











2026 Open Enrollment Guide

Table of Contents

A Message to Our Employees 3
Benefits for You & Your Family 5
Enrollment Instructions 6
Medical Insurance 7
Medical Benefits Overview 8
Dental Insurance 12
Vision Insurance 13
Health Savings Account (HSA) 14
Flexible Spending Accounts 15
Employee Assistance Plan (EAP) 16
Worksite Products 17
Life Insurance 19
Voluntary Disability Offerings 19
Contacts 21
Legal Notices 23

This brochure summarizes the benefit plans that are available to Gloucester County Public Schools eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

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 29 for more details.

A Message to Our Employees

At Gloucester County Public Schools, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available.

Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Dr. Anthony Vladu

The Benefits Open Enrollment Period Is Here!

Once a year GCPS holds an Open Enrollment, which is the only time of year when you can make any kind of changes to your benefits plan that you want to make, without having a Family Status Change.

The open enrollment period for the 2026-2027 plan year is August 17 through August 28. This year is a "passive enrollment," meaning if you want to keep the same benefits you have today, you do not have to do anything. Your benefits will roll over for 10/1/26. **HOWEVER, your Flexible Spending Account (FSA)** election cannot roll over.

Please review the benefits and rate changes for the next plan year in this guide.

Then please do one of the following:

1.**CALL (888) 592-0224:** To enroll by phone, ask questions, and/or get help deciding on benefits and enroll with a helpful, professional Benefit Coach call 888-592-1840. Coaches are available during the Open Enrollment period on weekdays, 11am - 8pm ET. Note:

2**. Enroll ONLINE:** Login to the benefits website at www.EmployeeNavigator.com. If asked, input the company identifier: GloucesterCountyPublicSchools

3. **DO NOTHING:** If you don't want to make contributions to an FSA and want to keep the same benefits and dependents (if applicable) enrolled in them, you do not have to do anything.

2026 Benefit Plan Highlights

- **Health Insurance** will continue to be offered through Anthem with two medical plans to choose from. No changes have been made to the plans this year, except the High-Deductible Health plan deductible is increasing due to IRS regulations.
- You will continue to have **tax-free spending and savings accounts** offered through Flexible Benefit Administrators and HSA Bank.
    - The Healthcare and Limited Purpose FSA contributions have been increased to $3,400 per plan year.
    - The Dependent Care FSA contribution limit has also been increased to $7,500 per plan year.
    - The HSA contribution limits have been increased to $4,400 for individual coverage and $8,750 for all other tiers for 2026.
- **Dental** Coverage will continue to be offered through United Concordia.
- **Vision** will now be offered through Anthem.
- **Accident, Critical Illness and Hospital Indemnity** will now be offered through Anthem.
- **The Employee Assistance Program** will continue to be administered by AllOne Health.
- You will still have **Life and AD&D** through the Virginia Retirement System.
- Plan 1 and 2 employees will continue to be offered the opportunity to elect **long-term disability** coverage options through Chubb, while the employer paid **short-term disability** remains with the Standard.
- Legal Resources will still be administering **pre-paid Legal and ID Theft Insurance**.

Benefits for You & Your Family

Gloucester County Public Schools is pleased to announce our 2026 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Gloucester County Public Schools benefits available during open enrollment:

- Medical
- Dental
- Vision
- Health Savings Account
- Employee Assistance Program
- FSA Plan
- Critical illness
- Hospitalization
- Accident

Who is Eligible?

Employees working at least 30 hours per week and their eligible dependents may participate in the Gloucester County Public Schools benefits program.

Generally, for the Gloucester County Public Schools benefits program, dependents are defined as:

- Your legal spouse
- Dependent “child” up to age 26.



When and How Do I Enroll?

Open enrollment will be conducted **August 17th – August 28th. Log into Employee Navigator to elect or waive benefits. See the next page for detailed instructions.**

When is My Coverage Effective?

The effective date for your benefits is 10/01/2026.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

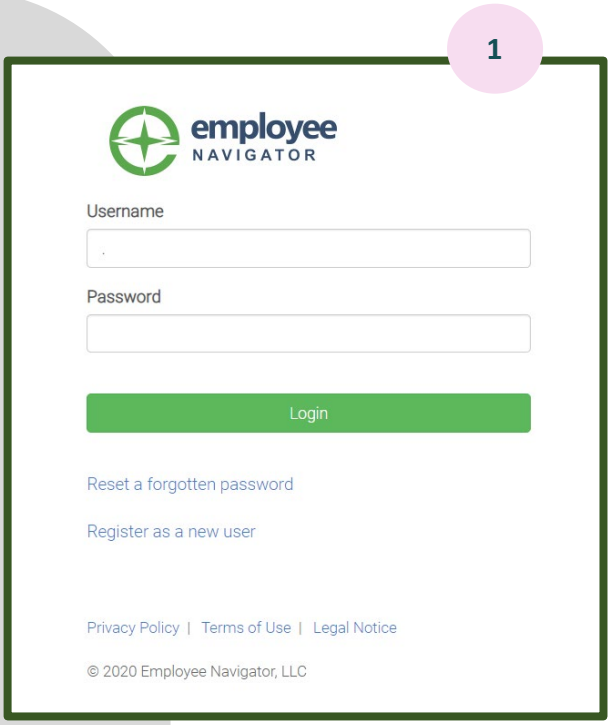
For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Enrollment Instructions

Go to Website:

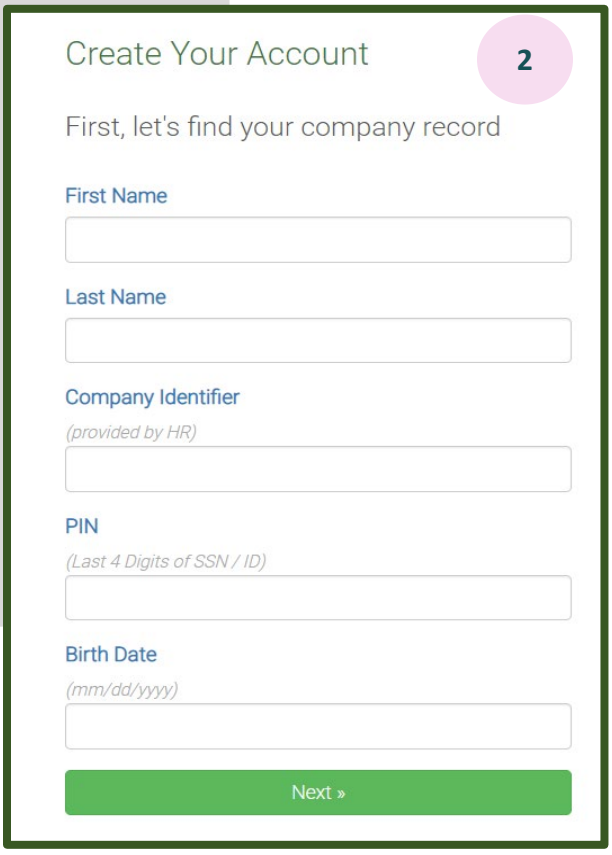
https://www.employeenavigator.com/benefits/Account/Login

Select **Register as a new user**

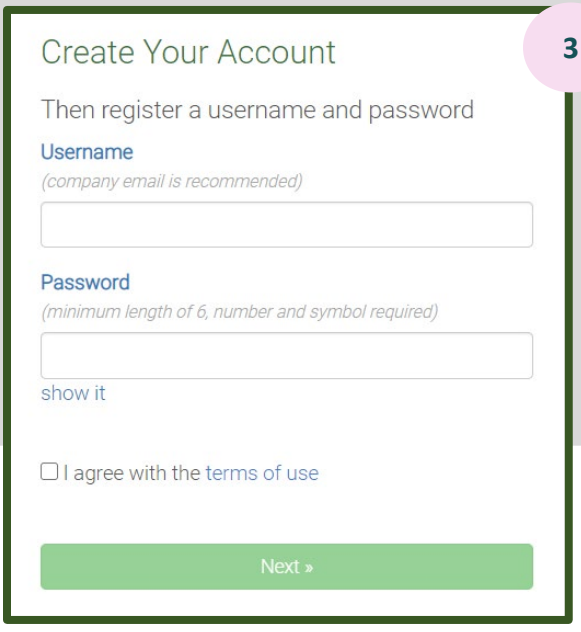


Enter the requested information:

- First Name
- Last Name
- Company Identifier: **GloucesterCountyPublicSchools**
- PIN
  [Last 4 Digits of SSN]
- Birth Date



Then enter your username and password.



Medical Insurance

Gloucester County Public Schools will continue to offer medical coverage through Anthem. You have two plans to choose from, a traditional copay plan and a high-deductible health plan. If you enroll in the HealthKeepers HSA plan, don't forget that GCPS contributes $100 per month to a Health Savings Account (HSA) on your behalf, to help you save for qualified expenses. You can also save money pre-tax in your HSA up to the current IRS limits. The charts on following pages are a brief outline of the plans. ***Please refer to the summary plan descriptions saved in Employee Navigator for complete plan details.***

At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolled in medical benefits, make an appointment with your PCP- even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Download the Anthem Sydney App to search for in-network providers!
You may also search the Anthem website: https://www.anthem.com/find-care/

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit www.healthcare.gov/coverage/preventive-care-benefits.

Member Service Portal

Anthem's member portal and **Sydney App** is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health.

Access the Anthem portal at www.anthem.com.

Once you are registered your personal health information will be available to you 24/7, including:

- Your digital ID card
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Need your health data on the run? **Download your free carrier app from the App Store or Google Play.** Use your mobile device to search for doctors, hospitals and more! Just search for Anthem.

Medical Benefits Overview

Benefit Coverage	Anthem POS OA 25 1000/30%/5500		Anthem HealthKeepers HSA 0%/4000	
	POS In-Network	POS Out-of-Network	POS In-Network	POS Out-of-Network
Annual Deductible				
Individual	$1,000	$2,000	**$3,400**	**$3,400**
Family	$2,000	$4,000	**$6,800**	**$6,800**
Embedded or Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance	70%	50%	100%	80%
Maximum Out-of-Pocket*				
Individual	$5,500	$7,750	$4,000	$5,000
Family	$11,000	$15,500	$8,000	$10,000
Physician Office Visit				
Primary Care	$25 copay	50% after deductible	100% after deductible	80% after deductible
Specialty Care	$50 copay	50% after deductible	100% after deductible	80% after deductible
Preventive Care				
Adult Periodic Exams	100%	50% after deductible	100%	80% after deductible
Well-Child Care	100%	50% after deductible	100%	80% after deductible
Diagnostic Services				
X-ray and Lab Tests	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Complex Radiology	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	$50 copay	50% after deductible	100% after deductible	80% after deductible
Emergency Room Facility Charges*	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Inpatient Facility Charges	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Mental Health				
Inpatient	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Outpatient	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Substance Abuse				
Inpatient	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Outpatient	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Other Services				
Chiropractic	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Retail Pharmacy (30 Day Supply)				
RX deductible	$250 – Individual $500 – Family Applies to Tiers 2-4		Medical Deductible applies	
Generic (Tier 1)	$15 copay	50% after deductible	$10 copay after deductible	20% after deductible

Benefit Coverage	Anthem POS OA 25 1000/30%/5500		Anthem HealthKeepers HSA 0%/4000	
	POS In-Network	POS Out-of-Network	POS In-Network	POS Out-of-Network
Preferred (Tier 2)	$50 copay	50% after deductible	$30 copay after deductible	20% after deductible
Non-Preferred (Tier 3)	$90 copay	50% after deductible	$50 copay after deductible	20% after deductible
Preferred Specialty (Tier 4)	20% after deductible up to max $200 copay	50% after deductible	20% after deductible up to max $200 copay after deductible	20% after deductible
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	$30 copay	Not covered	$20 copay after deductible	Not covered
Preferred (Tier 2)	$125 copay	Not covered	$75 copay after deductible	Not covered
Non-Preferred (Tier 3)	$225 copay	Not covered	$150 copay after deductible	Not covered
Preferred Specialty (Tier 4)	20% after deductible upto max $200 copay	Not covered	20% after deductible up to max $200 copay after deductible	Not covered

Employee Contributions (Monthly)	
HealthKeepers POS OA 25 1000/30%/5500	
Employee	$109.31
Employee & Spouse	$546.55
Employee & Children	$198.12
Employee & Children	$198.12
Employee & Family	$628.53
Family (Both)	$273.26
HealthKeepers HSA 0%/4000 (Plus $100 monthly contribution to employee's HSA)	
Employee	$81.99
Employee & Spouse	$485.06
Employee & Child	$163.97
Employee & Children	$163.97
Employee & Family	$539.71
Family (Both)	$191.88

What Are My Options for Care?

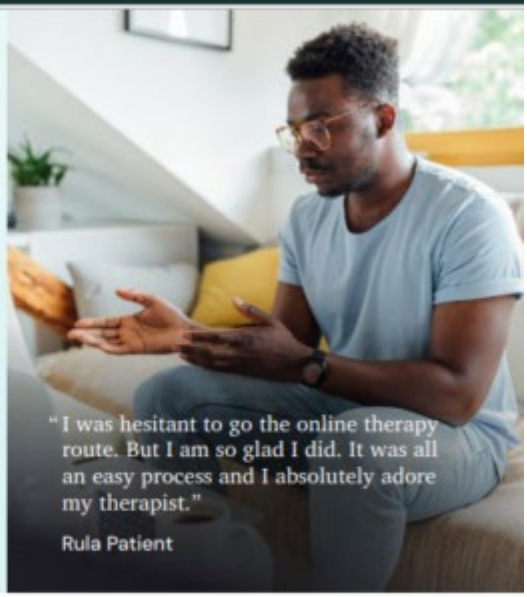
You have many options for how and where you can receive care through your Anthem medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
NurseLine 	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • **Available 24/7/365 days a year at NO COST**	• Answer general questions like "how long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment e.g. ER or primary care doctor
Telemedicine / Virtual Visits 	• Convenient, low-cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

Rula GO PS Anthem

Connect with a mental health expert who specializes in you.

You deserve quality care from someone who cares. Match with licensed therapists and prescribers today.



A personalized approach to care, tailored around you.

Rula has **15,000+ licensed providers**, carefully vetted to ensure the highest quality of care.

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We'll help you find an in-network provider and schedule your first appointment in minutes.

Affordable, accessible care

Rula partners with most insurance companies to make care more affordable. Patients typically pay $15 per session — but we'll provide you with a personalized cost estimate prior to your first appointment.

Meet your match

We know how important it is to find someone you connect with. Providers in Rula's network represent a wide range of specialties and backgrounds, making it easier to find the right therapist or prescriber for you.

Focused on quality

All therapists in our network undergo regular clinical reviews and have access to peer review and development workshops — ensuring that you receive the highest quality of care.

All-in-one platform

At Rula, we make it easy to combine multiple forms of care and manage your billing, appointments, and providers from one convenient platform.

Ready to get started?
Scan to find your therapist who specializes in you

Get started today
rula.com/gloucester

We can make real progress together

Have questions?
Call (323) 205-7088

Dental Insurance

Gloucester County Public Schools will continue to offer a dental program administered by United Concordia. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	United Concordia High Plan		United Concordia Low Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Waived for Preventive Care?	Yes	Yes	Yes	Yes
Annual Maximum				
Per Person / Family	$2,000	$2,000	$2,000	$2,000
Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	50%
Major	50%	50%	Not covered	Not covered
Orthodontia				
Benefit Percentage	50%	50%	Not covered	Not covered
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered	Not covered	Not covered
Dependent Child(ren)	Covered	Covered	Not covered	Not covered
Lifetime Maximum	$2,000	$2,000	N/A	N/A

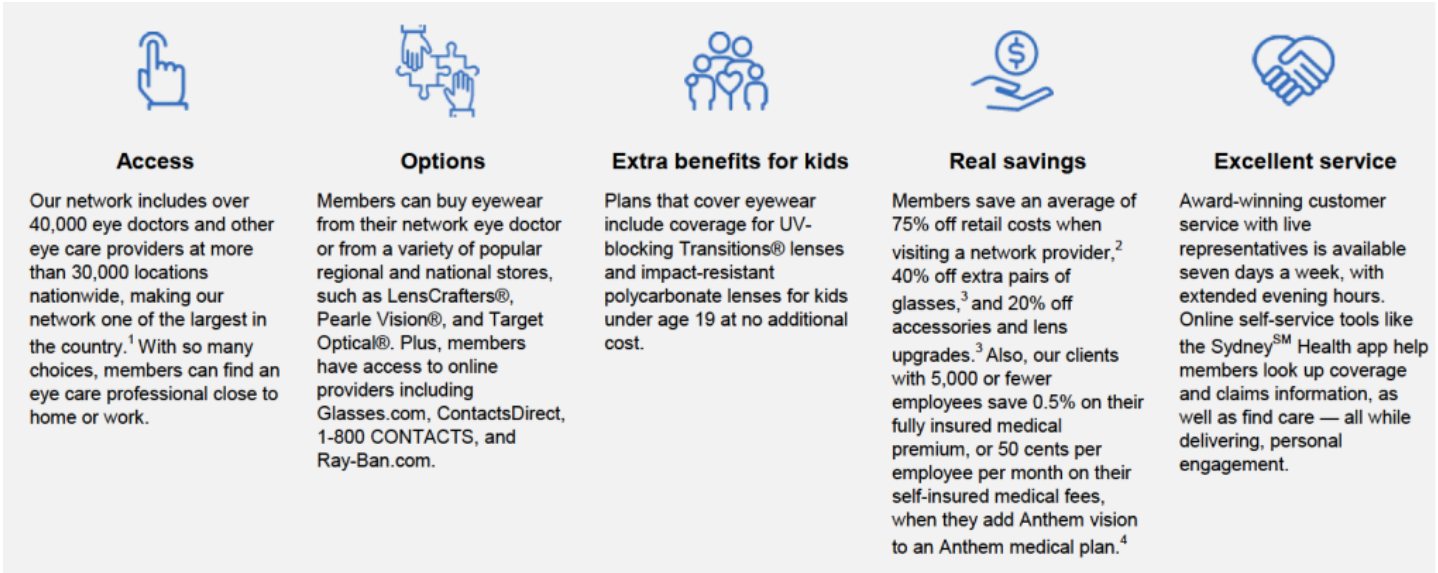
Employee Contributions (Monthly)	
High Plan	
Employee	$48.65
Employee & Spouse	$85.32
Employee & Child	$85.32
Employee & Children	$135.57
Employee & Family	$135.57
Low Plan	
Employee	$27.38
Employee & Spouse	$46.33
Employee & Child	$46.33
Employee & Children	$74.20
Employee & Family	$74.20

Vision Insurance

Gloucester County Public Schools provides the option to elect Vision Insurance through Anthem.

Benefit Coverage	Anthem Vision
Copay	
Routine Exams (Annual)	$10 copay
Vision Materials	
Materials Copay	$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered 100% up to $130 allowance; 15% off balance over $130 allowance every 12 months
Frames	Covered at 100% up to $150 allowance; 20% off balance over every 12 months

Employee Contributions (Monthly)	
Vision	
Employee	$4.82
Employee & Spouse	$9.14
Employee & Child(ren)	$9.62
Employee & Family	$14.15



Health Savings Account (HSA)

When you are enrolled in a Qualified High-Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

- Although everyone is able to enroll in the Qualified High-Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.
- You must be enrolled in a Qualified High
- Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose health care FSA is allowed).

2026/27 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2026/27 TAX YEAR:

- $4,400 / $4,500 Individual
- $8,750 / $9,000 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Gloucester Country Public Schools contribute $100 per month ($1,200 per year) to your Health Savings Account when you enroll in the Anthem HSA plan.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Flexible Benefit Administrators, Inc. allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

MAXIMUM ANNUAL ELECTION	
Health Care FSA	$3,400
Limited Purpose FSA	$3,400
Dependent Care FSA	$7,500 ($3,750 if married filing separately)

Get started with FBA by visiting their website at https://fba.wealthcareportal.com/ and click the register button .

You will need the following to create your account:

First Name

Last Name

Zip Code

Verification Code

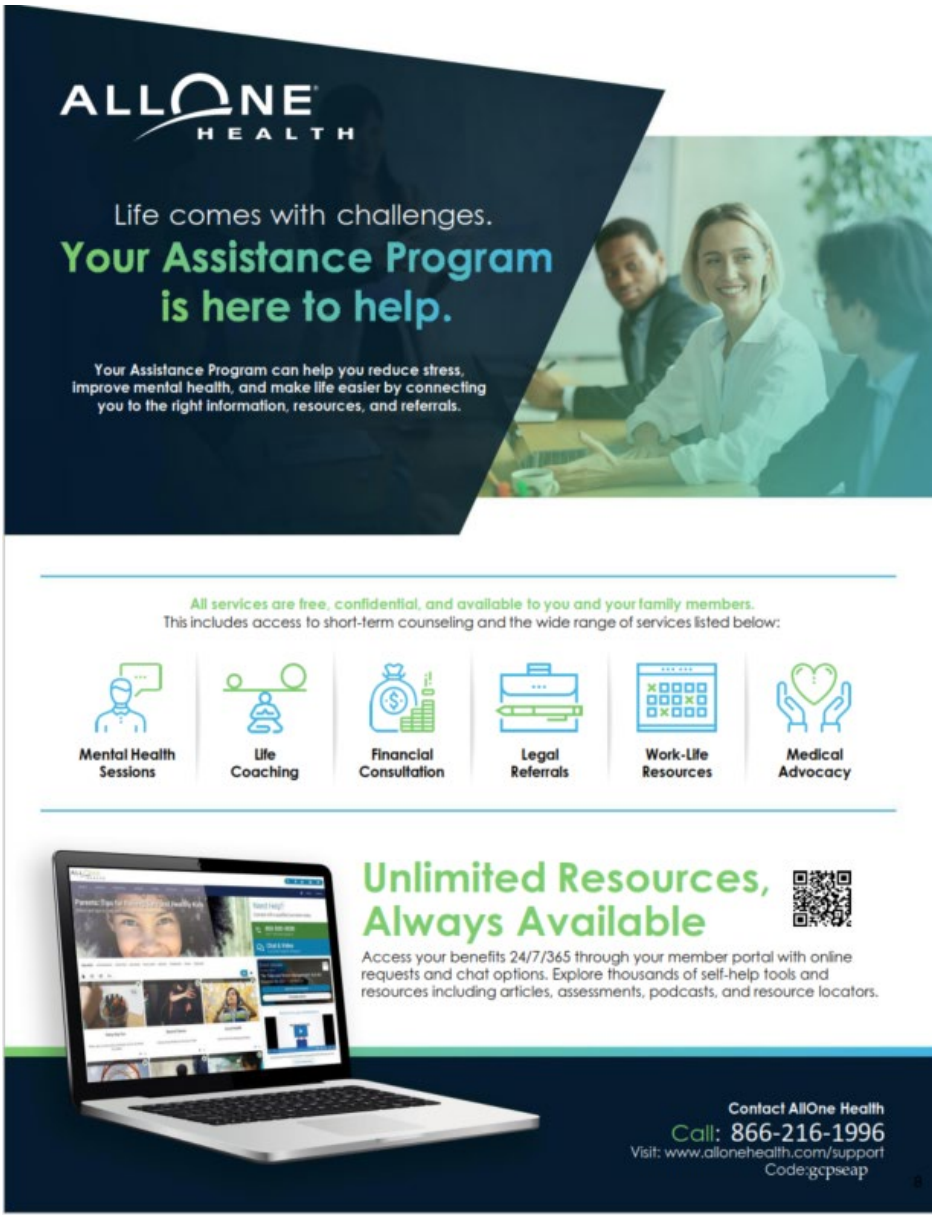
Verify email/create username & password

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with AllOne Health Resources, Inc., an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them.



Worksite Products

Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

	High Plan	Low Plan
Emergency Room Visit	Up to $250	Up to $100
Dislocations	Up to $7,000	Up to $3,000
Fractures	Up to $10,500	Up to $5,500
X-rays	$75	$50
Initial Hospital Confinement due to an Accident	$1,500	$500
Per day benefit	Up to $400 a day	Up to $100 per day

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Anthem Insurance Companies Inc group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

	Critical Illness Plan
Lump Sum Cash Benefit	Up to $30,000, in increments of $10,000
Heart Attack	100% of benefit
Stroke	100% of benefit
Major Organ Failure	100% of benefit
Spouse benefit	Up to $30,000, cannot exceed employee coverage amount
Children benefit	Automatically covered at 50% of employee coverage amount

Hospital Indemnity

You'll receive cash benefits if you experience a covered hospital stay due to a qualifying injury or illness. These funds can help cover medical expenses and other costs associated with your hospitalization, such as transportation and lodging.

	Hospital Indemnity Plan
Amount per day	Up to $150, up to 365 days
Intensive Care Amount	Up to $200 per day, up to 15 days
Hospital Admission	Up to $1,500 per admission, 1 per year

Legal Resources – Pre-Paid Legal

You also have the opportunity to purchase pre-paid legal through Legal Resources for $18 a month for you and your family! The Legal Resources Plan provides 100% coverage on a broad range of legal services. Whether it's an every day legal need or unexpected life event, you can relax, you're covered! Log into Employee Navigator to enroll in this benefit. Visit Legalresources.com or call 1-800-728-5768 for more information.

Legal Resources – Identity Theft

You can also elect identity theft through Legal Resources. Log into employee navigator to view your options and cost for this benefit.



Life Insurance

Basic Group Life Insurance

All Plan 1 and Plan 2, and Hybrid Retirement Plan eligible employees are automatically enrolled in Basic Life & Accidental Death and Dismemberment insurance. GCPS pays the premium for this coverage. Your amount of coverage is determined by rounding your annual salary to the next highest thousand and then doubling that amount. In the event of accidental death or dismemberment, the amount doubles again.

Optional Group Life Insurance

If you are covered under the Basic Group Life Insurance Program, you are eligible to purchase additional life insurance for yourself as well as your spouse and dependent children through the Optional Group Life Insurance Program. You pay the premiums for this additional coverage through payroll deductions.

Questions about Your VRS Life Insurance Coverage? Contact 1-800-441-2258 (www.varetire.org)

Make sure to update your beneficiary as needed!

Disability Offerings

VRS Short-Term & Long-Term Disability Insurance (Hybrid)

Gloucester County Public Schools offers a short-term disability option through VRS. The below highlights details regarding our hybrid short-term & long-term disability plans. If you were hired and a member of the Hybrid Retirement Plan on or after January 1, 2014, and met the disability plan member definition and active work requirement, you are covered under Hybrid Disability Coverage through VRS.

There is a 1-year waiting period for these benefits. Budget & Finance will reach out to you when you become eligible.

	VRS Hybrid Group Short Term Disability (STD)
Elimination Period	
▪ **Accident**	7 days
▪ **Sickness**	7 days
Benefit Percentage	60%
Maximum Benefit Period	125 workdays
	VRS Hybrid Group Long Term Disability (LTD)
Benefit Percentage	60%
Maximum Benefit per duration	Up to $25,000 monthly
Maximum Benefit Period	125 workdays

The Standard Employer Paid Short Term Disability (Plan 1 and Plan 2 Employees Only)

Gloucester County Public Schools offers short-term income protection administered by the Standard Insurance Company in the event you become unable to work due to a non-work-related illness or injury. You are eligible for this employer paid benefit after one year of employment with the schools.

Chubb Voluntary Long-Term Disability Insurance (Plan 1 and Plan 2 Employees Only)

Gloucester County Public Schools offers long-term income protection through Chubb Insurance Company in the event you become unable to work due to a non-work-related illness or injury. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

	Chubb Insurance Company Long Term Disability (LTD) Plan Option 1	Chubb Insurance Company Long Term Disability (LTD) Plan Option 2
Elimination Period	180 days	180 days
LTD Benefit	50% up to a monthly maximum of $6,000	60% up to a monthly maximum of $6,000
Definition of Disability	2-year own occupation	2-year own occupation
Maximum Disability Period	2 years	Social Security normal retirement age
Pre-Existing Condition Limitations	3/12	3/12

Chubb Term Life with Long Term Care Rider

The Lifetime Benefit Term insurance plan through Chubb provides lifetime guarantees. Life insurance premiums will never increase and are guaranteed to age 100. And it is flexible, because you can use it for Long Term Care expenses if the need arises. Here are some special features to be aware of:

Guaranteed Benefits – During the Working Years
Death Benefit is guaranteed 100% when it is needed most – during the working years when a family is relying on income. While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70.

Guaranteed Benefits – After Age 70
Even after age 70, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users based on the current interest rate and mortality assumptions. Based on the guaranteed interest rate, the death benefit after age 70 will always be at least 50% of the initial benefit.

Paid-up Benefits
After 10 years, paid-up benefits begin to accrue. At any point thereafter, if an employee stop paying premium, a reduced paid-up benefit is issued and can never lapse. That means an employee who retires can stop paying premium and have a death benefit for the rest of their life - guaranteed.

Benefits for Long Term Care
Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

This is a voluntary benefit that you can purchase. Rates are based on your age, how much coverage you want, and if you cover your spouse, so please see the full benefit summary for details.

FOR MORE INFORMATION ABOUT LIFETIME BENEFIT TERM DURING YOUR NEW HIRE OR THE ANNUAL OPEN ENROLLMENT PERIOD CALL A BENEFITS COACH OR REVIEW THE BENEFIT SUMMARY FROM CHUBB.

CHUBB

Contacts

Have Questions? Need Help?

Gloucester County Public Schools is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on Employee Navigator. Please contact Budget and Finance to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical	Anthem	833-592-9956	www.anthem.com
Dental	United Concordia	800-332-0366	www.unitedconcordia.com
Vision	Anthem	833-592-9956	www.anthem.com
Health Savings Account	HSA Bank	800-357-6246	www.hsabank.com
Long Term Disability (LTD), Life with Long Term Care	Chubb Insurance	855-241-9891 8:30 am-7:00 pm EST Monday -Friday	www.chubb.com
Employee Assistance Program (EAP)	AllOne Health Resources	800-950-3434 Available 24/7 Company Code: gcpseap	www.reach-eap.com
Flexible Spending Accounts	Flexible Benefit Administrators	800-437-3539 Fax:757-431-1155	https://fba.wealthcareportal.com
Voluntary Critical Illness	Anthem	833-592-9956	www.anthem.com
Hospitalization Indemnity	Anthem	833-592-9956	www.anthem.com
Accident	Anthem	833-592-9956	www.anthem.com
Legal / ID Theft	Legal Resources	800-728-5768	www.legalresources.com
ATP Short Term Disability (STD)	Standard	800-368-2859	www.standard.com

Legal Notices

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply: [see benefit guide medical plan page or Anthem SBCs].

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 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Gail Khoury
(804)693-7835
kimberly.khoury@gc.k12.va.us

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- 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 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share**.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

MODEL INDIVIDUAL **CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice from Gloucester County Public Schools 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 Gloucester County Public Schools 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. Gloucester County Public Schools has determined that the prescription drug coverage offered by the Anthem Medical Plan for the plan year 2026/2027 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Anthem Medical Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose Anthem Medical creditable coverage.
- You may stay in the Anthem Medical Plans and also enroll in a Medicare prescription drug plan. The Anthem Medical Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Anthem Medical Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Anthem Medical Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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

You should also know that if you drop or lose your current coverage with Gloucester County Public Schools 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 Gloucester County Public Schools changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	10/1/2026
Name/Entity of Sender:	Gloucester County Public Schools
Contact Position/Office:	Gail Khoury, Benefits Specialist
Address:	6099 T.C Walker Road Gloucester VA 23061
Phone Number:	(804) 693-7835

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

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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





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