Employee Benefits Enrollment Guide

Plan Year: 2017-2018

Welcome to the 2017-2018 Benefit Guide!

Garrett County Commissioners offers a comprehensive and competitive benefits package to meet the various needs of its employees through the lifecycle. Garrett County Commissioners through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.

Please take the time to review the plans available to you prior to making your selection. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet the needs for you and your family throughout the year. You will notice that CVS/Caremark will provide Prescription Drug coverage effective July 1, 2017. A new ID card will be generated by UMR which will contain new pharmacy information. Please begin using your new card when filling your prescriptions on and after July 1, 2017. Make sure your pharmacy has your new information.

Options selected at date of hire or during open enrollment remain in place until the next open enrollment.

If you have additional questions that this Benefits Guide did not answer, please inquire with Human Resources at any time.

Table of Contents

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Garrett County Commissioners.

Patient Protection Affordable Care Act (ACA)

The Patient Protection and **Affordable Care Act** (ACA), a long and complex piece of federal legislation commonly referred to as "Obamacare," made sweeping changes to how health insurance is procured and paid for. Signed into law on 2010, ACA requires individuals who don't receive health insurance benefits through their employers to purchase coverage or pay a penalty. The law also puts certain limits on what insurers may or may not do with respect to eligibility and coverage. The Affordable Care Act (ACA) brings significant changes to how we access and pay health care.

Beginning January 1, 2015, large employers are required to offer minimum essential coverage to employees who are considered full-time as defined by the ACA. Full-time (FT) employees under ACA are defined as, anyone employed by a given employer for an average of 30 or more hours per week (or 130 hour per month).

Garrett County Commissioners works with many variable schedules for some or all its team members. It's difficult to identify which employees are full time. An employee's status as full time or part time is based on the measurement period, this measurement period governs the employees' status for the subsequent stability period, even if the employee's hours change during the stability period. Garrett County Commissioners has defined their measurement period as July 1 - March 31. After the measurement period, there is an "administrative period" during which Garrett County Commissioners will analyze team member's paid hours to determine the team member's benefit eligibility. A team member who has averaged 30+ paid hours per week will gain benefits, team members who have averaged less than 30 hours per week will lose their employer subsidized benefit coverage. To comply with the ACA, Garrett County Commissioners is required to track hours paid and offer employer subsidized benefit coverage to full-time and part time team members. If a team member loses coverage or chooses to opt out of employer subsidized coverage, he or she may be subject to federal mandated penalties.

Please take some time to review the information and should you choose to enroll, be sure to complete your online enrollment in a timely manner.

This benefit guide provides you details on your healthcare options.

Who is Garrett County Commissioners?

The mission of Garrett County Government is to provide our citizens the highest quality service in a timely, efficient, and courteous manner.

This delivery of services will be provided through the proficient competence of our employees and in partnership with our citizens.

To totally achieve this goal, this government must be operated in an open and accessible atmosphere, be based on comprehensive and strategic long-term and short-term planning, and have an appropriate managerial organization of fiscal responsibility.

Who is Eligible?

Garrett County Commissioners offers medical benefits through UMR, a United Healthcare Company, and prescription drug through CVS CareMark. These plans are designed to provide you and your family with access to high quality healthcare. The plans available to employees are a Preferred Provider Organization Plan (PPO) and a Point of Service Plan (POS). They cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Please refer to the summary on the following pages for specific details on the medical plans available.

Eligible dependents include the employee's spouse and children to age 26, regardless of student status.

When to Enroll

You can enroll in the plans each year during open enrollment.

New hires can enroll on date of hire. Full time employees and their dependents may enroll in one of two Medical plans, one Dental plan, a Vision plan, Basic Life plan, and Long Term Disability Plan. The Employee Assistance Program (EAP) is provided by Garrett County Commissioners at no cost to team members.
Eligibility: First day of the month following date of hire or date of hire if hired on the first of the month.

For enrollment and eligibility questions, please contact the Human Resources Department for assistance.

How to Make Changes

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. The following qualified status changes include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Unless you have a qualified status change, you cannot make changes to the benefits you elect until the next open enrollment period. If any of the aforementioned qualified changes occur, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Medical Benefits

UMR Point of Service (POS)

A Point of Service (POS) plan has some of the qualities of HMO and PPO plans with benefit levels varying depending on whether you receive your care in or out of the health insurance company's network of providers. The POS plan has a $25 office visit copay as well as TeleDoc services provided without a copay. Please refer to the benefit outline below to learn more

To find a list of participating in network providers visit www.umr.com

MEDICAL BENEFITS	UMR Point of Service (POS) Plan	
	In-Network	Out of Network
Lifetime Maximum	Unlimited	Unlimited
Deductible	$200 per Individual $400 per Family	$400 per Individual $800 per Family
Out of Pocket Maximums	$3,000 per Individual $6,000 per Family	$4,000 per Individual $8,000 per Family
Primary Care Physician	100% after $25 copay	70% after deductible
Specialist Office Visit	100% after $30 copay	70% after deductible
Preventive Care Services	100%	70% after deductible
Hospital Stay: Room and Board Services	90% after deductible	70% after deductible
Lab and X-ray	100%	100% Deductible Waived
Emergency Care: Hospital Ambulance transportation	$75 copay waived if admitted 100% after deductible	$75 copay waived if admitted 100% deductible Waived
Urgent Care	100% after $35 copay	70% after deductible
Maternity – Pre-Natal & Delivery	100% after $25 copay for initial visit	70% after deductible
Outpatient Surgery	100% after $40 copay	80% after deductible
Home Health Care 90 visits per year	90% after deductible	90% deductible waived
Mental Health/Substance Abuse In-Patient Out-Patient	90% after deductible 100% after $35 copay	70% after deductible
TeleDoc Services	100% Deductible waived	100% deductible waived
Immunizations for Children	100%	70% after deductible
Pre-existing Condition Limitation	None	None
Prescription – Retail Up to 34 day supply **Prescription – Mail order Delivery** Up to 90 day supply	Formulary Plan $10 generic $30 preferred brand $50 non-preferred brand Specialty—15% up to $150 per script $20 generic $60 preferred brand $100 non-preferred brand	Use of a Non-participating pharmacy requires payment for the prescription up front.

Should there be any discrepancies between the above summary and the actual plan contract(s), the Plan contract(s) supersedes this summary.

UMR Preferred Provider Plan (PPO)

This coverage is a Preferred Provider Option (PPO). The PPO has a $15 office visit copay as well as TeleDoc services covered at 100%. The biggest highlight is that this plan does not have a deductible when using in-network providers as well as no referrals needed when seeking care from a specialist.

Visit www.umr.com to find participating providers.

MEDICAL BENEFITS	UMR Preferred Provider (PPO) Plan	
	In-Network	Out of Network
Lifetime Maximum	Unlimited	Unlimited
Deductible	None	$300 per Individual $900 per Family
Out of Pocket Maximums	$3,000 per Individual $6,000 per Family	$3,000 per Individual $6,000 per Family
PCP/Specialist Office Visit	100% after $15 copay	80% after deductible
Preventive Care Office Visit	100%	80% after deductible
Hospital Stay: Room and Board Services	100%	80% after deductible
Lab and X-ray	100%	100% Deductible Waived
Emergency Care: Hospital Ambulance transportation	$35 copay waived if admitted 100%	$35 copay waived if admitted 100% after deductible
Urgent Care	100% after $15 copay	80% after deductible
Maternity – Pre-Natal & Delivery	100% after $15 copay for initial visit	80% after deductible
Outpatient Surgery	100% after $25 copay	80% after deductible
Home Health Care 90 visits per year	100%	80% after deductible
Mental Health/Substance Abuse In-Patient Out-Patient	100% 100% after $15 copay	80% after deductible
TeleDoc Services	100%	100% deductible waived
Immunizations for Children	100%	80% Deductible Waived
Pre-existing Condition Limitation	None	None
Prescription – Retail Up to 34 day supply **Prescription – Mail order Delivery (MOD)** Up to 90 day supply	Formulary Plan $10 generic $20 preferred brand $35 non-preferred brand $20 generic $40 preferred brand $70 non-preferred brand	Use of a Non-participating pharmacy requires payment for the prescription up front.

Should there be any discrepancies between the above summary and the actual plan contract(s), the Plan contract(s) supersedes this summary.

Teladoc — Talk to a Doctor anytime and anywhere

Did you know that you have a Teladoc membership that can connect you with a licensed physician via phone or video anytime, anywhere and with $0 copay. Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults.

Registering with Teladoc is quick and easy online. Visit the Teladoc website at Teladoc.com, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone at **1-800-Teladoc (835-2362)**

Once your account is set up, request a consult any time you need care.

So if you haven't used your Teladoc membership yet, here are seven reasons why you should!

1. Teladoc provides confidential, convenient, and affordable healthcare 24/7/365
2. You can speak with a licensed doctor about non-emergency health issues anywhere, whether you are at home, at work, or on vacation
3. The average wait time to speak with a doctor in 10 minutes
4. Teladoc doctors can diagnose and treat cold and flu symptoms, upper respiratory infections, ear infections, skin problems, allergy symptoms and more
5. Teladoc doctors can also send a prescription straight to your pharmacy of choice when medically necessary
6. Your dependents are eligible to receive care from Teladoc, including adult children up to age 26
7. You can connect with Teladoc by phone, web, or mobile app

1-800-Teladoc (835-2362) **www.teladoc.com**

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

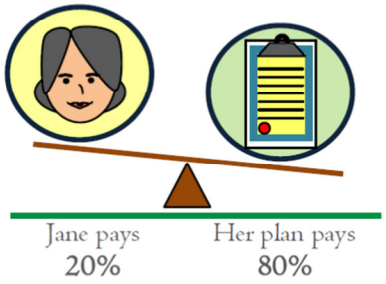
Appeal

A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may ***not*** balance bill you for covered services.

Co-insurance



Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance ***plus*** any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

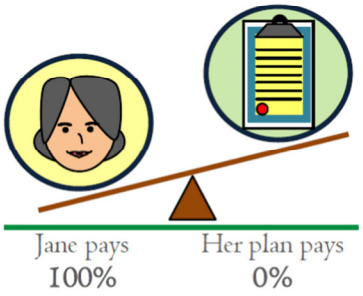
Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible



The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Dental Benefits

Garrett County Commissioners offers dental benefits to all full-time employees through Delta Dental. Good dental health is important to your overall wellbeing. Under this plan, you may obtain covered services from any dentist. Employees who use dentists or dental specialists that are part of Delta Dental's Network *(participating Dental Provider)* will see reduced or eliminated out-of-pocket expenses.

A complete provider directory can be accessed online at www.Deltadentalins.com

Dental Benefits Description*	Delta Dental PPO**		Delta Dental Premier and Non-Participating Dentists**	
	Paid by Delta Dental	*Paid by Enrollee*	*Paid by Delta Dental*	*Paid by Enrollee*
Diagnostic & Preventative (Exams, cleanings, sealants)	100%	0%	100%	0%
Basic Restorative (Fillings)	80%	20%	80%	20%
Endodontics (Root Canal)	80%	20%	80%	20%
Periodontics (gum treatment)	80%	20%	80%	20%
Oral Surgery	80%	20%	80%	20%
Major Services (Crowns, inlays, onlays and cast restorations)	50%	50%	50%	50%
Prosthodontics (Bridges and dentures, implants)	50%	50%	50%	50%
Orthodontic Benefits (Adults and dependent children)	50%	50%	50%	50%
Orthodontic Lifetime Maximums	$1,000	$1,000	$1,000	$1,000

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists

Dental Benefits Description	Delta Dental PPO		Delta Dental Premier and Non-Participating Dentists	
	Deductibles	*Maximums*	*Deductibles*	*Maximums*
Individual (Calendar year)	$50	$1,200	$50	$1,200
Family (Calendar Year)	$150	$1,200*	$150	$1,200

* Family maximum benefits are based per person per calendar year.

Vision Benefits

Garrett County Commissioners offers vision benefits through National Vision Administrators (NVA) to all full-time employees. NVA covers an eye exam, frames and lenses every 24 months. Additional information about this plan is available on the website. A listing of in-network providers can be found at www.e-nva.com.

Vision Benefits Description	National Vision Administrators	
	In-Network	*Out-of-Network (Reimbursed Amounts)*
Eye Exam Every 24 Months	100%	Up to $45
Lenses Every 24 Months	100% (for Single, Bifocal, Trifocal, or Lenticular)	Single Vision up to $55 Bi-focal up to $85 Tri-focal up to $105 Lenticular up to $190
Frames Every 24 Months	Covered up to $100 retail allowance	Up to $50
Contact Lenses Every 24 Months (In lieu of Lenses/Frame) *	Covered up to $130 retail allowance	Up to $130
Medically Necessary Contact Lenses	Covered 100%	Up to $285

* In Lieu of Eyeglass lenses and Frames. Allowances include the contact lens and fitting fee.

Employee Assistance Program (EAP)

The Deer Oaks EAP is a free, confidential service provided to covered employees and their dependents. Deer Oaks provides assistance to employees and household members for a variety of mental health and other family issues such as financial, identity recovery assistance, daily living services and child and elder care. There is also a legal plan option that covers many routine legal issues.

This program offers a wide variety of counseling and assessments, referrals, prevention and education resources and consultation services which are all designed to assist you and your family.

www.deeroaks.com **(866) 327—2400** **eap@deeroaks.com**

Flexible Spending Account (FSA)

Flexible Spending Account (FSA), allows employees to set aside pre-tax money from their paychecks to pay for eligible out-of-pocket costs. SHDR offers a Medical FSA to pay for eligible health care costs and a Dependent Care FSA to pay for eligible child and elder care expenses.

An FSA plan is fully funded by the employee but may be perceived as a bonus, allowing you to enhance your benefit package at little or no cost. When employees fund their accounts through payroll deduction, you also see a reduction in payroll tax.

- Account is fully funded by employee
- Account is not portable if employee switches jobs or retires
- Up to $500 may be rolled over each year
- Benefit Access Visa® Debit Card provides easy access to funds for employee
- Online account management allows employees to check benefits, file claims and email customer support
- Employees can access account information through the CarePlus Benefits Access mobile app available for Apple® and Android® devices

FSA's cover an endless list of eligible out of pocket expenses for which an employee can seek reimbursement. Some examples include:

- Deductibles, co-insurance and office visit co-pays
- Prescription medication
- Prescribed over-the-counter drugs and medications
- Dental and orthodontic services
- Durable medical equipment
- Eyeglasses and contact lenses

SHDR
STANLEY, HUNT, DUPREE & RHINE
Benefit Consultants

http://www.shdr.com/shdr/shdr/services/flexible-benefits.page

The following list is a reminder of benefits offered by the Garrett County Commissioners' to eligible employees:

- Long Term Disability Insurance —The Harford Insurance Company
- Life and Accidental Death & Dismemberment—Voya
- Voluntary Benefits — AFLAC
- Deferred Compensation — Nationwide
- Garrett County Retirement Pension Plans — Government & Law Enforcement Plans

Legal Notices

Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact your Human Resources Representative for more information.

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)**.

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

When Can You Join A Medicare Drug Plan?

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

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

If you decide to join a Medicare drug plan, your current Garrett County Commissioners coverage will be affected. Eligible individuals are able to enroll in a Part D plan as a supplement to the company sponsored coverage, and the two coverages will coordinate. Medicare individuals will still be eligible to receive all of their current medical coverage if they choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your Garrett County Commissioners prescription drug coverage, be aware that you and your dependents will 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 coverage with Garrett County Commissioners 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 coverage, your premium may consistently be at least 19% higher than the 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 our office for further information at the phone number listed below. 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 Garrett County Commissioners 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 whether or not you are required to pay a higher premium (a penalty).

Date:	2017
Name of Entity/Sender:	Garrett County Commissioners
Contact--Position/Office:	Human Resources
Address:	203 S. Fourth Street. Room 206 Oakland, MD 21550
Phone Number:	301-334-8975

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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

NOTICE OF PRIVACY REGARDING WELLBEING PROGRAM

The Garrett County Employee Health Care Plan Wellbeing Program is a voluntary wellbeing program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellbeing programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellbeing program you will be asked to complete a voluntary Clinical Health Risk Assessment or "CHRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for: Glucose, total cholesterol, LDL cholesterol, HDL cholesterol, VLDL cholesterol, and triglycerides. You are not required to complete the CHRA or to participate in the blood test or other medical examinations.

However, employees and spouses on the healthcare plan who choose to participate in the wellbeing program will receive an incentive of a premium discount for completing the steps as outlined. Although you are not required to complete the CHRA or participate in the biometric screening, only employees and spouses who do so will receive a wellbeing premium incentive.

Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Benjamin Morris at (724) 366-7051 or bmorris@garrettcounty.org.

The information from your CHRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellbeing program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing program and Garrett County may use aggregate information it collects to design a program based on identified health risks in the workplace, the GCEHCP Wellbeing Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are nurse coaches or health coaches in order to provide you with services under the wellbeing program.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at (301) 334-8975 or via email at humanresources@garrettcounty.org.

Benefit Contact Information

Benefit Plans	Vendor	Website	Phone #
Medical	UMR	www.umr.com	1-800-826-9781
Prescription Drug	Caremark	www.caremark.com	1-888-202-1654
Dental	Delta Dental	www.deltadentalins.com	1-800-932-0783
Vision	NVA	www.e-nva.com	1-800-672-7723
Value Added Benefits			
Voluntary Benefits	AFLAC	www.aflac.com	1-800-992-3522
TelaDoc	UMR	www.teladoc.com	1-800-835-2362
Life Insurance	ReliaStar	www.voya.com	1-855-663-8692
Long Term Disability	Hartford	www.thehartford.com/employee-benefits/voluntary/group-long-term-disability-insurance	1-800-523-2233
Accidental Death and Dismemberment	VOYA	www.voya.com	1-855-663-8692
Retirement	County	www.garrettcounty.org	1-301-334-8975
Flexible Spending Account	SHDR	www.shdr.com	1-800-930-2441
Employee Assistance Plan	Deer Oaks	www.deeroaks.com	1-866-327-2400

Benefits Department Contacts

Name: Mary Disimone, Benefit Coordinator
Email: mdisimone@garrettcounty.org
Phone 301-334-8980
Fax: 301-334-5026

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.