fee	■ Psychiatric care
■ Handicapped care and support	■ Psychologist expenses
■ Nutrition counseling	■ Routine physical
■ Hearing devices and batteries	■ Seeing-eye dog expenses
■ Hospital bills	■ Prescribed vitamin supplements (medically necessary)
■ Deductible amounts	

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to City of Hagerstown. Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

2023 Maximum Contributions

Health Care Flexible Spending Account	\$3,050 max
Dependent Care Expense Account	\$5,000 max



[Click here for the full list of Healthcare FSA Eligible Expenses](#)



[What Is A Flexible Spending Account?](#)

YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT



DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

CONTACT INFORMATION

Request a full statement of your accounts at any time by logging on to <https://www.wexinc.com/discovery-benefits/> to review your FSA balance.

AT [WEXINC.COM](https://www.wexinc.com) YOU CAN:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

THE ELECTION FORM CAN BE FOUND HERE:

DENTAL INSURANCE



UNITED CONCORDIA IS THE DENTAL CARRIER FOR 2023.

We offer two dental plans through United Concordia that cover dental expenses both in- and out-of-network with a national network of dentists.

Level Plan - The plan offers lower premiums and a higher annual maximum. The deductibles and coinsurance percentages are the same in and out-of-network. If you use an out-of-network dentist, you may be required to pay the provider at the time of service, and you will incur higher out-of-network costs, including balanced billing charges over the maximum allowable charge (MAC). The plan does not include orthodontia benefits. Non-surgical periodontics, surgical periodontics, prosthetics (bridges & dentures) are covered at 10% on the Level Plan.

Preferred - Orthodontia Coverage for Dependent Children to age 19. Enhanced benefit for periodontics and Prosthetics.

YOUR DENTAL PLAN

FIND A DENTIST

To find an United Concordia provider in your area, visit the website at [unitedconcordia.com](https://www.unitedconcordia.com).

REMINDER FOR 2023/2024

- Reminder - all covered diagnostic and preventive dental services do not count toward your annual plan maximum. This means you can stretch your benefit dollars, so you can use them for other covered services.
- Reminder—porcelain (white) resins and fillings are now covered on all teeth, not just the front visible teeth.

DENTAL INSURANCE PLAN OPTIONS AND COSTS

United Concordia	Level Plan		Preferred Plan	
	Weekly	Monthly	Weekly	Monthly
Employee	\$0.00	\$0.00	\$4.92	\$21.30
Employee/Spouse	\$7.84	\$33.97	\$18.84	\$81.65
Employee/Child	\$3.63	\$15.73	\$11.17	\$48.41
Family	\$14.57	\$63.14	\$31.70	\$137.38
PPO	In-Network/ Out-of-Network		In-Network/ Out-of-Network	
Deductible				
Individual	\$10		\$10	
Family	\$25		\$25	
Annual Maximum	\$2,000		\$2,250	
Carrier Pays				
Diagnostic/Preventive Services	Carrier pays 100%		Carrier pays 100% /75%	
Basic Services	100%		100% /75%	
Major Services	80%		80% /60%	
Orthodontia services Child(ren) \$1,000 Lifetime Max	N/A		50% / 35%	
Non-surgical Periodontics	10%		100% /75%	
Surgical Periodontics	10%		80% /60%	
Prosthetics (Bridges & Dentures)	10%		80% / 60%	



What Is Dental Insurance?

EARN TUITION REWARDS® THROUGH YOUR DENTAL PLAN!

- The College Tuition Benefit® applies to both plans.
- Like a frequent flier program, you earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges & universities worldwide.
- You can participate even if you don't have kids. Points can be shared among any eligible students in your extended family.

SIGN UP FOR TUITION REWARDS®

- 1) Create a **MyDentalBenefits** account at [UnitedConcordia.com/GetMDB](https://www.UnitedConcordia.com/GetMDB).
- 2) Log into your **MyDentalBenefits** account at [UnitedConcordia.com](https://www.UnitedConcordia.com).
- 3) Verify your email address is correct by **clicking your name** in the upper right corner. SAGE Scholars will use this email address to contact you.
- 4) Click the **More** tab and select **College Tuition Benefit**.
- 5) Click on the **Get Started** button and consent to participate.
- 6) Look for an email from SAGE Scholars to complete your sign up.

VISION INSURANCE

YOUR VISION PLAN

EYEMED IS THE VISION CARRIER FOR 2023.

Eligible employees may sign up for vision coverage, which allows participants to get an examination, lenses or contact lenses, and frames, every 12 months. The office visit copay is \$10.

Participants have the option of receiving care from an in-network or out-of-network provider; however, if you use an out-of-network provider, you will incur higher out-of-pocket expenses.

FIND A PROVIDER

To find an EyeMed provider in your area, visit the website at

eyemed.com

 **What Is Vision Insurance?**

DID YOU KNOW? There are discounts available for Lasik surgery.

Your vision coverage also includes a Hearing Services Discount Plan through Amplifon. Amplifon members save on hearing exams and retail brand name hearing aids from major manufacturers. Call (888) 824-5279 or visit amplifonusa.com/eyemed to learn more.

VISION INSURANCE PLAN OPTIONS AND COSTS

EyeMed	Employee Cost Weekly	Employee Cost Monthly
Employee Employee + Spouse Employee + Child(ren) Family	\$1.19 \$2.26 \$2.38 \$3.49	\$5.15 \$9.78 \$10.30 \$15.14
	In-Network	Out-of-Network
Examination Copay	\$10 copay	<u>Reimbursement</u> \$45
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 12 months	Every 12 months Every 12 months Every 12 months
Lenses Single Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	<u>Reimbursement</u> \$40 \$60 \$80
Frames	\$150 allowance, 20% off balance	<u>Reimbursement</u> \$120
Conventional Contacts <i>(allowance includes materials only)</i>	\$140 allowance, 15% off balance	<u>Reimbursement</u> \$140
Medically Necessary Contacts	Paid-in-full	\$210

LIFE INSURANCE AND AD&D

YOUR LIFE INSURANCE POLICY



BASIC LIFE AND AD&D

All full-time employees of the City of Hagerstown receive Basic Life and Accidental Death and Dismemberment insurance (AD&D) in an amount equal to your annual base salary (rounded to the nearest \$1,000) to a maximum of \$150,000. Benefits reduce to 50% at Age 70. AD&D pays a benefit that varies with the type of loss or accident. These benefits are paid for by the City of Hagerstown and provided by the Hartford.

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE



SUPPLEMENTAL LIFE INSURANCE

You can purchase additional Life and AD&D Coverage beyond what City of Hagerstown provides. The Hartford guarantee issues coverage during your initial enrollment period – which means you can't be turned down for coverage based on medical history.

Voluntary Employee Life & AD&D: in increments of \$10,000 up to a maximum of \$500,000 (not to exceed 5 x salary)

Optional Dependent Life & AD&D for spouse: in increments of \$5,000 up to a maximum of \$250,000 (not to exceed 50% of employee's coverage amount).

Optional Dependent Life & AD&D for children: equal to \$5,000 or \$10,000.

If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by the Hartford before you're able to get coverage in the future.

You, as the employee, must be enrolled in coverage in order for your spouse, and/or eligible dependent children to enroll.



▶ [What Is Life And AD&D Insurance?](#)

DID YOU KNOW? City of Hagerstown provides you Basic Life and AD&D AT NO CHARGE.

DISABILITY INSURANCE



VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability insurance is offered through The Hartford. The plan benefit is 60% of basic weekly earnings up to a maximum of \$1,000 per week.

Benefits are paid after a waiting period of 8 days for an accident and 8 days for sickness. Benefits can continue for up to 12 weeks.

▶ **What is Short Term Disability?**



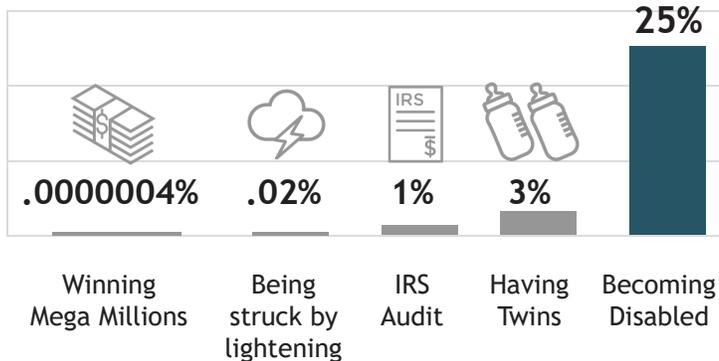
VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance offered through the Hartford is 100% employee paid. The plan benefit is 60% of basic monthly earnings up to a maximum of \$4,000 per month. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings.

The benefits begin after a 90 day waiting period.

WHAT'S MORE LIKELY?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:



In fact, nearly **40 million** American adults live with a disability.

▶ **What Is Disability Insurance?**

YOUR DISABILITY COVERAGE

- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply to Social Security Disability Insurance are denied.



VOLUNTARY COVERAGES

PROTECT YOUR FINANCES



CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered – from deductibles and copays to living expenses.

This Critical Illness insurance policy from The Hartford can help with the treatment costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness Benefit payable for:
 - Cancer
 - Heart attack (myocardial infarction)
 - Stroke
 - Kidney failure (end-stage renal failure)
 - Major organ transplant
 - Bone marrow transplant (stem cell transplant)
 - Sudden cardiac arrest
 - Coronary artery bypass surgery
 - Non-invasive cancer
 - Skin cancer

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)

HOW CRITICAL ILLNESS COVERAGE WORKS



▶ [What is Critical Illness Insurance?](#)

VOLUNTARY COVERAGES (CONT.)



ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room – and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of.

THE HARTFORD ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

BENEFITS INCLUDE:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in about four business days

HOW ACCIDENT INSURANCE WORKS

1

You select Accident Insurance

2

You injure your leg in a covered accident and go to the hospital by ambulance

3

The ER doctor diagnoses a fracture and treats you

4

You hobble out of the hospital on crutches

5

The Hartford pays your benefit



VOLUNTARY COVERAGES (CONT.)



HOSPITAL INDEMNITY INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being hospitalized, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with hospitalization, there are a lot of expenses that are just not covered – from deductibles and copays.

This Hospital Indemnity insurance policy from The Hartford can help with hospitalization costs of a expenses – such as a transportation, admission and daily confinement fees. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Hospital Indemnity plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

HOSPITAL INDEMNITY INCLUDES:

- Hospital Indemnity Benefit payable for:
 - Air & Ground Ambulance
 - Daily Hospital Confinement
 - Second Medical Opinion
 - Emergency Room Treatment
 - Hospital Admission

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)

HOW HOSPITAL INDEMNITY WORKS



▶ [What is Hospital Indemnity Coverage?](#)

RETIREMENT



Maryland State Retirement and Pension System:

Regular full and part-time city employees who work a minimum of 500 hours annually are eligible to participate in the **MD State Retirement Pension Plan**. Participation requires a mandatory 7% contribution for all employees enrolled with an additional contribution being made by the City.

Police and Fire Employees' Retirement Plan: Safety Personnel (Fire and Police) have a separate retirement plan designed to help provide them with adequate income when they retire. Retirement benefits are payable at the normal, early or delayed retirement date. Contributions are 9% for all safety personnel. Get started now to contact HR for an enrollment code.

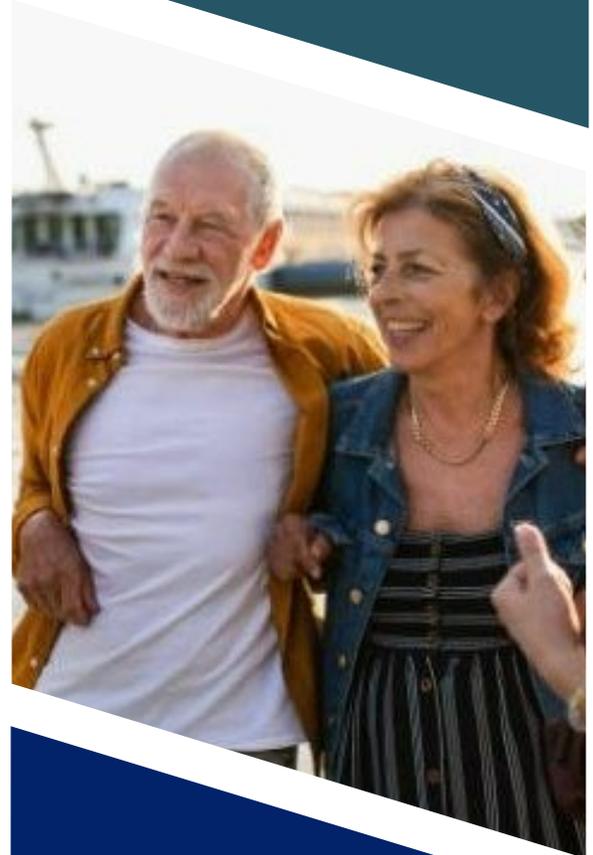
457(B) Deferred Compensation Plan: The City offers a 457(b) Deferred Compensation Plan as an additional retirement benefit. Pre-tax and post-tax contribution options are available to invest in a variety of fund choices. Our 457 (B) plan is managed by Empower Retirement.

TIPS ON HOW TO SAVE SMART FOR RETIREMENT:

- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Use automatic deductions from your payroll or your checking account for deposit into mutual funds, your IRA or other investment vehicles.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.
- Roll over retirement account money if you change jobs.
- Don't dip into retirement savings.

RETIREMENT

- ELECT YOUR 457(B) CONTRIBUTION



**GET STARTED
NOW!**

WORK/LIFE BALANCE

VACATION DAYS

Regular full-time employees accrue vacation at varying rates depending on length of service starting with 80 hours in each of the first 5 years. Employees may carry over up to 80 hours plus maximum accrual per calendar year.

All employees of a collective bargaining group should reference the established union agreement that governs their collective group for vacation accrual rates.

PAID HOLIDAYS & PERSONAL DAYS

Regular full-time employees will receive a total of 13 paid holidays and three personal days, if the employee is hired prior to July 1st, and one personal day if hired after July 1st.

SICK & SAFE LEAVE

The City will provide paid Sick and Safe Leave (“SSL”) to covered employees in accordance with the terms of our policy and the Maryland Healthy Working Families Act (the “Act”). Full-time employees can earn up to 12 days per year. Part-time and seasonal employees who work at least 12 hours per week will be given 40 hours per year to use or lose that calendar year.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Personal issues, planning for life events, or simply managing daily life can affect your work, health and family. ComPsych Guidance Resources provides support, resources and information for personal and work-life issues. The EAP is employer-paid, confidential and provided at no charge to you or your dependents.

Guidance Resources provides:

- Confidential counseling (up to 6 face-to-face visits per year)
- Financial information and resources with a Certified Public Account and Certified Financial Planners
- Legal support—free 30 minute consultation per year with ComPsych’s attorneys, with a 25% discount in legal fees thereafter
- Work-Life Solutions
- Online resources—self-assessments, provider search tools, HelpSheets, and more

Call 1-800-272-7255 or visit [guidanceresources.com](https://www.guidanceresources.com) (company ID: COM589) to get started!



VIDEO RESOURCES

MEDICAL PLANS

▶ Medical Plans Explained

▶ Primary Care vs. Urgent Care vs. ER

INSURANCE 101

▶ Benefits Key Terms Explained

▶ How To Read An EOB

▶ What Is A Qualifying Event?

TAX ADVANTAGE SAVINGS ACCOUNTS

▶ What Is A Health Savings Account?

▶ What Is A Flexible Spending Account?

ANCILLARY BENEFITS

▶ What Is Dental Insurance?

▶ What Is Vision Insurance?

▶ What Is Life And AD&D Insurance?

▶ What Is Disability Insurance?

▶ What is Short Term Disability?

▶ What is Critical Illness Insurance?

▶ What Is Accident Insurance?

▶ What is Hospital Indemnity Coverage?



GLOSSARY OF MEDICAL TERMS

Coinsurance – The plan’s share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room – Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum – All plans are required to have an unlimited lifetime maximum.

Medically Necessary – Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider – A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider’s normal fees for services.

Out-Of-Pocket Maximum – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services – All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from City of Hagerstown About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Hagerstown 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. City of Hagerstown has determined that the prescription drug coverage offered by the United HealthCare health plan 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.

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 City of Hagerstown coverage may be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the City of Hagerstown medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

IMPORTANT NOTICES

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 City of Hagerstown 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 City of Hagerstown 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 [medicare.gov](https://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 [socialsecurity.gov](https://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:	July 1, 2023
Name of Entity/Sender:	City of Hagerstown
Contact--Position/Office:	Amy Dreisbach—HR Administrator
Address:	1 E. Franklin Street Hagerstown, MD 21740
Phone Number:	301-739-8577 ext. 108

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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.
- Protheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

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 at 1.800.433.5768.



IMPORTANT NOTICES

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, 2023. Contact your State for more information on eligibility -

<p style="text-align: center;">ALABAMA - Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">ALASKA - Medicaid</p> <p>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</p>
<p style="text-align: center;">ARKANSAS - Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">CALIFORNIA - Medicaid</p> <p>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</p>
<p style="text-align: center;">COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>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</p>	<p style="text-align: center;">FLORIDA - Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>

IMPORTANT NOTICES

GEORGIA - Medicaid	INDIANA - Medicaid
<p>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</p>	<p>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</p>
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY - Medicaid	LOUISIANA - Medicaid
<p>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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA - Medicaid	MISSOURI - Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA - Medicaid	NEBRASKA - Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

IMPORTANT NOTICES

<p align="center">NEVADA - Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE - Medicaid</p> <p>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</p>
<p align="center">NEW JERSEY - Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK - Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA - Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA - Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA - Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON - Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA - Medicaid and CHIP</p> <p>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) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND - Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center">SOUTH CAROLINA - Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS - Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH - Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT- Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA - Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON - Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA - Medicaid and CHIP</p> <p>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)</p>
<p align="center">WISCONSIN - Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING - Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

IMPORTANT NOTICES

To see if any other states have added a premium assistance program since January 31, 2023, 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.

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



Hagerstown
Maryland

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