



Employee Benefits Enrollment Guide 2023



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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

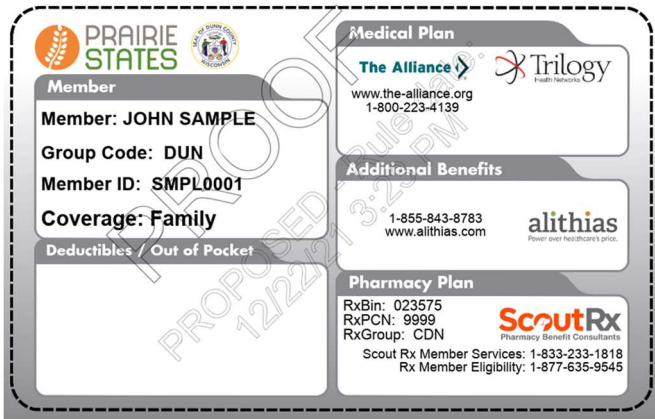
COVERAGE	CARRIER	CONTACT
Health	Prairie States	1-800-615-7020 www.prairieontheweb.com
Health	The Alliance	1-800-223-4139 www.the-alliance.org
Prescription Rx	ScoutRx	1-833-233-1818 atp@scoutrxconsulting.com
Alithias – Transparency Tool	Alithias	1-855-577-2755 www.alithias.com
FSA	Employee Benefits Corporation	800-346-2126 www.ebcflex.com
Dental	Delta Dental	1-800-236-3712 www.deltadentalwi.com
Employee Assistance Program	REALiving	1-855-233-1048 www.realiving.com
Life	MN Life – Securian Employee Trust Fund	866-295-8690 madisonbranch@securian.com
Accident	The Standard	866-851-2429 www.standard.com
Critical Illness	The Standard	866-851-2429 www.standard.com
Deferred Compensation	Mission Square	800-669-7400 https://retirement.financialtrans.com/msq-sponsor/
401(a)	Mission Square	800-669-7400 https://retirement.financialtrans.com/msq-sponsor/
Income Continuation	The Hartford	800-960-0052 iciquestions@thehartford.com
OPEB / RHS	Mission Square	800-669-7400 https://retirement.financialtrans.com/msq-sponsor/
Wisconsin Retirement System	Employee Trust Fund	877-533-5020 www.etf.wi.gov

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WHO TO CALL

WHO TO CALL	WHEN
PRAIRIE STATES	<ul style="list-style-type: none"> You have received an Explanation of Benefits (EOB) from Prairie States and question how the claim processed. You have a question on how much of your deductible or out of pocket expense has been met. Check your claims status or history. Request another identification card.
THE ALLIANCE	<ul style="list-style-type: none"> When you need to find out if a doctor or health care provider is in-network.
ALITHIAS	<p>To find services such as:</p> <ul style="list-style-type: none"> MRI CT Scan Colonoscopy Orthopedic Procedures Other out-patient surgeries
SCOUTRX	<ul style="list-style-type: none"> My pharmacist says my drug is not covered. My pharmacist says I do not have coverage under my pharmacy benefits. I think my copay is higher than it ought to be. My doctor prescribed a new medication and I'd like to get set up on mail order. I'm going to begin treatment with a specialty medication what should I do?

Prairie States ID Card



ReforMedicine^{SC}

Direct Pay Family Practice & Medical Weight Loss Specialists

Employer Buys Primary Care "Membership"

- Patient Uses Primary Care FIRST
- FREE Annual Physicals
- \$10 Primary Care Office Visits (HSA)
- \$3 Medications Dispensed In-Clinic
- \$40 Mental Health Counseling

NO EXTRA CHARGES FOR:

- Office Procedures
- Vaccines
- Labs

Call **715-514-2827** to schedule your appointment!

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. Dunn County provides eligible employees the choice of 2 medical plans administered by Prairie States.

The High Deductible Health Plan offers the lowest premiums, but you will have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.

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 your network. Find a participating health care provider in your area by going to www.prairieontheweb.com.

Monthly Incentive Payment

- Full-time employees with a family who waive the County's family health insurance plan and provide proof of family coverage from another source will receive a monthly incentive amount of **\$75**.
- Full-time employees with a family electing to take the County's single health insurance coverage **OR** single employees electing to completely waive medical coverage through the County will receive a monthly incentive amount of **\$50**. Proof of other coverage is required to be eligible for this payment.

ELIGIBILITY

- All full-time employees
- All part-time employees
- Former employees - COBRA
- 1st of the month following 30 days

AND THEIR:

- Spouses
- Biological children, stepchildren, legally adopted children (effective from the date place for adoption), and foster children up to 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 (OOPM)

The most you will 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 80%

.....
YOU PAY 20%

MEDICAL PLAN HIGHLIGHTS

Prairie States	OPTION 1: PPO \$2,500/\$5,000 HSA The Alliance / Trilogy Network – Embedded*		OPTION 2: PPO \$5,000/\$10,000 HSA The Alliance / Trilogy Network – Embedded	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE				
Single	\$2,500	\$6,000	\$5,000	\$10,000
Family	\$5,000 (\$3,000 per individual)*	\$12,000	\$10,000	\$20,000
COINSURANCE	80%	60%	80%	50%
OOPM				
Single	\$4,000	\$12,000	\$7,500	\$15,000
Family	\$8,000	\$24,000	\$15,000	\$30,000

	IN-NETWORK COVERAGE	IN-NETWORK COVERAGE
PREVENTIVE CARE	<i>Select Services Are FREE</i>	<i>Select Services Are FREE</i>
PHYSICIAN SERVICES		
Convenient Care Clinic	Deductible & Coinsurance	Deductible & Coinsurance
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Care	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
EMERGENCY CARE	Deductible & Coinsurance	Deductible & Coinsurance

PRESCRIPTION DRUG

Out-of-Pocket Maximum		
Single	Applies Towards Medical	Applies Towards Medical
Family	Out-of-Pocket Maximum	Out-of-Pocket Maximum
Retail 30 Day Supply	DEDUCTIBLE, then:	DEDUCTIBLE, then:
Generic	\$10 Copay	\$10 Copay
Preferred Brand	\$30 Copay	\$30 Copay
Non-Preferred Brand	\$60 Copay	\$60 Copay
Mail Order 90 Day Supply	Copay = 2X Retail	Copay = 2X Retail

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

MONTHLY RATES	OPTION 1 PPO \$2,500/\$5,000 HSA	OPTION 2 PPO \$5,000/\$10,000 HSA
Employee	\$78.58	\$43.84
Family	\$158.96	\$94.62

ALITHIAS

Alithias is a partner that helps you, the healthcare consumer, understand the provider options available for non-emergency medical services and assist you in making more informed, cost-sensible, decisions that impact your pocketbook. Non-emergency medical services include orthopedic surgeries, MRI's, mammograms and colonoscopies just to name a few.

What is Care Advocacy?

Care Advocates help you find high value, cost-sensible providers for non-urgent services, saving you time and money.

Reach out to Alithias for services such as:

- MRI
- CT Scan
- Colonoscopy
- Orthopedic Procedures
- Other Out-Patient Surgeries

Have Benefit Questions?

Care Advocates can guide you through your benefit plan by:

- Answering benefit questions
- Researching and assisting with billing issues
- Explaining your Explanation of Benefits (EOB) along with the bill from your provider
- Helping you find an in-network provider
- Connecting you with other benefit programs

How it works...

Step 1

Visit your Provider or Specialist

Step 2

Ask your Provider to send a copy of the order to your Care Advocate

- Providers can fax order or referral to **855-577-2755**
- Email it to **AskMe@CareAdvocacyCenter.com**

Step 3

Contact your Care Advocate

- Call **855-577-2755**
- Confirm the order was received
- Research takes 3 business days to complete

Step 4

Review High Value Service Option Report

- Review the options
- Discuss with your Care Advocate to get any questions answered
- Make a decision and proceed with your Care Advocate to next step

Step 5

After your procedure

- Submit completed survey

Connect with a Care Advocate at **855-577-2755** or at **AskMe@CareAdvocacyCenter.com**

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) allows you to pay for your health and dental care expenses tax-free. For all health care-related accounts, eligibility is determined in part, by which medical plan you choose.

	HDHP
Health Savings Account	✓
Limited Flexible Spending Account	✓

HEALTH SAVINGS ACCOUNT (HSA)

Dunn County offers two medical plans that feature an HSA – the High Deductible Health Plans. An HSA is the only investment tool available where the money you save goes in tax-free, earns interest tax-free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, you may open an HSA account with the bank or institution of your choice.

HOW THE HSA WORKS

MONEY GOES IN	<p>Pretax contributions* from you, up to a total of:</p> <ul style="list-style-type: none"> ○ \$3,850 for individual coverage ○ \$7,750 if you enroll your spouse and/or dependent child(ren). ○ An extra \$1,000 if you are age 55 or older
MONEY GOES OUT	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you have accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans’ deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
HAVE MONEY LEFT? IT ROLLS OVER!	<p>Any money left in your account is yours to pay for health care in the future. There is no deadline and no limit on how large your account can grow. If you leave Dunn County, you can take it with you.</p>

* If you are enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

** The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

HSA ELIGIBILITY

- You must be enrolled in a HDHP
- You cannot have any other “impermissible coverage” which includes a spouse’s non-HDHP plan or FSA coverage
- You or your spouse cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return

HSA CONTRIBUTIONS

County of Dunn is committed to the health and well-being of our employees. We recognize that healthy and happy employees are more successful at home and at work. To promote that success, the County has developed a Self-Care Incentive strategy to contribute money to your HSA.

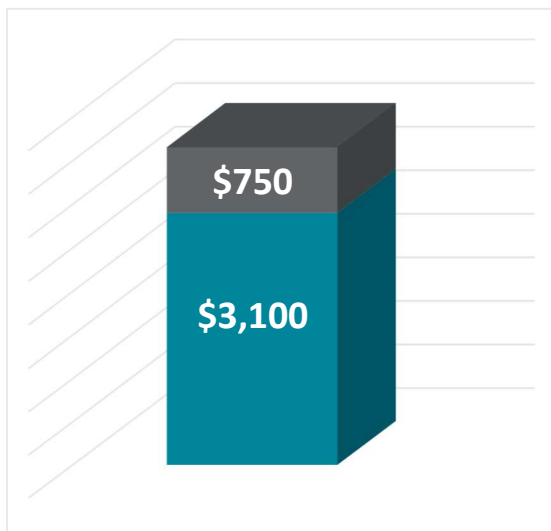
To receive the maximum contribution (\$750 for employee only and \$1,500 for employee and spouse), you must complete Steps 1 and 2 OR participate in the ReforMedicine’s Medical Weight Loss Program:

1. You and your spouse are each eligible for a \$375 contribution to your HSA if you have a preventive exam as recommend by provider.
2. You and your spouse are each eligible for an additional \$375 contribution to your HSA if you complete at least five (5) self-care activities.

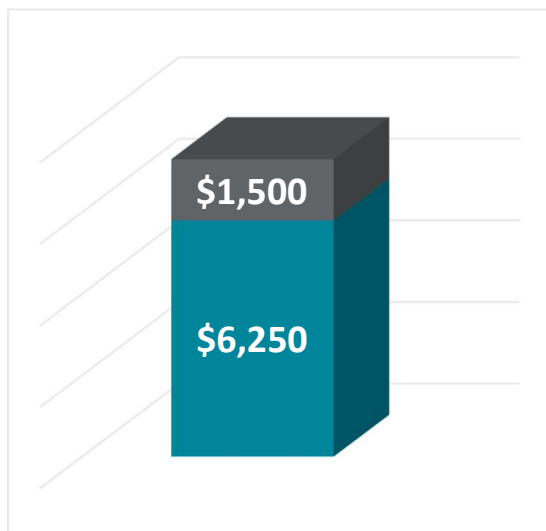
OR

3. Participate in the ReforMedicine Medical Weight Loss program for 6 months.


SINGLE CONTRIBUTION



FAMILY CONTRIBUTION



 YOU **CONTRIBUTE**

 County of Dunn **CONTRIBUTES**

Steps must be completed and forms submitted/received in Human Resources no later than November 30, 2023 to receive the Employer HSA contribution(s).

For details see the 2023 Employee Self-Care Incentive Guide (12/01/2022 – 11/30/2023).

FLEXIBLE SPENDING ACCOUNTS (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 year-end or lose the balance.

Dunn County offers two types of FSAs administered by Employee Benefits Corporation.

LIMITED HEALTH CARE FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You are eligible if you are enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

LIMITED FSA CONTRIBUTION LIMITS

Dunn County follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,050, but there is an anticipated increase for the FSA limit in 2023 to \$2,850. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,050 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 can't contribute more than you or your spouse earned in income for the year. ***If you are 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

Healthy teeth and gums are an important part of maintain your overall health. That is why Dunn County offers two dental plans administered by Delta Dental.

Delta Dental	High Plan PPO/Premier	Low Plan PPO	
INDIVIDUAL ANNUAL MAXIMUM	None	\$2,000	
DEDUCTIBLE			
Employee Only	\$0	\$0	
Family	\$0	\$0	
PREVENTIVE SERVICES			
Exams	100%	100%	
Cleanings	100%	100%	
Fluoride Treatments	100%	100%	
X-Rays	100%	100%	
Space Maintainers	100%	100%	
Sealants	100%	100%	
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>	100%	100%	
BASIC RESTORATIVE SERVICES			
Fillings	100%	100%	
Endodontics – Simple / Complex	100%	100%	
Periodontics – Simple / Complex	100%	100%	
Extractions – Simple / Complex and other oral surgery <i>(Deductible Applies)</i>	100%	100%	
MAJOR RESTORATIVE SERVICES			
Crowns, Inlays, Onlays	100%	60%	
Bridges and Dentures	100%	60%	
Repairs and Adjustments to Bridges and Dentures	100%	60%	
Implants	100%	60%	
ORTHODONTIC SERVICES			
Coinsurance to Individual Lifetime Maximum	\$695 Copay, then 100%	50% to \$2,500	
Dependents and Full-Time Students Eligible to Age 26	Adult Ortho	19	
MONTHLY RATES			
	EMPLOYER COST	EMPLOYEE COST HIGH	EMPLOYEE COST LOW
Employee	\$50	\$13.02	\$0.00
Employee + Spouse	\$50	\$76.04	\$42.28
Employee + Child(ren)	\$50	\$119.56	\$66.74
Family	\$50	\$192.36	\$118.13

*For a full summary of out of network benefits please see the Delta Dental Summary of Benefits & Coverages

PROTECTION

VOLUNTARY INCOME CONTINUATION INSURANCE (ICI)

The Income Continuation Insurance (ICI) benefit is a voluntary “income replacement” benefit payable if you become disabled. This insurance is available to employees who participate in the Wisconsin Retirement System (WRS).

ICI provides replacement income for short- and long-term disabilities. This benefit is offered through The Hartford. Rates are based on your earnings and elimination period.

ICI benefits provide up to 75% of your average monthly earnings based on your previous calendar year earnings rounded to the next highest \$1,000 and divided by 12. For newly hired employees, your estimated annual earnings are rounded to the next highest \$1,000 and divided by 12.

Before the benefit starts, you must serve an elimination period. You may select an elimination period up to 180 days. You must be completely off work during this time.

ICI benefits will not duplicate benefits available from other WRS programs, The Social Security Administration, workers’ compensation, unemployment compensation or certain other sources.

For more details, see the Income Continuation Insurance Booklet on the Dunn County website.

<https://www.co.dunn.wi.us/ici>

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by Dunn County. As an eligible employee, you are covered for Basic Life and AD&D insurance at no cost to you. This benefit is offered through Securian.

Dunn County offers a Group Term Life Insurance benefit plus accidental death and dismemberment insurance coverage to employees who participate in the Wisconsin Retirement System (WRS).

Basic Life Insurance Plan provides coverage equal to the earnings paid to you by Dunn County during the previous calendar year rounded to the next higher \$1,000 (unit of coverage). Eligible employees may purchase up to three additional units of life insurance coverage provided they have the Basic Plan. In addition, eligible employees may purchase 1 or 2 units of spouse/dependent coverage. Rates are based on age and amount of coverage.

For more details, see the ETF Information Booklet on the Dunn County website.

<https://www.co.dunn.wi.us/lifeinsurance>

PROTECTION *(continued)*

VOLUNTARY CRITICAL ILLNESS INSURANCE

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance does not cover like deductibles or out of pocket costs or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you will have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

Coverage for...	Coverage Amount...
You	\$5,000-\$50,000 in increments of \$5,000
Your Spouse	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your Child(ren) through age 25	Automatically covered at 25% of your coverage amount

Guarantee Issue Amount: \$20,000 for yourself or \$10,000 for your spouse

Benefit Amount	Age Group				
	< 30	30-39	40-49	50-59	60-70
\$5,000	\$1.60	\$2.60	\$5.55	\$11.45	\$21.65
\$10,000	\$3.20	\$5.20	\$11.10	\$22.90	\$43.30
\$15,000	\$4.80	\$7.80	\$16.65	\$34.35	\$64.95
\$20,000	\$6.40	\$10.40	\$22.20	\$45.80	\$86.60
\$25,000	\$8.00	\$13.00	\$27.75	\$57.25	\$108.25
\$30,000	\$9.60	\$15.60	\$33.30	\$68.70	\$129.90
\$35,000	\$11.20	\$18.20	\$38.85	\$80.15	\$151.55
\$40,000	\$12.80	\$20.80	\$44.40	\$91.60	\$173.20
\$45,000	\$14.40	\$23.40	\$49.95	\$103.05	\$194.85
\$50,000	\$16.00	\$26.00	\$55.50	\$114.50	\$216.50

Note: Child cost is included with employee election

PROTECTION *(continued)*

VOLUNTARY ACCIDENT INSURANCE

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury? If you were injured from an accident, chances are you will have expenses that you were not anticipating – will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

What Your Benefits Cover	Amount Covered
Emergency Care Benefits	\$25-\$600
Specific Injury Benefits	\$50-\$7,500
Dislocations	\$100-\$3,000
Fractures	\$75-\$5,500
Surgical Benefits	\$150-1,000
	Surgery Facility Benefit: \$50
Hospital Benefits	\$50 per day-\$500
Follow-Up Care	\$25-\$500
Accidental Death and Dismemberment (AD&D)	
Accidental Death Benefit	
You: \$25,000	Spouse: \$12,500
	Child: \$6250
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit.	
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit.	
In the event of an accidental death, accidental dismemberment or accidental impairment of public safety officer that occurs in the line of duty, an additional 100% of the accidental death or accidental dismemberment or impairment benefit amount will also be paid.	
Line of Duty Benefit	100% of AD&D Benefit

Coverage	Monthly Premiums – The Standard
Employee Only	\$7.39/mo.
Employee + Child(ren)	\$13.05/mo.
Employee + Spouse	\$10.67/mo.
Employee + Spouse + Child(ren)	\$19.93/mo.

457(b) / ROTH IRA

Employees may defer earned compensation on a pre-tax basis (Traditional) or after tax ROTH basis to a maximum of \$22,500 for 2023. An additional \$7,500 for 2023 may be deferred as catch-up contributions by participants age 50 and over.

Dunn County's 457(b) plan is administered by Mission Square (ICMA-RC). Dunn County's ROTH IRA plan is administered by Ron Gloe. To enroll, make changes or manage your account, please contact Human Resources at Admin_HR@co.dunn.wi.us or 715-232-2429.

Wisconsin Retirement System

Eligible employees will be covered under the Wisconsin Retirement Fund on the first day of employment. In 2023, the County will contribute 6.8% of an employee's gross earnings. Employees will also pay 6.8% of gross earnings to the Wisconsin Retirement Fund. The contribution rate is reviewed and may change on an annual basis as set by the Employee Trust Fund (ETF) Board.

The Wisconsin Retirement System is a qualified retirement system under Section 401(a) of the Internal Revenue Code. Participation in the WRS is optional for some public employers. Other employers must participate, including school districts for all eligible teachers.

The WRS is a pension plan that is intended to provide you with a lifetime retirement payment (annuity) once you are vested and have reached minimum retirement age. WRS benefits are calculated using two methods, the formula method and the money purchase method. EFT calculates your benefit using both methods and automatically pays you the higher amount.

Vesting is the minimum number of years of employment you need to qualify for a retirement benefit. WRS members must be vested (and at minimum retirement age) to be eligible for a retirement benefit that includes employer contributions and the associated interest. You may have to meet one of two vesting laws depending on when your WRS employment first began.

- If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS-creditable service in five calendar years.
- If you first began WRS employment on or after July 1, 2011, then you must have five years of WRS-creditable service.

Further details available during orientation.

HOLIDAYS

Full-time employees are eligible for paid holidays. Our holiday schedule includes the following for 2023:

HOLIDAY	ANTICIPATED OBSERVANCE DATE
New Year's Day	Monday, January 2 nd
Martin Luther King	Monday, January 16 th
Spring Holiday	Friday, April 7 th
Memorial Day	Monday, May 29 th
Independence Day	Tuesday, July 4 th
Labor Day	Monday, September 4 th
Thanksgiving & Day After Thanksgiving	Thursday, November 23 rd Friday, November 24 th
Christmas Eve	Monday, December 25 th
Christmas Day	Tuesday, December 26 th

VACATION

Dunn County provides full-time employees with paid vacation time while meeting the operational needs of Dunn County. Vacation eligibility shall be determined based on the length of service. See the Dunn County Employee Handbook for additional details.

MANAGEMENT VACATION

YEAR	ANNUAL HOURS	ANNUAL DAYS	MAX HOURS	MAX DAYS
1	80.08	10.01	160.16	20.02
2	87.98	11.00	175.97	22.00
3	96.10	12.01	192.19	24.02
4	104.00	13.00	208.00	26.00
5-6	120.02	15.00	240.03	30.00
7-9	143.94	17.99	287.87	35.98
10-14	159.95	19.99	319.90	39.99
15-16	200.10	25.01	400.19	50.02
17-18	208.00	26.00	416.00	52.00
19-20	215.90	26.99	431.81	53.98
21-23	224.02	28.00	448.03	56.00
24+	231.92	28.99	463.84	57.98

NON-MANAGEMENT VACATION

YEAR	ANNUAL HOURS	ANNUAL DAYS	MAX HOURS	MAX DAYS
1-3	87.98	11.00	175.97	22.00
4-5	96.10	12.01	192.19	24.02
6-9	136.03	17.00	272.06	34.01
10-13	143.94	17.99	287.87	35.98
14-19	184.08	23.01	368.16	46.02
20	200.10	25.01	400.19	50.02
21	208.00	26.00	416.00	52.00
22	215.90	26.99	431.81	53.98
23	224.02	28.00	448.03	56.00
24+	231.92	28.99	463.84	57.98

SICK LEAVE

Dunn County provides full-time employees with paid time to address their own personal health care needs or the health care needs of an immediate family member. The sick leave accrual 3.96 hours for every 80 hours worked. See the Dunn County Employee Handbook for additional details.

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 Jenalee Nutter, HR Director, jnutter@co.dunn.wi.us, 715-231-6406.

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:

October 1, 2022

Who will follow this notice:

This notice describes the health information practices of Prairie States and that of any third party that receives medical information from or for us to assist us in providing your medical and dental 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 Dunn County 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 Heather Murray. 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: Jenalee Nutter.

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: Jenalee Nutter. 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: Jenalee Nutter.

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: Jenalee Nutter.

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: Jenalee Nutter.

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 Jenalee Nutter at 715-231-6406.

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 Prairie States 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. Prairie States has determined that the prescription drug coverage offered by Dunn 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.

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)*

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 Prairie States coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Prairie States coverage, be aware that you and your dependents will be able to get this coverage back.

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 Prairie States and do not 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: Jenalee Nutter, HR Director

NOTE: You will 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 Prairie States changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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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).

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.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

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 you 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 9.83% 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.

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.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS *(continued)*

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: County of Dunn
Employer Identification Number (EIN): 39-6005690
Employer Address: 3001 US Hwy 12 E, Suite 225, Menomonie, WI 54751
Employer Phone Number: 715-231-2429
Who can we contact about employee health coverage at this job? Phone Number (if different from above):
E-mail address: Jenalee Nutter, jnutter@co.dunn.wi.us

- 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 July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/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://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program
(HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website:
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

CHIP (continued)

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

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)

ARKANSAS – Medicaid

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

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

CALIFORNIA – Medicaid

Website:

Health Insurance Premium Payment (HIPP) Program

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

Phone: 916-445-8322

Email: hipp@dhcs.ca.gov

MONTANA – Medicaid

Website:

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

Phone: 1-800-694-3084

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://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

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

CHIP (continued)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

Phone: 1-800-862-4840

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

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

Website:

<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

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

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: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

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

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

CHIP (continued)

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

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

Phone: 1-800-440-0493

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website:

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, 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 1/31/2023)