



2026

# Benefits Guide

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.

*This Benefits Guide is intended to summarize your benefit offerings for the new year. The summary is sourced from summary plan descriptions and related benefit plan material (the “plan materials”). In the event of any conflict or confusion between this Benefit Guide and the plan materials, the plan materials will control and are the final word.*





# Welcome!

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## We are pleased...

to announce the launch of our annual benefits program, a time when we come together to review and select the benefits options for the upcoming year.

We understand the importance of providing comprehensive and competitive benefits that support the well-being and financial security of our valued employees. This guide has been designed to assist you in making informed decisions about your benefits.

We encourage you to take the time to explore the various benefits available, share with family members in your household, and make choices that align with your personal goals and priorities. **Your well-being is our priority, and we are committed to providing you with a benefits package that supports your overall health, happiness, and success.**

Sincerely,  
  
Big Horn County

## How to Use This Guide

When you see a...	You can...
QR Code	Easily click on or scan the QR code to access additional resources.
Term you're unfamiliar with or the light bulb icon	Head to the glossary on <b>page 18</b> to gain a deeper understanding of important terms and phrases related to your benefits.  The magnifying glass icon signifies key terms or phrases that are crucial for you to know to make more informed decisions about your benefits.

# Benefit Highlights & Resources

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Check out the [quick highlights for the 2026 plan year](#)

<b>Medical</b>	Medical will remain with Cigna. Note: Starting January 1 <sup>st</sup> , there is no cost for MD Live!
<b>Dental</b>	The dental plan will remain with Delta Dental of Wyoming
<b>Vision</b>	The vision plan will remain with Principal using the VSP network
<b>Basic Life Insurance</b>	The carrier is changing to The Hartford

## Have Questions?

If you have any questions about benefit offerings or the enrollment process, you can contact Carol Willard, Payroll at +1307-568-2357 or Lori Smallwood, County Clerk at +1307-568-2357.

### Employee Benefits Services Team

Your dedicated Employee Benefits Services Team is your benefits resource throughout the year. Unlike a call center, this team of experienced client benefits specialists has the knowledge and skills to provide you with personal support regarding your group benefit plans. The Employee Benefits Services Team can help with inquiries about your medical, dental, and vision benefits plans.

Call when you have questions about:

- Concerns or issues with claims
- How to obtain ID Cards
- General benefit coverage

The Employee Benefits Services team is available Monday through Friday 8am to 5pm EST.

Contact by phone or email:

- Toll Free: +1855-313-1075
- [EBServices@marshmma.com](mailto:EBServices@marshmma.com)

# Eligibility & Enrollment

## Who is eligible for benefits?

Full-time employees and their eligible dependents are eligible to enroll in the benefits outlined in this guide.

Eligible dependents may include:

- Your legal spouse
- Your children up to age 26

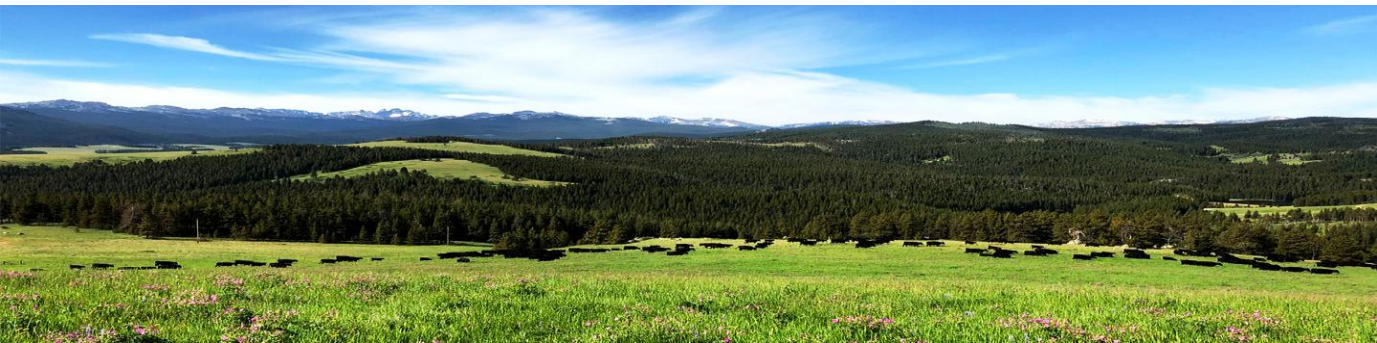
## Can I make a change after submitting my benefit elections?

Unless you experience a qualified event, you cannot make changes to your benefit elections until next year's open enrollment period. Please notify Human Resources within 30 days of your qualifying event or for questions about qualifying events.

Examples of qualifying life events:

- ✓ Marriage or divorce
- ✓ Aged off parent's plan
- ✓ Birth or adoption
- ✓ Change in dependent status

Your Cost - Monthly Employee Deductions includes medical, dental , vision and basic life insurance				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Medical, Dental and Vision	\$85.00	\$225.00	\$140.00	\$375.00



# Eligibility & Enrollment

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## When do I enroll?

If you are enrolling during the open enrollment period, this is a **passive enrollment**, meaning you do not need to make elections if you are happy with your current benefit elections

The annual open enrollment period is November 24th to December 5th.

If you are hired after the open enrollment period, you will have 60 days from your date of hire to make benefit elections and your benefits will begin on the first of the month following 60 days from your date of hire.

The benefits you elect either during open enrollment or the new hire period will be effective through December 31, 2026.

## How do I enroll?

### Reach out to Carol Willard

# Medical Plan



Below outlines your plan option through Cigna. Networks frequently change, so it is always a good idea to confirm your provider's participation is in-network to avoid additional costs. Please refer to your plan document for specific details. **If you are enrolled in Medicare Part A or Part B, you are not eligible to contribute funds to an HSA.**

Services	Cigna HSA Plan Open Access Plus Network	
	In-Network	Out-of-Network
Deductible Individual / Family	Non-Embedded \$3,000 / \$6,000	Non-Embedded \$12,000 / \$24,000
Coinsurance Plan Pays / You Pay	80% / 20%	50% / 50%
Out-of-Pocket Max Individual / Family	\$6,000 / \$12,000	\$24,000 / \$48,000
Preventive Services	100% Covered	100% Covered
Primary Care	Deductible then 20%	Deductible then 50%
Specialist Visit	Deductible then 20%	Deductible then 50%
Urgent Care	Deductible then 20%	Deductible then 50%
Telehealth – MD Live	No cost	N/A
Prescriptions – Retail	Deductible then \$5 / \$10 / \$50	Deductible then 50%

## Where to Find Details

The most up-to-date drug lists and drug management program information is located below:

- [www.cigna.com](http://www.cigna.com)
- **Performance Formulary and Member Choice National Pharmacy Network**

If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

## Why pay more for your prescriptions?

While medications can be a necessity, the high price tag associated with prescriptions doesn't have to be a requirement. Here are a few resources available to you to help your prescriptions fit your budget.

### Use the Mail



If you are currently taking any maintenance medications, take advantage of the cost savings and convenience of Cigna's Mail Order Program that will fill and ship your specialty medication right to your home.. Specialty drugs must be obtained directly through a specialty pharmacy. See [www.cigna.com](http://www.cigna.com)

### Shop Around



Did you know you can compare drug prices based on your zip code [www.cigna.com](http://www.cigna.com)? You can also review medications that are considered equivalent to the drug you have been prescribed to see if there is a generic or lower cost alternative to discuss with your medical provider.

# Medical Resources



## When & How to Use MDLIVE®

Available in English or Spanish, via myCigna®

	Urgent Care	Urgent Care E-Treatment <sup>1</sup>	Dermatology	Behavioral Care: Therapy	Behavioral Care: Psychiatry	Primary Care: Wellness Screening	Primary Care: Routine Care
Modality	By phone or video	Brief online questionnaire	Secure messaging	By phone or video	By phone or video	By phone or video	By phone or video
Availability	24/7/365 on-demand or same-day appointment	7 days a week 8 am-10 pm ET	No appointment needed	Appointments available days, nights and weekends	Appointments available days, nights and weekends	Appointments available days, nights and weekends	Appointments available days, nights and weekends
Wait times <sup>2</sup>	Under 30 minutes	Under an hour	Under 24 hours	2-4 days	2-4 days	3-5 days	2-4 days
Age eligibility	Any age <sup>3,4</sup>	Any age <sup>3,4</sup>	Any age <sup>4</sup>	10 years and older <sup>4</sup>	10 years and older <sup>4</sup>	18 years and older	18 years and older
Choose Provider	Based on provider availability		Option to meet with same provider	Option to meet with same provider	Option to meet with same provider	Option to meet with same provide	Option to meet with same provider
Orders (labs and imaging)					Option for in-person labs	Option for local in-person imaging and labs	Option for local in-person imaging and labs
Prescriptions <sup>5</sup>	Prescriptions	Prescriptions	Prescriptions		Prescriptions		Prescriptions

**You can now access virtual urgent care your way and on your own time. E-Treatment is available for non-emergency illnesses and injuries – including many common, everyday conditions – without the need to interact live with an MDLIVE® doctor.<sup>1</sup>**



### How does E-Treatment work?

E-Treatment gives you access to the same board-certified doctors with the same quality care you've come to expect from MDLIVE. You simply provide information about your medical history and current condition through a dynamic online questionnaire in the MDLIVE patient portal. The treating doctor will review the information you submitted and quickly deliver a diagnosis and treatment plan, including sending any necessary prescriptions<sup>3</sup> to the pharmacy of your choice. You'll be notified through email or text when your visit summary is ready.



### When should you use MDLIVE E-Treatment?

E-Treatment is a great option for common, everyday conditions when you don't want – or have time – to talk live with a doctor, or if you don't feel well enough to jump on a call or video chat. You can use MDLIVE E-treatment for conditions such as cold, flu, sinusitis, sore throat, ear pain, pink eye, UTI,<sup>2</sup> and more. Regardless of your condition, you can always make an appointment to connect live with an MDLIVE Urgent Care doctor by phone or video chat.

**NOTE:** MDLIVE E-Treatment does not provide emergency health services. If you're experiencing an emergency, call 911 or go to your nearest Emergency Room.

**\*\*Log into myCigna.com or on the myCigna App to access the MDLIVE patient portal and get started.**



# Emergency Transportation



## Benefit

This benefit covers emergency air and ground transport to a medical facility in the US or Canada. The benefit has a maximum of \$20,000 for out-of-pocket expenses.

## Eligibility

Any employee who enrolls will have coverage for spouses and children under the age of 26 in their household. Covered members must have health insurance but do not need to be on the county's medical plan. The cost is \$19 per month.

**Employees and dependents on Medicaid are not eligible for enrollment in the plan.**

## Enrollment

The enrollment is voluntary


## How to File a Claim

- Submit the bill from the ambulance company to MASA with the member's MASA number clearly displayed.
- Submit the bill via email, member portal, or mail.
- Attach explanation of benefits (EOB) and run notes if available.
- Contact the MASA directly with any questions. [claims@masaglobal.com](mailto:claims@masaglobal.com) or 800-643-9023.



# Dental



Below provides an overview of your available dental plan. Using an in-network provider will offer you the lowest service pricing. Age and frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's **reasonable and customary amount**. 

Delta Dental of Wyoming Plan Premier Network		
Benefits	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$50 / \$100	\$50 / \$100
Calendar Year Benefit Maximum	\$3,000	\$3,000
Preventive Services Exams, Cleanings, X-rays	Covered at 100%	Covered at 100%
Basic Services Fillings, Sealants, Extractions, oral surgery, Endodontics, Periodontics	Covered at 80%	Covered at 80%
Major Services Crowns, Dentures, Bridges	Covered at 50%	Covered at 50%
Orthodontia Dependent children up to age 19	Covered at 50%	Covered at 50%
Orthodontia Lifetime Maximum	\$3,000	\$3,000





## Delta Dental Mobile App

Manage your oral health anytime, anywhere!

Your oral health is important to Delta Dental – and to your overall health! We’ve designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.

### Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.



## Delta Dental Mobile App Features

Log in to access the full range of tools and resources.

- **Use Your Mobile ID Card**  
No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.
- **Find a Dentist**  
It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.
- **Save your Preferred Dentist for Quick Access**  
Save your favorite dentist using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.
- **My Claims**  
Look up detailed claims information for your dentist visits over the last 18 months.



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

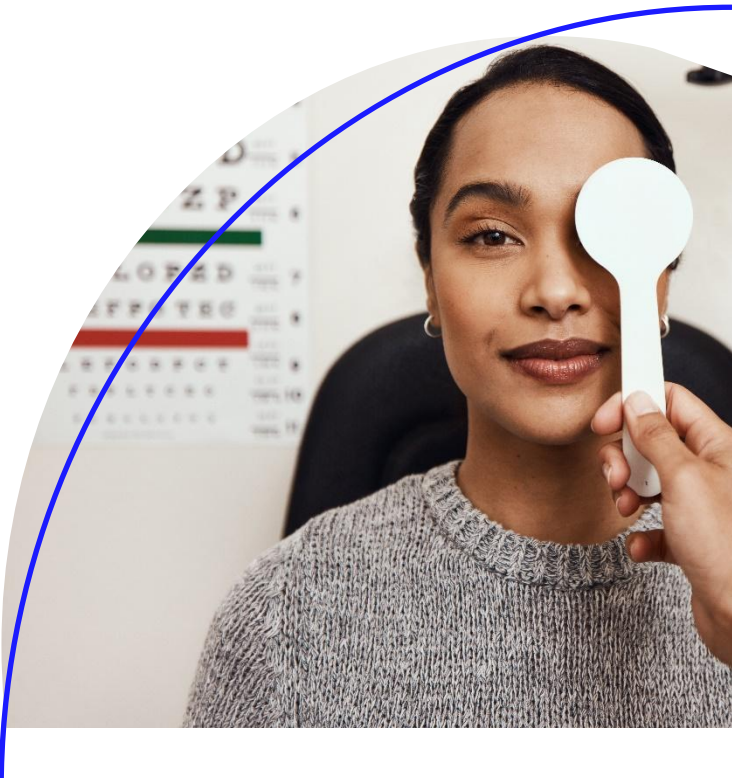
Delta Dental of Wyoming  
6705 Faith Drive, Cheyenne, WY 82009  
307-632-3313 \* 800-735-3379  
[www.deltadentalwy.org](http://www.deltadentalwy.org)

# Vision



Below provides an overview of your available vision plan. Using an in-network provider will offer you the lowest service pricing. Frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount.

Benefits	Principal Vision Plan VSP network
	In-Network*
Exam	\$10
Materials Copay	\$10
Frames	Covered up to \$250 after \$10 copayment
Elective Contacts	\$250 allowance
Frequency of Services	
Exams	Once every 12 months
Frames	Once every 12 months
Lenses or Contacts	Once every 12 months





# Basic Life & AD&D Insurance



## The Hartford Life and AD&D Insurance

Full-time employees enrolled in the medical, dental and vision bundle also receive employer-paid group life and accidental death and dismemberment (AD&D) insurance in the amount of the coverages listed below. Your benefit amount will begin reducing at age 65. Don't forget to keep your beneficiaries up to date.

Basic Life & AD&D Insurance	
Employee Coverage	\$15,000
Spouse Coverage (under age 70)	\$2,500
Child Coverage	\$1,000



# Additional Benefits

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## Retirement

Saving for retirement offers significant advantages, including financial security, tax benefits, and the potential for compound interest growth. By diligently saving for retirement, individuals can ensure a comfortable and worry-free lifestyle during their post-work years. Additionally, employer contributions can provide a substantial boost to retirement savings, further enhancing one's financial well-being.

Regular employees have a 4.0% deduction of gross wages for contributions and law enforcement employees have a 5.95% deduction. The county covers the rest of the contributions as a benefit.

## Sick and Vacation Leave

A new employee will begin accruing 3.33 hours of vacation leave (approximately 40 hours a year) and 8.00 hours of sick leave each month. After one year of employment accrued vacation leave will increase to 6.67 hours a month, this will increase every 5 years of employment until it reaches 13.34 hours for each month. There are also several holidays throughout the year.

## Prudential Life

This is term life through the Wyoming Retirement System. Premiums will cover the employee and the employee's spouse and children under 25 years of age. Payroll deduction is \$16 monthly.

## 457 Deferred Compensation Plan

This is a government tax deferred savings and invest plan (457 plans) that allows employees to save their own money for retirement by contributing a portion of their salaries. Payroll deduction depends on the type of investment plan.

## Meridian Trust Federal Credit Union

This allows the employee to have a payroll deduction that will be placed in an account toward loans, mortgages, or other investment opportunities.

# You're not alone

Connecting you to resources for emotional health and well-being



Your life is busy. Sometimes it's hard to know if what you are experiencing is depression or sadness, worry or anxiety. When these feelings become excessive, are ongoing or interfere with your daily life, it's time to seek the help you need.

Our broad support includes coverage for your emotional health, as well as tools and programs to support your general health and well-being. All of this is available to you as our health plan customer. We help you take control of your health – body and mind – whenever you need it, 24/7.

## A network of health care providers

- › National network of clinicians – counselors, psychologists and psychiatrists
- › Guaranteed first-time appointments in five business days and a callback within one business day through our Fast Access network<sup>1</sup>
- › Live chat on **myCigna.com**
- › Virtual counseling sessions available with over 68,000 clinicians<sup>2</sup>
- › Online therapy with a licensed therapist through Talkspace, via private messaging or live video session
- › Ginger behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry<sup>3</sup>
- › Support programs for autism, eating disorders, substance use and more. Includes a digital interface enabling secure two-way messaging, ability to share resources, and appointment tracking on a shared calendar
- › Centers of Excellence for Adult Mental Health, Child & Adolescent Mental Health, Eating Disorders and Substance Use<sup>4</sup>

## Programs to help manage life events<sup>5</sup>

- › Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network
- › Live chat with an employee assistance program advocate
- › Unlimited telephone support and access to work-life resources
- › Access to legal services, including a 30-minute consultation with a program attorney for legal issues including civil, personal/family and Internal Revenue Service (IRS) with 25% off select fees if the program attorney is retained
- › Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist on debt counseling, student loans and more
- › Identity theft protection to proactively monitor, alert and help fix any identity compromises<sup>3</sup>

**Together, all the way.®**



932651 f 11/21

Offered by: Cigna Health and Life Insurance Company or its affiliates.



**To access iPrevail and Happify, log in to myCigna.com and scroll down for direct links.**

### Already registered on myCigna?

1. Log in to myCigna.
2. Go to "Coverage."
3. Click on "Employee Assistance Program" (EAP).
4. Find all your resources on the EAP page. To find a licensed therapist, go to the "Find Care & Costs tab." Search for the doctor by type.

### Not yet registered on myCigna?<sup>6</sup>

Follow these simple instructions to create your myCigna® account.

1. Type **myCigna.com** into your browser.
2. You'll see "Customer Login" at the top and the register button. Click "Register."
3. Enter your personal details: First name, last name, date of birth, email address, name of city and state, and ZIP code.
4. Click "Next" to confirm your ID.
5. Create a username and password to use for this account.
6. After completing the form, review your information, and then click "Submit."

### Access these resources

- › Call 24/7 live assistance at **877.231.1492** or the number on your ID card
- › Visit **myCigna.com**







# Find emotional support here at Cigna Healthcare.

This guide can help you know where to turn for help.

It's more important than ever to protect your mental health. Mental health includes your emotional, psychological, and social well-being. It affects how we think, feel, and act. Behavioral health support is included as part of your Cigna Healthcare<sup>SM</sup> medical insurance plan.<sup>1</sup> Use this guide to connect with the right resources for your mental, physical, and emotional well-being.

## Crisis conditions

**Emergencies happen. Here's where to turn for help.**

You can always call the number on your ID card. Our behavioral support staff, made up of licensed, experienced mental health professionals with a master's degree or higher, is available 24/7 to offer:

- Real-time response to crisis situations.
- Help managing your care after regular business hours.
- Information on how to access valuable community resources.



### Other important phone numbers for crisis support.

National Suicide Prevention Lifeline:  
**Call or Text 988**

National Domestic Violence Hotline:  
**Call 1.800.799.7233**  
**Text LOVEIS to 1.866.331.9474**

Crisis Text Line:  
**Text HOME to 741741 (anywhere in the U.S.)**

Cigna Healthcare Veterans Support Line:  
**Call 1.855.244.6211**



# Important Terms



Actively at Work	Being physically present at your place of employment and actively performing the duties of one's occupation on a full-time basis, often a qualifying factor in coverage.
Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Embedded vs. Non-Embedded Deductibles	An embedded deductible refers to a deductible that applies to each individual within a family plan, while a non-embedded deductible applies to the entire family as a whole.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. HSAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	Is a record of a person's past and current health events. It is used by insurance companies to verify whether a person meets the definition of good health.
Guaranteed Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> to view free preventive services for all adults, women, and children.
Premium	The amount the employee pays for health insurance.
Reasonable and Customary	Refers to the standard charges for medical services or treatments that are considered reasonable and customary within a specific area and are used as a basis for determining the amount of coverage provided by an insurance policy.

# Key Contacts



Benefit	Whom To Call	Phone Number	Email or Website
Payroll	Carol Willard Big Horn County	+1 307-568-2357	<a href="mailto:Carol.willard@bighorncountyywy.gov">Carol.willard@bighorncountyywy.gov</a>
County Clerk	Lori Smallwood Big Horn County	+1 307-568-2357	<a href="mailto:Lori.smallwood@bighorncountyywy.gov">Lori.smallwood@bighorncountyywy.gov</a>
Employee Benefits Consultant	Randy Taylor Marsh McLennan Agency	+1 307-855-6208	<a href="mailto:Randy.taylor@marshmma.com">Randy.taylor@marshmma.com</a>
Employee Benefits Services	EBS	+1 855-313-1075	<a href="mailto:EBServices@marshmma.com">EBServices@marshmma.com</a>
Medical	Cigna	+1 800-288-2078	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Delta Dental of Wyoming	+1 800-735-3379	<a href="http://www.deltadentalwy.org">www.deltadentalwy.org</a>
Vision	Principal	+1 800-986-3343	<a href="http://www.principal.com">www.principal.com</a>
Basic Life Insurance	The Hartford	+1 888-563-1124	<a href="https://www.thehartford.com">https://www.thehartford.com</a>
Telehealth	MD Live	+1 800-726-3171	<a href="http://myCigna.com">myCigna.com</a> or my Cigna app, register then Click on "Talk to a Doctor"

## Big Horn County Government Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2026 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- Women's Health Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- HIPAA Notice of Privacy Practices
- Children's Health Insurance Program (CHIP) Notice

Big Horn County will herein be referred to as "Employer"

Cigna will herein be referred to as "Medical Plan(s)"

Lori Smallwood will herein be referred to as "Plan Administrator"

You can contact your Plan Administrator at **+1 307-568-2357**



## IMPORTANT NOTICES

### MEDICARE PART D CREDITABLE COVERAGE NOTICE

#### Important Notice From Your Employer 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 your Employer 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. Your employer has determined that the prescription drug coverage offered by the Medical Plan(or plans) 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.

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#### 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 15<sup>th</sup> to December 7<sup>th</sup>. 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 while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced.

# IMPORTANT NOTICES

Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not 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 your Employer 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 your Employer changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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 (+1800-633-4227). TTY users should call +1877-486-2048.

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](http://www.socialsecurity.gov), or call them at +1800-772-1213 (TTY +1800-325-0778).

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:	1/1/2026
Name of Entity/Sender:	Big Horn County Government
Contact--Position/Office:	Lori Smallwood, County Clerk
Address:	420 W. C Street, Basin, Wyoming 82410
Phone Number:	+1 307-568-2357

## HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in your Employer's group health coverage 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

## IMPORTANT NOTICES

if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your plan administrator.

### **WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE**

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

### **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **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.**

The Employer sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Employer, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

# IMPORTANT NOTICES

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by the Employer, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Employer's HIPAA Privacy Officer:

Big Horn County Government  
Attention: HIPAA Privacy Officer  
Lori Smallwood, County Clerk  
420 W. C Street  
Basin, WY 82410  
+1 307-568-2357

## Effective Date

This Notice as revised is effective February 16, 2026.

## Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.



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## **For Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

## **For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

## **To Business Associates**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

## **As Required by Law**

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

## **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

## **To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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## Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

## Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

## Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

## Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

## Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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## **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

## **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Research**

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

### **Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Notification of a Breach.**

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

## **Other Disclosures**

### **Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

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## Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

## Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Your Rights

You have the following rights with respect to your protected health information:

### Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

### Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We 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, we may deny your request if you ask us to amend information that:

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

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### Right to an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or



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family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period Big Horn County has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

## **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

## **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us 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. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information. For more information, please see [Your Rights Under HIPAA](#).

## **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling +1877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

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## 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](http://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](http://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](http://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, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: +1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: +1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: +1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: +1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: +1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: +1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: +1-877-357-3268

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<p><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p><b>INDIANA – Medicaid</b></p> <p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: +1-800-403-0864  Member Services Phone: +1-800-457-4584</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="http://iowa.gov/health-human-services">iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: +1-800-338-8366  Hawki Website:  <a href="http://iowa.gov/healthy-well-kids">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: +1-800-257-8563  HIPP Website: <a href="http://iowa.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: +1-888-346-9562</p>	<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: +1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: +1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: +1-800-792-4884  HIPP Phone: +1-800-967-4660</p>	<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: +1-888-342-6207 (Medicaid hotline) or +1-855-618-5488 (LaHIPP)</p>
<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: +1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: +1-800-977-6740 TTY: Maine relay 711</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: +1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: +1-800-657-3672</p>	<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: +1-800-694-3084 Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: +1-855-632-7633  Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: +1-800-992-0900</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for HIPP program: +1-800-852-3345, x 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: +1-800-356-1561</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: +1-800-541-2831</p>

# IMPORTANT NOTICES

CHIP Premium Assistance Phone: 609-63+1-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: +1-800-70+1-0710 (TTY: 711)	
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: +1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: +1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: +1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: +1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP)</a> ( <a href="http://pa.gov">pa.gov</a> ) CHIP Phone: +1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: +1-855-697-4347, or 40+1-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: +1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: +1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.hhs.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPPI) Program   Texas Health and Human Services</a> Phone: +1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: +1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPPI) Program   Department of Vermont Health Access</a> Phone: +1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: +1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: +1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: +1-855-MyWVHIPP (+1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: +1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: +1-800-25+1-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
+1-877-267-2323, Menu Option 4, Ext. 6156