ALLEGANY
COUNTY
MARYLAND

2025 - 2026 Employee Benefits Guide

2025-2026 EMPLOYEE BENEFITS GUIDE

WELCOME TO OPEN ENROLLMENT 2025-2026

Allegany County will be conducting its annual insurance open enrollment during the week of May 19th to the 23rd. This is the time to enroll, change, or remove coverage for the plan year running from July 1, 2025 to June 30, 2026. Open enrollment is the time to make coverage adjustments to your health (medical/prescription), dental, and vision insurance.

If adding or removing dependents during open enrollment, please be sure to provide documentation, such as marriage certificates, divorce decree, etc. After open enrollment, you will not be able to make changes to your benefits until open enrollment in May of 2026, outside of a qualified life event as defined by IRS regulations (i.e. marriage, birth, etc.)

There will be no structural or vendor changes to our plan with the exception of a second dental plan that provides orthodontic benefits. Our plan will continue to include a deductible, co-pays, and coinsurance.

All employees who are eligible for benefits are required to participate in an enrollment session, even if they are waiving their insurance benefit. You will also use this time to ensure your contact information is up-to-date and your beneficiaries are current.

American Fidelity will be conducting open enrollment sessions again this year. Both in-person and virtual sessions are available. An online registration link will be sent out by HR in late April. You can also click on the following link: Benefit Site | American Fidelity

This guide provides an overview of the rich benefit package available to eligible Allegany County employees. You are all valued members of the Allegany County Commissioner's family. For scheduling assistance or for more specific questions about these benefits, you may also contact Benefits Coordinator Jennifer Howell at 301-876-9532 or jhowell@alleganygov.org

TIP REMEMBER! Open enrollment is the one — and only — time of year when you can make any adjustments for the upcoming plan year

IMPORTANT DATES

Open enrollment runs

MAY 19, 2025 TO MAY 23, 2025

Key Takeaways for 2025-2026

- The CareFirst Provider network will remain the BlueChoice Advantage with PPO overlay.
- We encourage you to use the valuable tools on the CareFirst website at www.carefirst.com. For example, you can search for in-network providers.
- Slight change to premium rates
- Second dental plan option that includes orthodontic benefits.
- Sign-up for an account at https://member.carefirst.com to use deductible tracker, search for in-network providers and other helpful tools.
- FSA participants must re-enroll each open enrollment

TABLE OF CONTENTS & CONTACT INFORMATION

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact one of the carriers listed below or your Human Resources representative.

MEDICAL INSURANCE
CareFirst
www.carefirst.com
(866) 658-2455

PRESCRIPTION DRUG
CVS Caremark
www.caremark.com
(800) 522-8159

DENTAL INSURANCE
CareFirst Dental
www.carefirst.com
(800) 932-0783

VISION INSURANCE
Vision Benefits of America
www.vbaplans.com/vision
(800) 432-4966
Group #1160

BASIC LIFE/AD&D
MetLife
www.metlife.com
(800) 942-0854

VOLUNTARY DISABILITY/ACCIDENT & CRITICAL ILLNESS
American Fidelity
www.americanfidelity.com
(800) 662-1113

FLEXIBLE SPENDING ACCOUNTS (FSA)
CBIZ
https://myplans.cbiz.com
(800) 815-3023
Email: cbizflex@cbiz.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)
AllOneHealth
https://gov.allconet.org/1842/Employee-Benefits-Resources
(888) 993-7650
Username/Password:
Allegany

RETIREMENT/PENSION
State Retirement, Maryland
https://sra.maryland.gov/
(800) 492-5909

RETIREMENT SOLUTIONS
Nationwide
www.nrsforu.com
(877) 677-3678

YOUR BENEFITS TEAM
Benefits Coordinator
(301) 876-9532

Want to learn more?
Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

Your deductible will run from JULY 1 – JUNE 30.

Eligible employees of Allegany County Commissioners are provided a BlueChoice Advantage Plan with PPO Overlay through CareFirst.

This plan gives you the option of using out-of-network providers, however you can save money by using in-network providers because CareFirst has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and CareFirst's allowed amount, plus your out-of-network deductible and coinsurance.

This plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Please refer to the following pages for specific details on the medical plan available to you and your family.

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

FREQUENTLY ASKED QUESTIONS

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

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

? Will I receive a new Medical ID card?

New ID cards will be issued. Current cards can be used until you receive your new card, or you can go onto the CareFirst website to print a new card after 7/1.

? Does the deductible run on a calendar year or policy year basis?

A policy year/fiscal year basis: July 1 – June 30.

? How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

? I just got hired. When will my benefits become effective?

Your medical insurance benefit will begin on the 1st of the month following date of hire or date of hire if hired on the first of the month.

Medical Plan FAQs

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- BLUECHOICE ADVANTAGE PLAN WITH PPO OVERLAY

YOUR PLAN OFFERS SEVERAL BENEFITS:

- Does not require referrals when seeking care from a specialist
- Does not have a member cost share for preventive care
- Save on co-pays by using CloseKnit
- Sign-up for Blue365 Deals for discounts on health and wellness services and products

CareFirst BlueCross BlueShield

MEDICAL INSURANCE

PRE 7/1/2006 Hires Cost per 26 paychecks	Employee Cost	County Cost
Employee	$31.44	$361.56
Employee + Child	$65.17	$749.45
Employee & Spouse	$85.91	$987.94
Family	$92.62	$1065.09

POST 7/1/2006 Hires Cost per 26 paychecks	Employee Cost	County Cost
Employee	$7.86	$385.14
Employee + Child	$92.76	$721.87
Employee & Spouse	$149.78	$924.06
Family	$168.23	$989.47

Medical/Prescription Drug Insurance Plan and Costs

CVS caremark / CareFirst BlueCross BlueShield	BlueChoice Advantage with PPO Overlay
	In-Network
Deductible (fiscal year) Individual / Family	$250 / $500
Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000
Office Visit Primary Care Physician Specialist	100% after $30 copay 100% after $40 copay
Preventive Care	100% covered
Lab and X-ray	90% after deductible
Urgent Care	100% after $40 copay
CloseKnit	100% after $10 copay
Emergency Care Hospital Ambulance Transportation	$150 copay, waived if admitted 100% of allowed benefit
Outpatient Surgery	100% after $100 copay
Inpatient Hospital Services	100% after $150 copay
Prescription Drug Retail *(34-day supply)* Mail Order *(90-day supply)*	$20 / $50 / $75 / $100 * $40 / $100 / $150
	Out-of-Network
Deductible Individual / Family	$500 / $1000
Out-of-Pocket Maximum Individual / Family	$5,000 / $10,000

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

** Exclusive Specialty through PrudentRx is 100% covered. Without PrudentRx, member coinsurance is 30%.*

CARE OPTIONS & WHEN TO USE THEM

YOUR CARE OPTIONS

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

PRIMARY CARE

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

TELEHEALTH

▪ Cold/flu ▪ Diarrhea ▪ Fever	▪ Rash ▪ Sinus problems	CloseKnit allows members to securely connect with a doctor whenever and wherever you want - without an appointment (for urgent care services). CloseKnit provides members with medical guidance when your PCP isn't available, like after hours, on weekends and traveling. The program also includes scheduled visits for behavioral health (therapy and psychiatry), diet/nutrition and lactation support. CloseKnit delivers an affordable (applicable copay), total health experience from a dedicated care team.

CONVENIENCE CARE

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

URGENT CARE

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

EMERGENCY ROOM

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

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

Primary Care vs. Urgent Care vs. ER

TELEHEALTH

WHAT IS CLOSEKNIT?

CloseKnit is a virtual-first primary care practice that you can connect with 24/7/365. Most illnesses are treated over video instead of going to a doctor's office. Your visit can be done online – anytime, anywhere, 24/7/365.

Conditions commonly treated through a virtual visit:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

7 REASONS TO REGISTER WITH CLOSEKNIT

1) 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're at home, at work, or on vacation.
3) The average wait time to speak with a doctor is 10 minutes.
4) CloseKnit providers can diagnose and treat cold and flu symptoms, upper respiratory infections, ear infections, skin problems, allergy symptoms and more.
5) CloseKnit providers can also send a prescription straight to your pharmacy of choice when medically necessary.
6) Your dependents are eligible to receive care from CloseKnit, including children age 2 to 26.
7) You can connect with CloseKnit by phone, web, or mobile app.

REGISTERING WITH CLOSEKNIT IS QUICK AND EASY.

SIGN UP TODAY:

Web: closeknithealth.com

Or download on your mobile device:

To learn more visit:

Demo Video | CloseKnit (closeknithealth.com)

FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Be aware — any unused portion of the account over $660 at the end of the plan year is forfeited.

Eligible Expenses Examples

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

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to CBIZ Flex. Reimbursement is issued to you through direct deposit into your bank account, or by check. Please note that any unused amount over $660 at the end of the plan year is forfeited.

2025 Maximum Contributions

Health Care Flexible Spending Account	$3,300 max
Dependent Care Expense Account	$5,000 max

2. SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT

CBIZ

DEPENDENT CARE EXPENSE ACCOUNT

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

Click here for the full list of Healthcare FSA Eligible Expenses

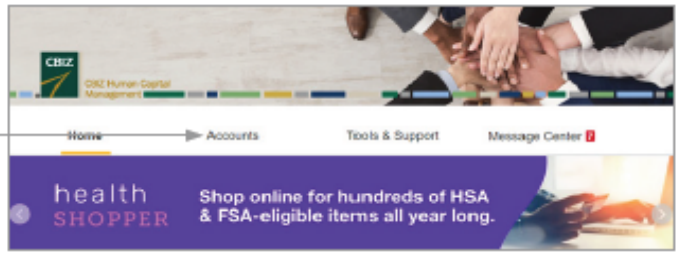
What is A Flexible Spending Account?

What is A Dependent Care FSA?

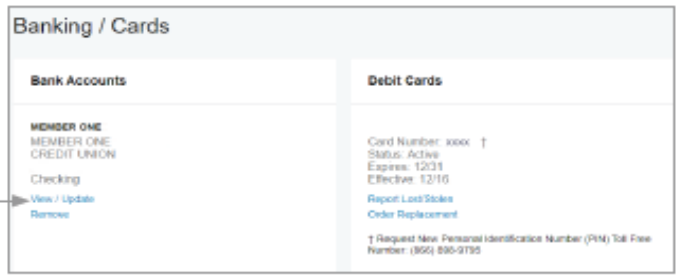
Annual re-enrollment is required to continue your election!

FLEXIBLE SPENDING ACCOUNTS (FSA)

- Log into your **My Plans by CBIZ** account online.
- From the **Home Page,** hover over **Accounts** and select **Banking/Cards**.



- Bank account and debit card information will appear on the page.
- Click **View/Update** to add or change bank account information.



- Enter your bank account information and click **Submit**. Direct deposit will then be set up automatically for that account.
- If there is a bank validation requirement, you will be notified on the portal to look for a small transaction, or micro-deposit, in your designated bank account in the next couple of days.
- Once you receive the micro-deposit, enter the amount online to validate your account.

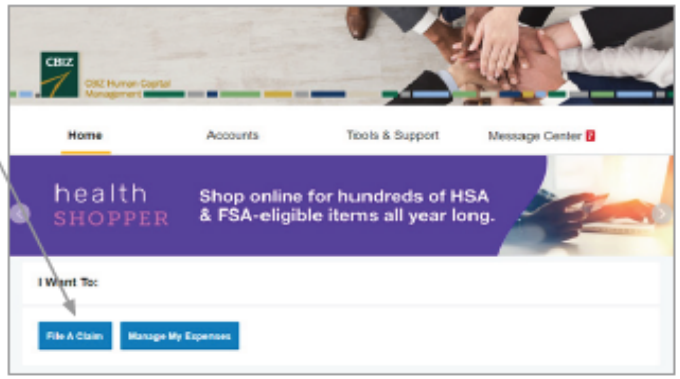
CBIZ Human Capital Management

855-410-2249 | cbizflex@cbiz.com | CBIZ Flexible Benefits

FLEXIBLE SPENDING ACCOUNTS (FSA)

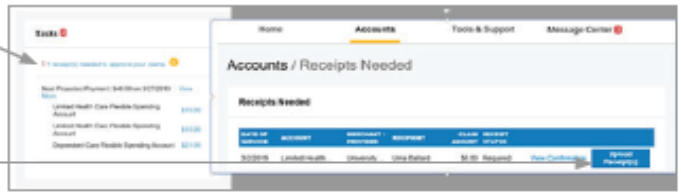
Simple Steps to File a Claim

- Log into your **My Plans by CBIZ** account online or through the mobile app.
- From the **Home Page**, click on **File a Claim** under the **I Want To:** section.
- The claim filing wizard will load and walk you through the entire process.
- If you have additional claims, click **Add Another** from the **Transaction Summary** page before you proceed to the last step.
- When all of your claims appear in the **Transaction Summary**, agree to the terms and conditions and click **Submit**. This will send your claims for processing.
- The **Claim Confirmation** page will display, and you can print the **Claim Confirmation Form** as a record of your submission.



Upload Requested Receipts

- If you see a **Receipts Needed** link in the **Tasks** section on your **Home Page**, click on it. You will be taken to the **Claims** page where you can see the claims that require documentation. You can easily upload the needed receipts from this page by clicking to expand the line item to view claim details and the **Upload Receipt(s)** link.
- Your receipt must include date of service, type of service, provider information, and participant's responsibility.



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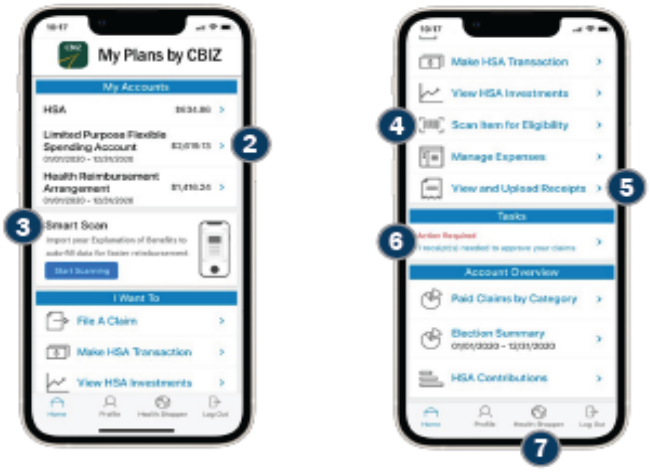
FLEXIBLE SPENDING ACCOUNTS (FSA)

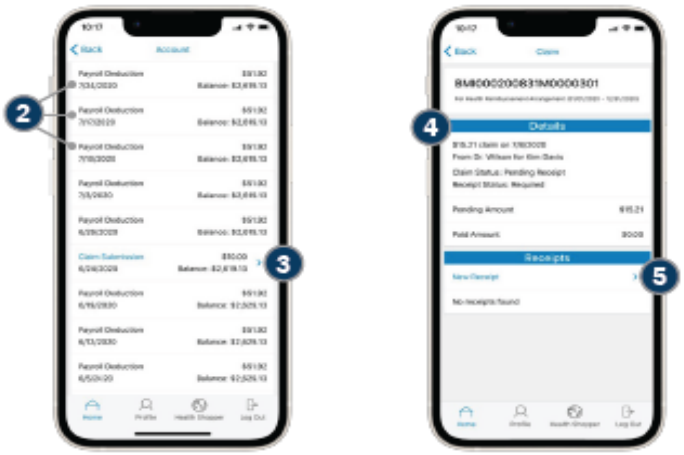
Getting Started

1. Open the *My Plans by CBIZ* mobile app (download in the Apple App Store or Google Play Store) and sign in with your username and password
2. Quickly view available balances and access account details by tapping the arrow **>** beside the appropriate account
3. Access the **Smart Scan** feature to take a photo of your Explanation of Benefits and start a new claim
4. Scan the bar code of an over-the-counter item to determine if it is an eligible expense
5. Take or upload a picture of a receipt and submit for a new or existing claim
6. View in-app messages and text alerts that provide instant notifications
7. Shop for eligible items using **Health Shopper**



Account Details

1. Easily view account details by selecting the account from the **Home** screen (See 2 under Getting Started)
2. View payroll deductions
3. Access details of a claim by tapping **>** beside the claim
4. Details include provider information, claim number, and date of the claim
5. Easily add a receipt to a claim by tapping **>** in the **Receipts** section
6. A new screen will appear allowing you to choose how you would like to upload your receipt



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FLEXIBLE SPENDING ACCOUNTS (FSA)

MY PLANS BY CBIZ MOBILE APP

File a Claim

1. From the **Home** screen, tap **File A Claim**
2. Enter claim details (Sections marked with an asterisk* are required)
3. Upload a receipt from photos already stored on your device or take a photo of the receipt
4. Once all the information is entered and the receipt is uploaded, the information will display in the **Claim Summary**
5. Tap **SUBMIT** to file the claim

Manage Expenses

1. From the **Home** screen, tap **Manage Expenses**
2. A quick view of expenses will appear on the screen, including the expense amount and status
3. See more details of each expense by tapping **>** for the selected expense
4. Easily add a new expense by tapping **Create New Expense**
5. Enter expense details (Sections marked with an asterisk* are required)
6. Upload receipt(s)
7. Choose to **Pay Expense Now** or **Save For Later**

Other Features

1. From the **Home** screen, tap **Paid Claims by Category** to view a snap shot of your claims

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DENTAL INSURANCE

3. REVIEW YOUR DENTAL PLAN

CAREFIRST IS THE DENTAL CARRIER FOR 2025-2026.

CareFirst BlueCross BlueShield

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding CareFirst's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

Dental coverage will be included on your new Medical ID card.

DENTAL BASIC INSURANCE PLAN OPTIONS AND COSTS

In-Network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.
Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

CareFirst Dental	Employee and County Cost Per 26 Pays		
Employee Prudent + Spouse Employee + Child(ren) Employee + Family	$6.26 $14.39 $11.58 $19.02		
	In-Network	**Out-of-Network**	
Deductible Individual / Family	$25 / $50		Applies to Basic & Major Services
Annual Maximum	$1,500		Applies to Preventative, Basic & Major Services
Carrier Pays			
Diagnostic / Preventive Services	Carrier pays 100% (no deductible)	Carrier pays 80% (no deductible)	▪ Oral Evaluations ▪ Cleanings ▪ X-Rays ▪ Fluoride Treatments (for dependents <19) ▪ Sealants (for dependents <14) ▪ Space Maintainers ▪ Emergency Treatment (for temporary pain relief)
Basic Services	80%	60%	▪ Fillings ▪ Endodontics ▪ Periodontics ▪ Simple & Surgical Extractions ▪ General Anesthesia
Major Services	50%	35%	▪ Single Crowns ▪ Inlays/Onlays ▪ Bridges & Dentures ▪ Prosthodontics

FIND A DENTAL PROVIDER

To find a CareFirst Dental Provider in your area, visit the website at www.CareFirst.com.

What is Dental Insurance?

DENTAL INSURANCE

CAREFIRST IS THE DENTAL CARRIER FOR 2025-2026.

CareFirst BlueCross BlueShield

DENTAL PLUS INSURANCE PLAN OPTIONS AND COSTS

CareFirst Dental	Employee Cost Per 26 Pays	County Cost per 26 Pays
Employee Inlays + Spouse Employee + Child(ren) Employee + Family	$8.62 $19.84 $15.96 $26.22	$6.26 $14.39 $11.58 $19.02

New!
Option with Orthodontic Coverage

	In-Network	Out-of-Network	
Deductible Individual / Family	$50 / $150		Applies to Basic & Major Services
Annual Maximum	$2,000		Applies to Preventative, Basic & Major Services
Carrier Pays			
Diagnostic / Preventive Services	No charge	No charge	▪ Oral Evaluations ▪ Cleanings ▪ X-Rays ▪ Fluoride Treatments (for dependents <19) ▪ Sealants (for dependents <14) ▪ Space Maintainers ▪ Emergency Treatment (for temporary pain relief)
Basic Services	10% of Allowed Benefit after deductible	10% of Allowed Benefit after deductible	▪ Fillings ▪ Endodontics ▪ Periodontics ▪ Simple & Surgical Extractions ▪ General Anesthesia
Major Services	40% of Allowed Benefit after deductible	40% of Allowed Benefit after deductible	▪ Single Crowns ▪ Inlays/Onlays ▪ Bridges & Dentures ▪ Prosthodontics
Orthodontic Services	50% of Allowed Benefit	50% of Allowed Benefit	▪ Diagnostics & Treatment (for dependents <19)
Orthodontic Lifetime Maximum	Plan pays $1,200 combined maximum		

VISION INSURANCE

4. REVIEW YOUR VISION PLAN

VBA IS THE VISION CARRIER FOR 2025-2026.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers and also Blue 365 Deals.

VISION INSURANCE PLAN OPTIONS AND COSTS

VBA - Group #1160	Employee Cost Per 24 Paychecks	
Employee Employee + One Employee + Family	$3.70 $6.65 $9.03	
	In-Network	**Out-of-Network**
Examination Copay	$0 copay	Reimbursement Up to $35
Frequency of Service Exam Lenses Frames Contact lenses in lieu of frames	Every 12 months Every 12 months Every 24 months Every 12 months	
Lenses Single Bifocal Trifocal Lenticular	100% covered 100% covered 100% covered 100% covered	Reimbursement Up to $30 Up to $40 Up to $60 Up to $80
Frames	Covered 100% if within the plan's wholesale allowance	Reimbursement Up to $45
Conventional Contacts In lieu of lenses/frames*	Covered up to $110 retail allowance 15% discount	Reimbursement Up to $110
Medically Necessary Contacts	100% covered	Reimbursement Up to $250

*Allowances include the contact lens and fitting fee.

VBA MEMBER PORTAL

To find a VBA Vision Provider in your area, locate a copy of your insurance certificate and/or benefit summary, plus more, visit the website at www.vbaplans.com/vision.

Member Services is available by chat on the Member Portal, by email at memberservices@vbaplans.com or by calling 1-800-432-4966 option 1, Monday through Friday, 8:30am to 6:00 pm EST.

What is Vision Insurance?

VISION INSURANCE

4. REVIEW YOUR VISION PLAN

THANK YOU FOR BEING A VBA MEMBER!

At VBA, we strive to make things as simple as possible for our members. While a member card is not necessary to access your benefits, you can use your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.

Using your in-network benefits is simple.

- Log in to the VBA Member Portal to confirm eligibility for services and materials.
- Use our online Provider Finder to search for doctors in the VBA network.
- Schedule an appointment with the provider and let the office know you have vision benefit coverage through VBA prior to receiving services or purchasing materials.
- The provider will submit all claims for covered benefits directly to VBA.
- The provider will discuss and collect any copayments and/or out-of-pocket expenses from you, if applicable.

On rare occasions, a provider may discontinue participation in our network without proper notice. While making your appointment, verify participation to avoid any inconvenience.

Do you know all the advantages of VBA membership?

We partner with several other companies that provide services to better your health and wellness.

QualSight LASIK / TLC Laser Eye Centers

Save up to $1,100 on Custom Bladeless LASIK using Wavelight with featured in-network providers Lasik***Plus***, TLC Laser Eye Centers and The LASIK Vision Institute. Schedule your free consultation today! Call 1-877-437-6105.

HearUSA

Schedule a complimentary hearing evaluation and save over 40% on premium aids with the latest technology. Call 855-203-7979.

Member Identification Card

vba

p: 1-800-432-4966
f: 412-881-4898

400 Lydia Street, Suite 300 | Carnegie, PA 15106
www.vbaplans.com

vba

Looking for an in-network VBA provider?

Use our online Provider Finder to search our network. Once you've selected your provider, let them know that you have vision benefit coverage through VBA prior to receiving services or purchasing materials.

LIFE INSURANCE AND AD&D

5. REVIEW YOUR LIFE INSURANCE POLICY

- BASIC LIFE AND AD&D
- SUPPLEMENTAL BENEFITS

BASIC LIFE AND AD&D

Allegany County Commissioners provides $25,000 in Basic Life and $100,000 in Accidental Death & Dismemberment (AD&D) insurance for eligible Civil Service employees.

This coverage is offered through MetLife at no cost to you.

DID YOU KNOW? Allegany County Commissioners provides you Basic Life and AD&D AT NO CHARGE.

What is Life And AD&D Insurance?

OUR BENEFITS PROVIDER: AMERICAN FIDELITY

Allegany County Commissioners has selected American Fidelity to remain as our supplemental benefits provider.

American Fidelity specializes in the public sector employees across the country. Along with enrollment, they also prioritize benefits education to help you make the best choices for you and your family.

During our upcoming enrollment, your American Fidelity account manager will walk through the enrollment process. They will also answer questions about your available options including:

- AF™ Limited Benefit Accident Only Insurance
- AF™ Limited Benefit Individual Cancer Insurance
- AF™ Limited Benefit Critical Illness Insurance
- AF™ Disability Income Insurance
- AF™ Limited Benefit Hospital Indemnity Insurance
- AF™ Term Life Insurance
- AF™ Whole Life Insurance

HERE TO HELP

If you have any questions about your enrollment or benefits, reach out to your account manager:

Anne Roth
Account Manager
anne.roth@americanfidelity.com
202-431-2473

Need to file a claim?

https://americanfidelity.com/claims

RETIREMENT

MARYLAND STATE RETIREMENT AND PENSION SYSTEM (SRPS)

Allegany County Commissioners is a participating employer in the Maryland State Retirement and Pension System (MSRPS). The System provides important coverage both during a member's working career and after they retire. Key benefits and services include the following:

- Survivor protection if a member dies before retirement;
- Disability coverage in the event that a member is unable to continue working due to a disabling injury or illness;
- A basic monthly retirement allowance based on the member's age, service, and salary upon retirement;
- Options for payment of a continuing allowance to the member's survivor; and
- Annual cost-of-living adjustments.

Full-time and part-time employees who are scheduled to work at least 500 hours per fiscal year are enrolled in MSRPS upon hire. You earn service credit toward your retirement benefits each day you work and pay your required contribution. Your service credit and age determine when you are eligible for retirement and how much your retirement benefit will be.

You can create a mySRPS account to view your account balance and your service credit. Annual paper statements are no longer mailed out to members by MSRPS.

See pages 18-19 on how you can sign-up for mySRPS, an interactive online portal that allows you to view your retirement account, generate estimates, and update beneficiaries.

Maryland State Retirement & Pension System (SRPS)

www.sra.maryland.gov

120 East Baltimore Street
Baltimore, MD 21202

Ways to contact SRPS

Toll Free: 1-800-492-5909
Local: 1-410-625-5555
TDD/TTY: 1-410-625-5555

Quick Guide: How to Register for mySRPS

Step 1: Prepare		
Info you'll need to register:	**Where to find it:**	**Your answer:**
Registration Code (6 characters).	The letter we sent you	_ _ _ _ _ _
Last 4 digits of your Social Security Number.	You already know this	_ _ _ _
Your Date of Birth.	You already know this	_ _ - _ _ - _ _ _ _
The answers to 3 questions about your employment and your pension account.	You already know some of this. You'll also need your Pay Advice / Pay Stubs from the last 2 months.	
Your personal email address (will become your Username).	You already know this	
A strong password. We recommend using a phrase that is easy for you to remember, and hard for others to guess (or machines to hack). Example: chickenforlunchagain.	Make it up. Must be at least 8 characters long. (Any characters are OK.)	
Your phone number (Home is OK. Cell will work better).	You already know this	(_ _ _) _ _ _ - _ _ _ _

Step 2. Go to the mySRPS Website Registration Page

Type into the browser on your computer, phone, tablet: mySRPSusers.sra.maryland.gov/home.

The system will ask you if you have a registration code. Click **Yes**.

Step 3: Complete Your Registration	*Registration problems/questions?* Call us at 800-492-5909.
Enter your 6-character Registration Code. You'll do this step twice.	Press **Tab** key
Enter the last 4 digits of your SSN.	Press **Tab** key
Enter your Date of Birth: Month, Day, and Year.	**Tab**, Click **Submit**
New page comes up. Answer the 3 questions about your employment/pension account.	Click **Submit**
Enter your new Username (this must be a valid email address).	Press **Tab** key
Enter the password you made up. The system will let you know how "strong" it is.	Press **Tab** key
Select 3 security questions and enter your answers.	Press **Tab** key
Enter your phone number and select the phone type.	Click **Submit**
You will receive an activation email with the subject "Immediate action required" from mysrps@sra.state.md.us. Click the link that says Click to activate your account.	Click **Link**

Congratulations! You're registered and we've activated your on-line account. Your Username is your personal email address. See other side for a guide to using mySRPS.

Quick Guide: How to Use mySRPS (After You Register)

If you're not already on the Login page, go to sra.maryland.gov. Click on the red mySRPS Login button at the top right of the screen.

Here's what you'll see. It's ready for you to **Log In**.

Type in your **Username** (your personal email address).

Press the **TAB** key.

Type in your **Password**.

Click **Login**.

The system will send you a **One-Time Passcode (OTP)**.

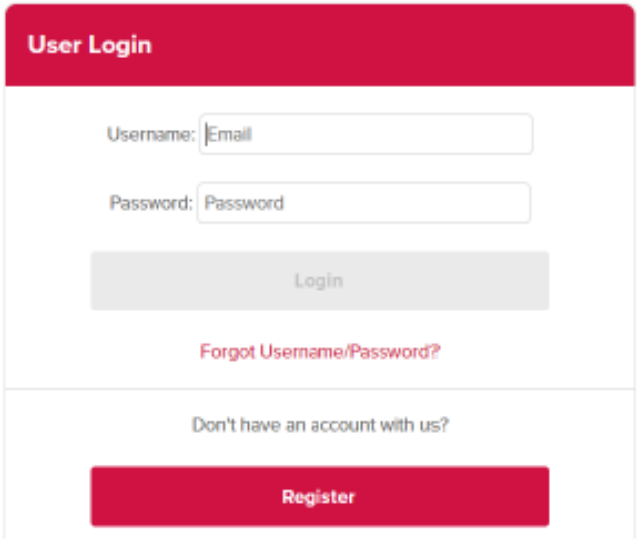
That will happen by either **email**, **text**, or **phone**.

Type in the **OTP** when that screen comes up.

You're in!

Do you have more than one account?

If so, you'll see "tiles" for each of your accounts.
Click on the tile for the account you want to access.



Login problems/questions? Call us at 800-492-5909.

Once you're on the View Account page...

You'll see your **basic account info** on this page.

Check out these little symbols on the right:

Click ⊕ if you want to see more on the topic

Click ⊖ if you want to see less on the topic

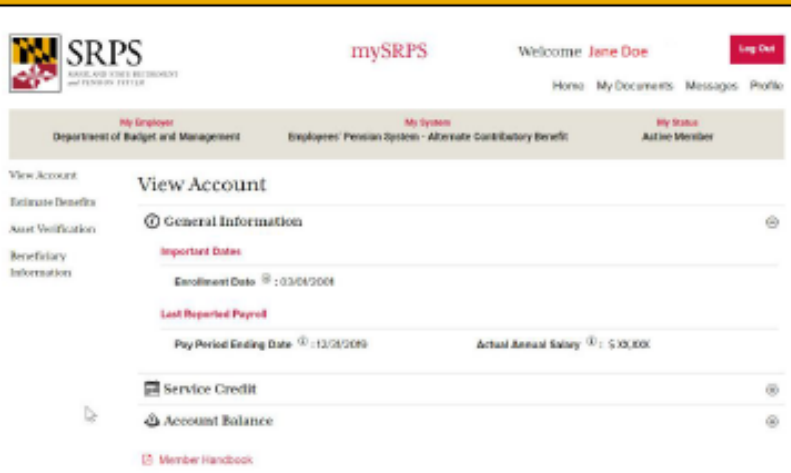
Look down the left-hand side. There's a list of different things you can see or do on mySRPS:

- **View Account**
- **Estimate Benefits**
- **Get an Asset Verification letter**
- **View Beneficiary Information**

You can click on any of those to get more info.

OR, you can click on one of the Tabs at the top:

- **My Documents**: see Personal Statement of Benefits and other account docs
- **Messages**: exchange messages with us
- **Profile**: verify or change your contact and security info



Done?

Just click the red **Log Out** button at the top right of your screen.

Questions? Need help using mySRPS?

Click on the **Messages** tab to send us a message.

Or call us at 800-492-5909.

Or email us at sra@sra.state.md.us.

RETIREMENT

Nationwide® is on your side

FORTUNE 100 BEST COMPANIES TO WORK FOR

You've probably heard of the different types of retirement plans: 457(b) Deferred Compensation, 401(k), 403(b), 401(a) and 457(b) Deferred Compensation with both traditional and Roth contributions. As a public employee, there are plans created specifically for you.

Nationwide® has worked with public sector employees for more than 40 years, so we know the kinds of questions you may have about your plan. We'll give you the tools and information to help you feel confident about investing for retirement. Keep in mind that investing involves market risk, including possible loss of principal, and there's no guarantee that investment objectives will be achieved.

A 457(b) deferred compensation plan is a retirement plan offered by your employer, created to allow public employees like you to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between what you have in your pension and Social Security, and how much you'll need in retirement. Your employer offers Roth 457(b) accounts and Indexed Principal Protection within the 457(b) plan.

Here are some frequently asked questions about deferred comp plans:

- **What sets a 457(b) apart from other retirement plans?** A 457(b) may offer benefits other retirement plans can't, like penalty-free withdrawals once you stop working for your public sector employer.
- **What does tax-deferred mean?** Basically, you don't pay income taxes on your deferred comp plan contributions or earnings until you retire and/or begin to take payments from your account. This may lower your taxable income now and in retirement. Withdrawals taken in retirement are taxed as regular income.
- **How much can I put into a 457(b) plan?** Check out the current contribution limits.
- **Can I combine retirement accounts?** Our Retirement Specialists will work with you to combine or consolidate your eligible retirement accounts into your deferred comp account. This may make managing your retirement investments a little easier.

Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access funds. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or a 10% tax penalty if withdrawn before age 59½.

The sooner you enroll, the more you can possibly save. Take a look at the Enrollment Checklist to see what you'll need to have handy and enroll today!

Nationwide

www.nrsforu.com

Scott Wamboldt
Sr. Retirement Specialist
Toll Free: 1-877-677-3678
Cell: 1-410-274-9568
Email:
R.S.Wamboldt@nationwide.com

OTHER BENEFITS

ALLEGANY COUNTY COMMISSIONERS' WELLBEING

The leadership of Allegany County Commissioners values you and the paramount contributions you make to the community we serve. We want to support you in being your very best and encourage you to take steps to enhance your wellbeing via the Allegany County Commissioners Wellbeing Program.

Allegany County Commissioners recognizes the importance of employee' health and offers a variety of resources for mind and body. They include:

- Burnalong: Burnalong features 30,000+ live and on-demand classes for all ages, interests, and levels, plus the social motivation needed to achieve your health and wellness goals. https://join.burnalong.com/alleganycounty

- CareFirst Wellbeing: CareFirst WellBeing is a personalized, digital wellness program. It provides simple, easy-to-use tools and resources that help members address every aspect of their well-being.

- Noom: Noom uses science and personalization to help you lose weight and keep it off for good. We'll help you better understand your relationship with food, how to be more mindful of your habits, and give you the knowledge and support you need for long-lasting change.

- Craving to Quit: Craving to Quit is a 21 day digital mindfulness program that teaches you to be aware of your cravings and habits, and includes daily lessons, tools and support to help you quit smoking or vaping.

- Smart Dollar: Smart Dollar is a self-guided, online course by financial guru Dave Ramsey that assist with financial stress by focusing on fiscal 'baby steps'.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The AllOneHealth EAP is a free, confidential service provided to covered employees and their dependents. AllOneHealth 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 legal services that covers some 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.

AllOneHealth.com/DeerOaks
For 24/7 Assistance, Call (888) 993-7650

Civil Service Observed Holidays	
• New Year's Day	• Labor Day
• Dr. Martin Luther King Jr. Day	• Election Day
• Good Friday	• Veteran's Day
• Memorial Day	• Thanksgiving Day and day after
• Fourth of July	• Christmas Day
• Juneteenth	

Civil Service Vacation Accruals				
	Hours	Paycheck	Total Hours	Maximum Carry over
1st Year	1.85	26	48	48
2-5 Years	3.08	26	80	160
6-9 Years	4.62	26	120	240
10-19 Years	6.15	26	160	320
20+ Years	7.69	26	200	400

VIDEO RESOURCES

MEDICAL PLANS

- Primary Care vs. Urgent Care vs. ER
- PPO Overview

INSURANCE 101

- Benefits Key Terms Explained
- How To Read An EOB
- What Is A Qualifying Event?

TAX ADVANTAGE SAVINGS ACCOUNTS

- What Is A Flexible Spending Account?
- What is A Dependent Care FSA?

ANCILLARY BENEFITS

- What Is Dental Insurance?
- What Is Vision Insurance?
- What Is Life And AD&D Insurance?

OPEN ENROLLMENT RUNS

MAY 19, 2025 TO MAY 23, 2025

GLOSSARY OF MEDICAL TERMS

INSURANCE TERMS

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

Copays — A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

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

***Embedded Deductible** — The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount towards the family deductible.

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

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

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

Preauthorization (also known as Prior Authorization (PA))— — A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

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

MEDICAL TERMS

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

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

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

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

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

MEDICARE PART D CREDITABLE COVERAGE

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Allegany 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 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 Allegany 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2025
Name of Entity/Sender:	Allegany County Commissioners
Contact--Position/Office:	Benefits Coordinator
Address:	701 Kelly Road, Cumberland, MD 21502
Phone Number:	301-777-2526

This notice is a summary. For a full description of all of Allegany County Commissioners Benefit plans, please refer to the Summary Plan Descriptions by contacting HR.

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 March 17, 2025. 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	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
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 March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator at 301-777-2526.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2026. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

SPECIAL ENROLLMENT NOTICE

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

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

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

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

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

This notice is a summary. For a full description of all of Allegany County Commissioners Benefit plans, please refer to the Summary Plan Descriptions by contacting HR.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Allegany County Commissioners may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health 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 wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness 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 wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness 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 wellness 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 wellness 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 Benefits Coordinator at 301-777-2526.

This notice is a summary. For a full description of all of Allegany County Commissioners Benefit plans, please refer to the Summary Plan Descriptions by contacting HR.

MARKETPLACE COVERAGE OPTIONS *[FOR NEW HIRES ONLY]*

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan.

However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 8.39% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 8.39% of the employee's household income.[1][2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

MARKETPLACE COVERAGE OPTIONS CONTINUED *[FOR NEW HIRES ONLY]*

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP cover- age to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/ medicaid-chip/getting-medicaid-chip/ for more details.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Allegany County Commissioners	**Employer Identification Number (EIN):** 56-6000870
Employer Address: 701 Kelly Road, Cumberland, MD 21502	**Employer Phone Number:** 301-876-9532
Who can we contact about employee health coverage at this job? Benefits Coordinator	**Phone Number:** **Email Address:**

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☒ Eligible employees are: Working a minimum of 30 hours per week on a regular basis. Employees will be effective the first day of the month, following date of employment, or date of hire if hired on the first day of the month.

  ▫ Some employees. Eligible employees are:

  With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are: Spouse and children to age 26 regardless of student status.

  ▫ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Above is the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

NOTES

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plan as described in this material and official plan documents, the language of the documents shall govern.