

2026



# Employee Benefits Highlights

## Jefferson Union High School District

Your benefits, your way.



# Welcome

Wherever you are in your career, Jefferson Union High School District supports you with benefits to help you thrive today and prepare for tomorrow. This guide is an overview of Jefferson Union High School District's benefit offerings. See what's available to make the best selections for your situation.

**The benefits in this overview are effective January 1, 2026, through December 31, 2026.**

## Eligibility

Eligibility information can be found [HERE](#).

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following date of hire. You must enroll within 30 days of becoming eligible.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, like getting married or having a baby.

**You must submit your change within 30 days after the event.**

## Jefferson Union High School District BENEFIT BOOKSHELF



**IMPORTANT NOTE: This is a summary overview and does not provide a complete description of all benefit provisions.** While we've made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.



## Medicare Part D Notice

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

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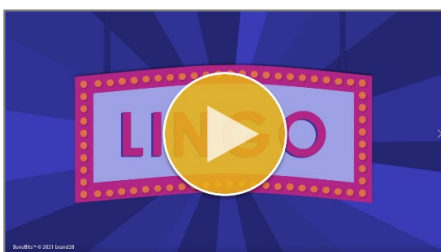
# Medical

Our medical plans offer comprehensive coverage. Preventive care is fully covered under all plans if obtained in-network. Your costs for other services will depend on which plan you choose.

## Medical Plan Overview

This guide serves as a summary of the medical plans offered by the District. Please review the plan documents before selecting a plan.

What you need to know	
<p><b>Kaiser HMO</b> <i>Kaiser Network</i></p> <p>2 Plan Options</p>	<ul style="list-style-type: none"> <li>• Access to Kaiser providers/facilities exclusively</li> <li>• Requires PCP to see specialist</li> <li>• No deductible</li> <li>• Predictable costs</li> </ul>
<p><b>United Health Care HMO</b> <i>Signature Value</i></p>	<ul style="list-style-type: none"> <li>• In-network only</li> <li>• Requires PCP to see specialist</li> <li>• No deductible</li> <li>• Predictable costs</li> </ul>
<p><b>United Health Care PPO</b> <i>Select Plus</i></p>	<ul style="list-style-type: none"> <li>• Must meet deductible for some services before the plan begins to pay a % of the cost</li> <li>• Out-of-network coverage; higher costs</li> </ul>



*Click to play video*

### Insurance Lingo

Watch this video to review helpful healthcare terms.

# Kaiser HMO – 2 Plan Options

*This table shows member cost share.*

	Kaiser High HMO 250 Plan 3	Kaiser Low DHMO Plan 5
	In-Network Only	In-Network Only
<b>Network Name</b>	Kaiser	Kaiser
<b>Accumulation Period</b>	Calendar year from January 1, 2026, through December 31, 2026	Calendar year from January 1, 2026, through December 31, 2026
<b>Calendar Year Deductible</b> Individual Coverage Family Coverage	None None	\$3,000 \$3,000 (Each member in a family of two or more members) / \$ 6,000 (Entire family of two or more members)
<b>Calendar Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Coverage Family Coverage	\$1,500 \$1,500 (Each member in a family of two or more members) / \$3,000 (Entire family of two or more members)	\$6,000 \$6,000 (Each member in a family of two or more members)/\$ 12,000 (Entire family of two or more members)
<b>Office Visit</b> Primary Care Specialist Online/Telehealth	\$20 \$20 No Charge	\$40 \$40 No Charge
<b>Preventive Services</b>	No Charge	No Charge
<b>Urgent Care</b>	\$20 per visit	\$40 per visit
<b>Emergency Room</b>	\$100 per visit	30% Coinsurance After Plan Deductible
<b>Lab and Imaging</b> Basic/Complex	No Charge	<b>Basic:</b> \$10 <b>Complex:</b> 30% Coinsurance up to a maximum of \$50 per procedure
<b>Outpatient Surgery/Services</b>	\$20 per procedure	30% Coinsurance After Plan Deductible
<b>Inpatient Hospitalization</b>	\$250 per admission	30% Coinsurance After Plan Deductible
<b>Chiropractic</b> (up to 30 visits/year)	\$15 per visit	\$15 per visit
<b>PRESCRIPTION DRUGS</b>		
<b>Calendar Year Deductible</b>	<b>None</b>	<b>None</b>
<b>Calendar Year Out-of-Pocket Maximum</b>	<b>None</b>	<b>None</b>
<b>Retail- 30 Day Supply</b> Tier 1 at a Plan Pharmacy Tier 1 refills through our mail-order service Tier 2 at a Plan Pharmacy Tier 2 refills through our mail-order service Tier 4 at a Plan Pharmacy	\$10 for up to a 30-day supply \$20 for up to a 100-day supply \$20 for up to a 30-day supply \$40 for up to a 100-day supply \$20 for up to a 30-day supply	\$10 for up to a 30-day supply \$20 for up to a 100-day supply \$30 for up to a 30-day supply \$60 for up to a 100-day supply \$30 for up to a 30-day supply

# Kaiser Resources

## One Pass Select Affinity by Optum

Through One Pass Select Affinity from Optum members can choose a fitness plan and get unlimited access to all locations available within that plan, plus extensive digital resources. Members can choose the plan that fits their needs, with competitive plans starting at \$10 per month. Members that sign up can also access the Optum Additional service include healthy meal delivery and 20% discounts on chiropractors, acupuncturists and massage therapists. Learn more at [healthy.kaiserpermanente.org/health-wellness/fitness-offerings](https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings).

## 24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at (866) 454-8855 (NorCal).

## Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Visit [healthy.kaiserpermanente.org/get-care/traveling](https://healthy.kaiserpermanente.org/get-care/traveling) to learn about what to do if you need emergency or urgent care during your trip.

## Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at [kp.org/selfcareapps](https://kp.org/selfcareapps).

## Finding a Kaiser Provider

To find a Kaiser Permanente provider near you, please visit [kp.org](https://kp.org) or call (800) 464-4000.

## My Health Manager

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](https://www.kaiserpermanente.org) or download the Kaiser Permanente app from the App Store<sup>SM</sup> or Google Play<sup>®</sup>.

## Headspace App

The Headspace app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care’s highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. Get started today at [kp.org/selfcareapps](https://kp.org/selfcareapps).

## Online wellness tools

Visit [healthy.kaiserpermanente.org/health-wellness](https://healthy.kaiserpermanente.org/health-wellness) for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more – all at no cost.

## Health classes

Sign up for health classes and support groups at many of our facilities. See what’s available near you at [healthy.kaiserpermanente.org/health-wellness/classes-programs](https://healthy.kaiserpermanente.org/health-wellness/classes-programs)– some may require a fee.

## Personal wellness coaching

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at [healthy.kaiserpermanente.org/health-wellness/wellness-coaching](https://healthy.kaiserpermanente.org/health-wellness/wellness-coaching) or call (866) 862-4295.



# United Healthcare (UHC) HMO

*This table shows member cost share.*

	<b>UHC SV (GG4) HMO 20/500 (Full-Network)</b>	
	<b>In-Network Only</b>	
<b>Network Name</b>	UHC SignatureValue Full Network	
<b>Accumulation Period</b>	Calendar year from January 1, 2026, through December 31, 2026	
<b>Calendar Year Deductible</b>		
Individual Coverage	None	
Family Coverage	None	
<b>Calendar Year Out-of-Pocket Maximum</b>		
Individual Coverage	\$2,500	
Family Coverage	\$5,000	
<b>Office Visit</b>		
Primary Care	\$20	
Specialist	\$20	
Online/Telehealth	\$20	
<b>Preventive Services</b>	No Charge	
<b>Urgent Care</b>	\$20	
<b>Emergency Room</b>	\$100 Co-payment (Waived if admitted)	
<b>Lab and Imaging</b>		
Basic/Complex	No Charge	
<b>Outpatient Surgery/Services</b>	\$100	
<b>Inpatient Hospitalization</b>	\$500 Co-Payment per admit	
<b>PRESCRIPTION DRUGS</b>		
<b>Retail- 31 Day Supply</b>		
Tier 1	\$10	
Tier 2	\$30	
Tier 3	\$50	
<b>Mail Order - 90 Day Supply</b>		
Tier 1	\$20	
Tier 2	\$60	
Tier 3	\$100	

# United Healthcare (UHC) PPO

This table shows *member* cost share.

	UHC CA Select Plus (DKS6) PPO 80/60	
	In-Network	Out-of-Network
<b>Network Name</b>	Select Plus	N/A
<b>Accumulation Period</b>	January 1, 2026 through December 31, 2026	
<b>Plan Year/Calendar Year Deductible<sup>1</sup></b>		
Individual Coverage	\$650	\$650
Family Coverage	\$1,300	\$1,300
<b>Calendar Year Out-of-Pocket Maximum<sup>2,3</sup></b>		
Individual Coverage	\$4,000	\$7,000
Family Coverage	\$8,000	\$14,000
<b>Office Visit</b>		
Primary Care	\$25	40% Coinsurance After Plan Deductible
Specialist	\$25	
Online/Telehealth	\$25	
<b>Preventive Services</b>	No Charge	No Covered
<b>Urgent Care</b>	\$25	40% Coinsurance After Plan Deductible
<b>Emergency Room</b>	\$250	\$250
<b>Lab and Imaging</b>		
Basic/Complex	No Copay	Not Covered
<b>Outpatient Surgery</b>	20% Coinsurance After Plan Deductible	40% Coinsurance After Plan Deductible
<b>Inpatient Hospitalization</b>	20% Coinsurance After Plan Deductible	40% Coinsurance After Plan Deductible
<b>PRESCRIPTION DRUGS</b>		
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Out-of-Pocket Maximum</b>	None	None
<b>Retail- 31 Day Supply</b>		
Tier 1	\$7	\$7
Tier 2	\$20	\$20
Tier 3	\$35	\$35
<b>Mail Order- 90 Day Supply</b>		
Tier 1	No Copay	Not Covered
Tier 2	\$40	
Tier 3	\$70	

<sup>1</sup>This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.

<sup>2</sup>This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.

<sup>3</sup>All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>4</sup>After deductible.

# UHC Wellness Resources

## UHC Rewards

With UHC Rewards, a variety of actions — including many things you may already be doing — lead to rewards. Some ways you can earn include completing surveys, fitness and sleep tracking, health screenings, and more. The activities you go for are up to you — same goes for ways to spend your earnings. Earn up to \$300 per employee per year. Deposit rewards directly into your HSA or earn a digital Visa gift card.

### Get Started Today

Once you are eligible, you will receive an email with information on UHC Rewards and how to get started.

- UHC members can sign in through the UnitedHealthcare® app or [myuhc.com](https://myuhc.com) using their [myuhc.com](https://myuhc.com) credentials. If you are a first-time user, you can create an account.
- From the Menu tab in the UHC app, or from the home screen on the website, select UHC Rewards.
- You will be presented with an overview of the program, and you can get started right away.

Download the app to link a tracker and start earning rewards.

## UHC 24/7 Virtual Visits

With 24/7 Virtual Visits, members can connect to a doctor by phone or video through [myuhc.com](https://myuhc.com) or the app. Doctors can treat a wide range of health conditions – including many of the same conditions as an emergency room (ER) or urgent care – and may even prescribe medications, if needed. Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) or download the UnitedHealthcare® app.

## UHC Maternity Support

Members have access to online resources to help you on your journey towards a healthier pregnancy. Gain access to pregnancy information, including custom video course you can stream anytime 24/7. Visit [myuhc.phs.com/pregnancy-resources](https://myuhc.phs.com/pregnancy-resources) for more information.

## Finding a UHC Provider

To find a provider in your plan network, please visit [uhc.com/find-a-doctor](https://uhc.com/find-a-doctor).

## Finding Covered Prescriptions Drugs

You can find the full formulary [HERE](#). Formulary changes effective 01/01/2026.

## myUHC.com

Log in to [myuhc.com](https://myuhc.com) to find the tools and resources you need to improve your physical and emotional health.



# UHC Wellness Resources, Cont.

## Real Appeal

Real appeal is a free digital program that provides you with up to a full year of support for lasting weight loss. Your program includes step-by-step guidance and customization for a program that fits your needs, preference and goals. You will also have unlimited access to digital content and goal trackers.

Visit [success.realappeal.com](https://success.realappeal.com) for more information.

## Live and Work Well

With Live and Work Well, behavioral health support services are available for you and your family to access anytime, anywhere. For more information visit [myuhc.com](https://myuhc.com) > Coverage & benefits > Mental Health.

## Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at [myuhc.com](https://myuhc.com).

## One Pass Select

One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that right for you and choose a membership tier that fits you lifestyle and provides everything you need for whole body health. You can access One Pass Select by registering at [myuhc.com](https://myuhc.com).





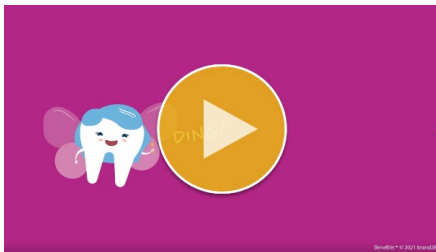
# Dental

We offer dental coverage through Delta Dental. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

## Dental Plan Overview

This guide serves as a summary of the dental plan. Please review the plan documents before enrolling in coverage.

What you need to know	
<b>Delta Dental PPO</b> PPO Network	<ul style="list-style-type: none"> <li>• Must meet deductible for some services before the plan begins to pay a % of the cost</li> <li>• Out-of-network coverage; higher costs</li> </ul>



[Click to play video](#)

### All About Dental

Watch this video to brush up on the ins-and-outs of dental insurance.



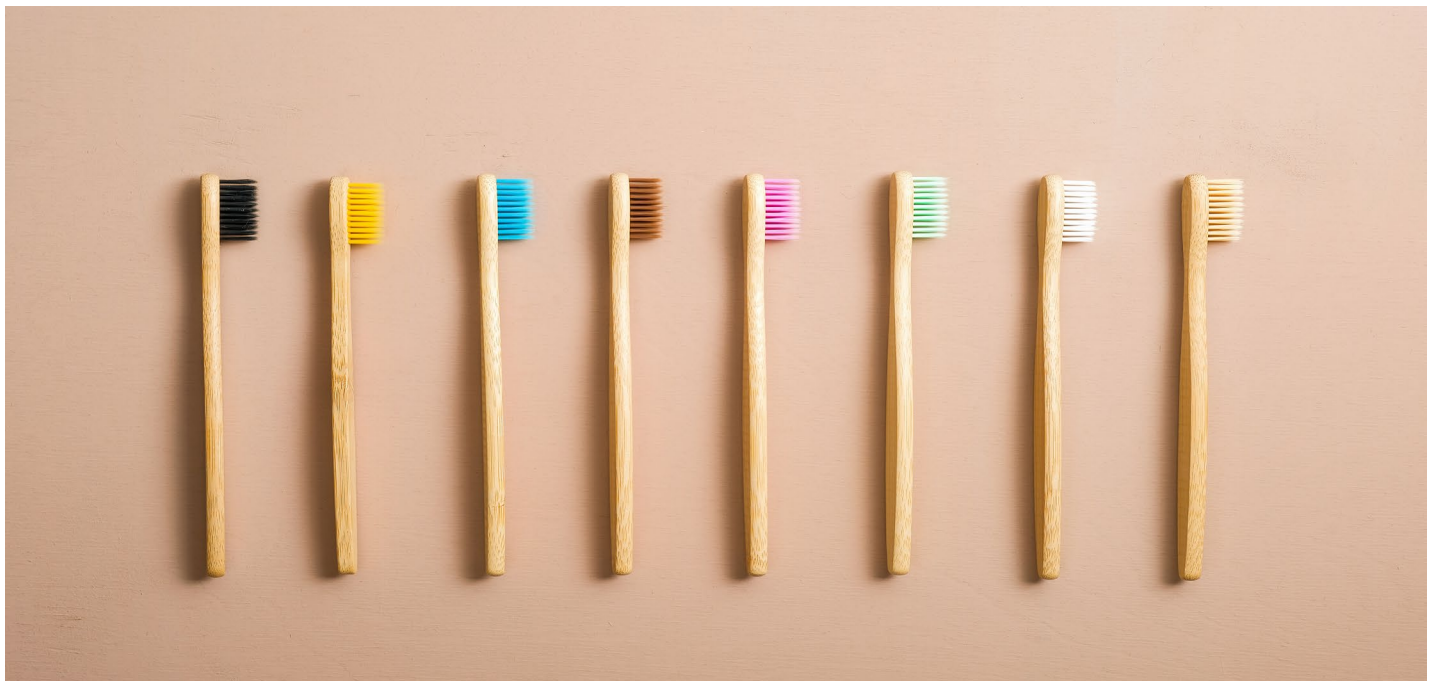
### Good News for Your Teeth (and Your Wallet)

Your Delta Dental PPO plan now includes the D&P Maximum Waiver. This means that you can get your diagnostic and preventive care without affecting your maximum. You'll keep your mouth healthy – and save benefit dollars for when you really need them!

# Dental PPO

*This table shows member cost share.*

	Delta Dental Plan B	
	In-Network	Premier & Non-Delta Dental Dentists
<b>Network Name</b>	Delta Dental PPO Dentists	Delta Premier & Non-Delta Dental PPO Dentists
<b>Annual Deductible</b>	None	None
<b>Annual Plan Maximum</b> <i>D&amp;P Counts Towards Maximum?</i>	\$2,000 No	\$1,500 No
<b>Waiting Period</b>	None	None
<b>Diagnostic &amp; Preventive</b> <i>Exams, (3) cleanings and x-rays</i>	100%	70-100%
<b>Basic Services</b>		
Fillings	100%	70-100%
Root Canals	100%	70-100%
Periodontics	100%	70-100%
<b>Major Services</b>	100%	70-100%
<b>Dental Accident Benefit</b>	100% Separate (\$1,000 maximum per person each calendar year)	



# Delta Dental Resources

## SmileWay® Wellness Benefits

If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings. Opt in by visiting [deltadentalins.com/smileway](https://deltadentalins.com/smileway) or by calling Customer Service Monday through Friday.

## Delta Dental Mobile App

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in. Log into the app to view your personal benefits.

## Virtual Dentistry

Virtual Dentistry is a photo-based tele-dentistry app for PPO members. Although Virtual Dentistry is not available for dental emergencies, members can set up a virtual dental screening or even send in photos for dental issues. A Delta Dental dentist that is part of the PPO Network, can highlight issues from the photos, such as cavities, gum disease, oral hygiene, or other dental concerns. The dentist can then assist with next steps or possible treatments or a home care regimen.

## Finding a Delta Provider

To find a Delta Dental provider near you, please visit [deltadentalins.com](https://deltadentalins.com) and click "Find a Dentist". For PPO plans choose "Delta Dental PPO"

## Cost Estimator

Members can plan visits and compare costs before they receive their treatments. Estimates for each member are personalized based on benefits. Members can compare procedure costs at nearby dentists should members need to plan in terms of costs. Members can also receive a detailed explanation of their costs based on upcoming treatment.

## Amplifon & Qualsight Discounts

With the Amplifon discount, Delta Dental members get an average savings of 66% off the latest retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts. There is also a QualSight discount for Delta Dental members. Members receive 35% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

## LifePerks

As a Delta Dental member, you have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life. Register and learn more about LifePerks at [discountmember.lifecare.com](https://discountmember.lifecare.com)





# Vision

We offer vision coverage through VSP. Vision coverage helps with the cost of eyeglasses or contacts.

## Vision Plan Overview

This guide serves as a summary of the vision plan. Please review the plan documents before enrolling in coverage.

What you need to know	
<b>VSP</b> <i>VSP Signature</i>	<ul style="list-style-type: none"> <li>• In-network only</li> <li>• The plan will reimburse up to a specific dollar amount for most materials</li> </ul>

### All About Vision

Watch this video to learn more about what to keep an eye out for when it comes to vision insurance.



[Click to play video](#)



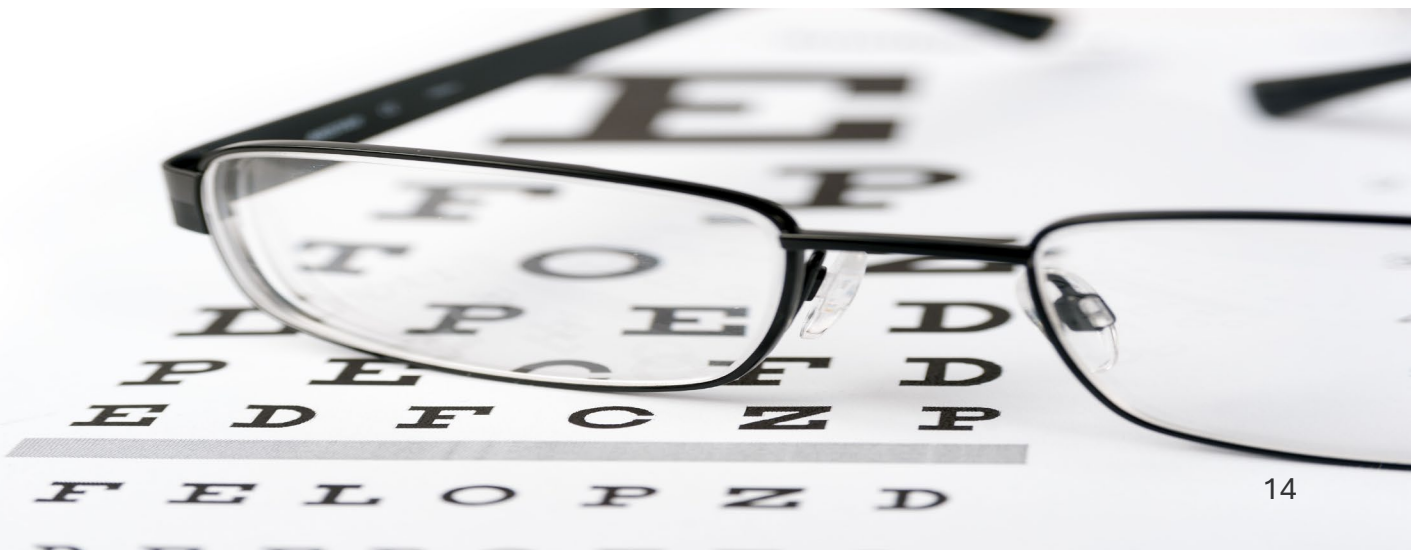
### Bigger Budget, Bolder Frames

We've got an exciting update to your VSP vision benefits: **your frame allowance has increased** – giving you more flexibility and style when choosing your next pair of glasses.

# Vision Plan

*This table shows member cost share.*

	VSP Signature
	In-Network
<b>Network Name</b>	<b>VSP Signature</b>
<b>Well Vision Exams</b> <i>Once every 12 months</i>	\$10 for Exam and Glasses
<b>Routine Retinal Screen</b> <i>Once every 12 months</i>	Up to \$39
<b>Essential Medical Eye Care</b> <i>Available as needed</i>	\$5 per exam
<b>Eyeglass Lenses</b> Single Vision Lens Bifocal Lens Trifocal Lens <i>Once every 12 months</i>	Combined with Exam
<b>Lense Enhancements</b> Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses <i>Once every 12 months</i>	\$0 \$80 - \$90 \$120 - \$160
<b>Frames</b> <i>Once every 12 months</i>	\$200 Featured Frame Brands Allowance \$180 Frame Allowance 20% Savings on the amount over your allowance \$100 Costco Frame Allowance
<b>Contacts (instead of glasses)</b> <i>Once every 12 months</i>	\$120 Allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)
<b>Laser Vision Care Preferred Program</b> <i>Once per lifetime</i>	\$2,300 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average of 15% off the regular price; discounts available at contacted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor



# VSP Savings and Resources

## Extra Savings on Glasses & Sunglasses

Get an extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](https://vsp.com/specialoffers) for details. You can also save 30% on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

## TruHearing® Hearing Aid Discount

VSP® Vision Care members can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too. TruHearing also provides members with:

- 3 provider visits for fitting, adjustments, and cleanings
- A 45-day trial
- 3-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Learn more about this VSP Exclusive Member Extra at [truhearing.com/vsp](https://truhearing.com/vsp) or call (877)396-7194.

## Retinal Screening

You won't pay more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

## LASIK - Laser Vision Correction

Save up to an average of 15% off the regular price of LASIK or 5% off the promotional price. Discounts are only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

## Essential Medical Eye Care

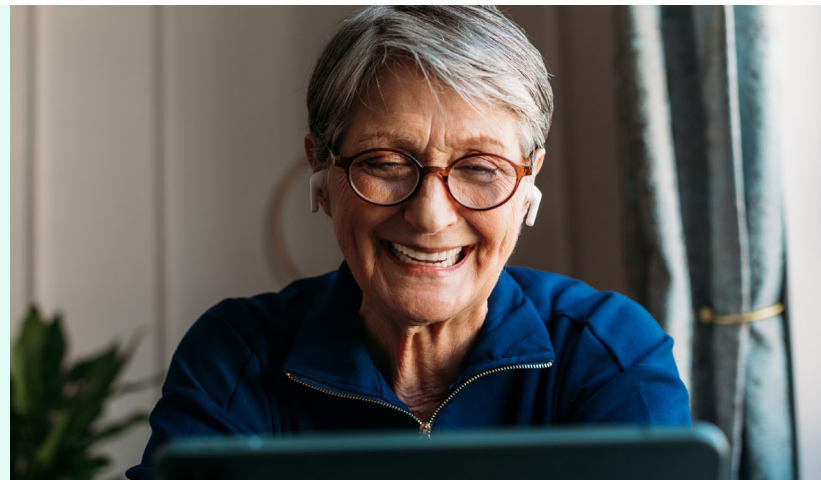
With your vision benefits from VSP, you have access to supplemental coverage for urgent and medical eye care. Essential Medical Eye Care includes:

- Fully covered retinal screening for members with diabetes
- Exams and services to treat immediate issues like pink eye and sudden changes in vision
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more

If you need treatment, contact your VSP network doctor to schedule an appointment or visit [vsp.com](https://vsp.com) to find a doctor.

## Access To Over \$3,000 In Exclusive Member Savings

Visit [vsp.com/offers](https://vsp.com/offers) to learn more about these resources and other VSP exclusive member extras.



# Voluntary Benefits American Fidelity



## Benefits that help you and your wallet.

Your benefits enrollment is here, and your plan includes nontaxable benefits. When you pay for coverage pre-tax, you can help financially protect your family while reducing your taxable income.

Your American Fidelity account manager can help you create a plan that fits your unique needs.



### Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: [americanfidelity.com/accident](https://americanfidelity.com/accident)



### Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: [americanfidelity.com/disability](https://americanfidelity.com/disability)



### Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: [americanfidelity.com/cancer](https://americanfidelity.com/cancer)



### Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: [americanfidelity.com/critical-illness](https://americanfidelity.com/critical-illness)



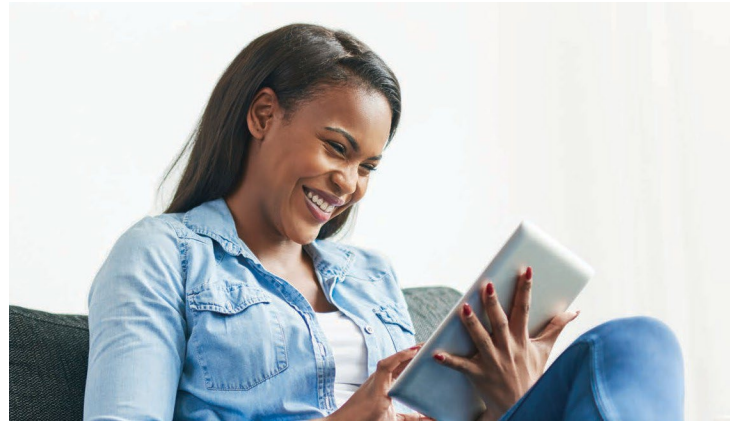
Schedule your appointment  
by calling 800-365-8306.

AMERICAN  
FIDELITY  
a different opinion

## Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: [americanfidelity.com/hospital-indemnity](https://americanfidelity.com/hospital-indemnity)



## File Your Claims Faster

Your online account is convenient, secure and provides faster claim processing than filing by paper.

You can file your claim, upload documentation and track your claims with an online account.

[americanfidelity.com/register](https://americanfidelity.com/register)



## Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

Learn more: [americanfidelity.com/life](https://americanfidelity.com/life)

## Bring Home More From Your Paycheck

Take advantage of tax savings when paying for medical coverage and out-of-pocket expenses before taxes. This could reduce your taxable income and allow you to take home more money.

### How does it work?

Consider this example: Jane makes \$2,000 per paycheck and is paid twice a month. Under a tax-savings plan, she would save \$140 per month, adding up to \$1,680 a year. Calculate your possible savings: [americanfidelity.com/s125-calculator](https://americanfidelity.com/s125-calculator)

Earnings	Post-Tax	Pre-Tax
Gross Pay	\$2,000	\$2,000
Eligible Benefit Contributions	N/A	-\$250
<b>Taxable Gross</b>	<b>\$2,000</b>	<b>\$1,750</b>
Estimated Taxes (Federal & State @ 20%)	-\$400	-\$350
Estimated FICA (7.65%)	-\$153	-\$133
Out-of-Pocket Medical Expenses	-\$250	N/A
<b>Take Home Pay</b>	<b>\$1,197</b>	<b>\$1,267</b>

A savings  
of **\$1,680**  
a year

Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

# Dependent Care Accounts

## Set aside pre-tax funds for eligible expenses.

Do you have children or other dependents who require care while you're working? A Dependent Care Account (DCA) allows you to set aside money on a pre-tax basis to pay for eligible dependent care costs.

### Some expenses that may be eligible for reimbursement:

- Nursery school, daycares and babysitters
- In-home care, elder care and custodial care
- Before or after-school care
- Summer and holiday day camps

Learn more at

[americanfidelity.com/dca](https://americanfidelity.com/dca)



# Healthcare Flexible Spending Accounts

## Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFSA) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

### Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at

[americanfidelity.com/fsa](https://americanfidelity.com/fsa)



Calculate medical costs

[americanfidelity.com/fsa-worksheet](https://americanfidelity.com/fsa-worksheet)

### Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

[americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)

# Online Account Support

## Access your information 24/7.

Browse your benefits and reimbursement information anytime you want, all in one convenient place.



### File a Claim

Submit claims for your insurance benefits or reimbursement accounts



### Track Claims

View the status of your benefits and reimbursements claims



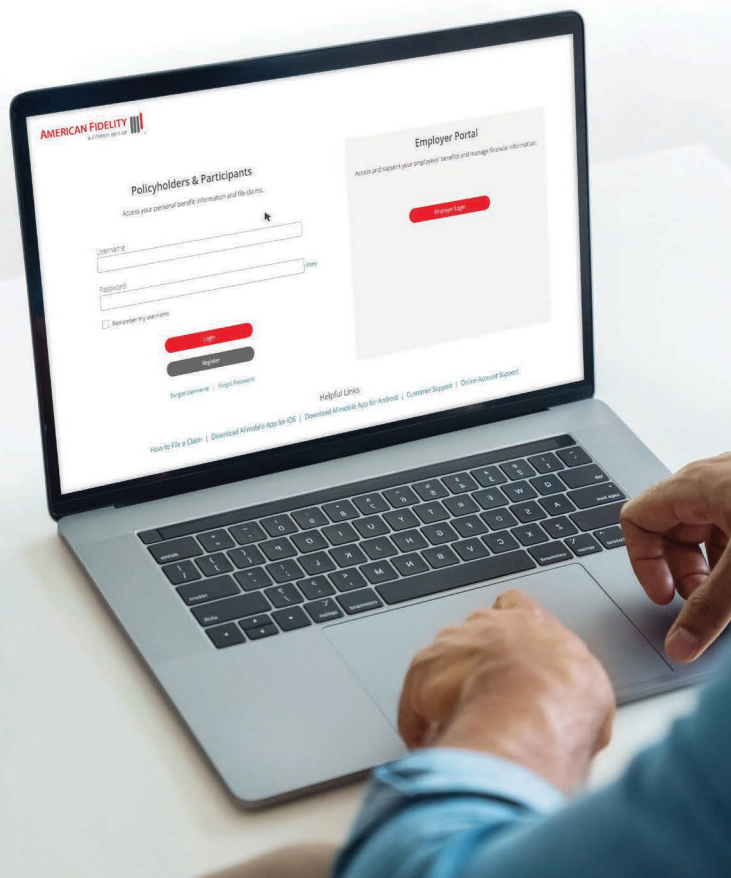
### Upload Documentation

Attach receipts and documentation for claims



### Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences

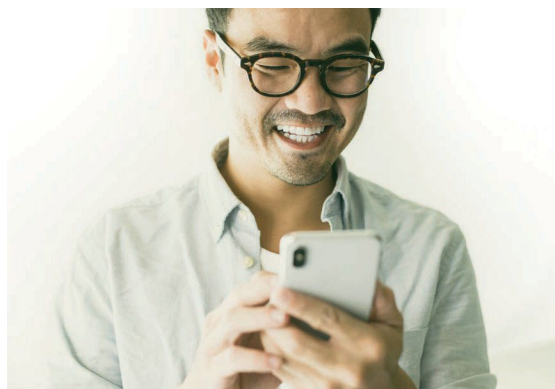


## 24/7 Access to Your Benefits

With AFmobile®, you can manage your reimbursement accounts and insurance benefits from the palm of your hand.

Download AFmobile today.

[americanfidelity.com/afmobile](https://americanfidelity.com/afmobile)



*These products may contain limitations, exclusions, and waiting periods. The following statements only apply if the product is displayed on this document. These products are not appropriate for people who are eligible for Medicaid coverage: Accident Only, Cancer, Critical Illness, Hospital Indemnity, Hospital GAP PLAN® and Hospital GAP Plan Choice® Insurance. Variable Annuities are offered by American Fidelity Securities, Inc., a registered Broker Dealer. Please contact your tax advisor for information regarding your specific situation. HSA contributions are not subject to federal and most states' income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules. HRAs are not part of a Section 125 Plan. Contributions made by employer not employee.*

Central California Branch  
866-504-0010 • 559-230-2107

Northern California Branch  
800-365-8306 • 916-683-8306



American Fidelity Assurance Company  
[americanfidelity.com](https://americanfidelity.com)

# Prudential Long-Term Disability Insurance

## District Provided Long-Term Disability Insurance (LTD)

You are eligible for a Long-Term Disability (LTD) insurance/benefit if you are a full-time employee working 4 hours (Teamsters), 6.5 hours (Certificated) and 7.5 hours (Classified).

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after you have been disabled for a 90-day waiting period. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The District pays the cost of this coverage. Coverage is provided by Prudential.

### Long- Term Disability Plan

Monthly Benefit amount	66 2/3 % up to a maximum of \$10,000
Benefits Begin	After 90 days of disability
Maximum Payment Period <sup>1</sup>	Up to Social Security Normal Retirement Age (SSNRA)

<sup>1</sup>The age in which you are disabled may affect the length of the maximum benefit period.

### What to Know About LTD Insurance

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.



# Optum Employee Assistance Program



## Employee Assistance Program (EAP)

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Optum EAP can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions with a counselor per person, per issue, per year
- Unlimited web access to helpful articles, resources, and self-assessment tools.

## All About EAP

Watch this video to learn how to get the most out of your EAP benefits.



*Click to play video*

## Contact the EAP

**Phone:** (866) 248-4094

**Website:** [liveandworkwell.com](http://liveandworkwell.com)

**Access Code:** smcsig

**Optum**

**Live and Work Well**

# Your Monthly Benefit Costs

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes. The below rates are based on 12 monthly premiums, employees that work 10 or 11 months will see higher monthly costs to adjust to the same yearly amount as 12-month employees.

Medical	Kaiser High	Kaiser Low	UHC HMO	UCH PPO
Employee Only	\$107.93	\$0.00	\$243.60	\$819.41
Two Party	\$308.62	\$0.00	\$595.40	\$1,732.74
Family	\$475.18	\$43.66	\$807.29	\$2,591.49



## Plan Contacts

Plan Type	Provider	Phone Number	Website/Email
Medical	Kaiser	(800) 464 4000	<a href="http://www.kp.org/choosekp">www.kp.org/choosekp</a>
Medical	United Health Care	(800) 624 8822	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	Delta Dental	(866) 499 3001	<a href="http://www.Deltadentalins.com">www.Deltadentalins.com</a>
Vision	VSP	(800) 877 7195	<a href="http://www.Vsp.com">www.Vsp.com</a>
Employee Assistance Program	Optum	(866) 248 4094	<a href="http://www.Liveandworkwell.com">www.Liveandworkwell.com</a>
Voluntary Benefits	American Fidelity	(800) 365 8306	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>

Resources	Website/Email
Benefit Bookshelf	<a href="#">Jefferson Union High School District Benefits Bookshelf</a>



# Important Plan Information

## Plan Documents

Important documents for our health plan and retirement plan are available on the Jefferson Union High School District Benefits Bookshelf. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

## Summary Plan Descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Kaiser High HMO Plan 2
- Kaiser Mid DHMO Plan 4
- UHC Signature Value (GG4) HMO 20/500

## Summary Of Benefits and Coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the Jefferson Union High School District Benefits Bookshelf.

- Kaiser High HMO Plan 2,
- Kaiser Mid DHMO Plan 4
- UHC Signature Value (GG4) HMO 20/500

## COBRA Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

## Deadline For Filing Lawsuit Under ERISA After Exhaustion Of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

## Health Plan Notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located in appendix:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one

### Statement Of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Jefferson Union High School District Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

# Medicare Part D Notice

## Important Notice from Jefferson Union High School District 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 Jefferson Union High School District 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. Jefferson Union High School District has determined that the prescription drug coverage offered by the Jefferson Union High School District, United Health Care HMO & Kaiser HMO 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 Jefferson Union High School District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. **Important Note for Retiree Plans:** Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage.
  - Since the existing prescription drug coverage under Jefferson Union High School District is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.
  - If you do decide to join a Medicare drug plan and drop your Jefferson Union High School District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

- 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 Jefferson Union High School District 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 Jefferson Union High School District 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 [medicare.gov](http://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](http://socialsecurity.gov), or call them at 800-772-1213 (TTY 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: October 15, 2025  
 Name of Entity/Sender: Jefferson Union High School District  
 Contact-Name/Position/Office: Tina Van Raaphorst, Deputy Superintendent, Business Services  
 Address: 123 Edgemont Drive, Building A, Daly City, CA 94015  
 Phone Number: (650) 550-7954

## • Women's Health and Cancer Rights Act

- If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:
  - All stages of reconstruction of the breast on which the mastectomy was performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - Prostheses; and
  - Treatment of physical complications of the mastectomy, including lymphedema.
- These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: No deductible or coinsurance, see benefit summary for applicable copay. If you would like more information on WHCRA benefits, call your plan administrator (650) 550-7954

## • Newborns' and Mothers' Health Protection Act

- Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at [\(650\) 550-7954](tel:6505507954).

## • HIPAA Notice of Special Enrollment Rights

- If you decline enrollment in Jefferson Union High School District health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Jefferson Union High School District health plan without waiting for the next open enrollment period if you:
  - Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
  - Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
  - Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.
- If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Jefferson Union High School District health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.
- Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for [Jefferson Union High School District](#) describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting [\(650\) 550-7954](#)

## Notice of Choice of Providers

The United Health Care HMO and Kaiser HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, United Health Care and Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the carrier, contact information below.

Kaiser (800) 464 - 4000

United Health Care (800) 624 - 8822

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from United Health Care/Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the carrier, contact information below.

Kaiser (800) 464 - 4000

United Health Care (800) 624 – 8822

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 (9.96% in 2026) of your modified adjusted household income.

## Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

- If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).
- If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.
- If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2025**. Contact your State for more information on eligibility—

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

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

**NEW HAMPSHIRE – Medicaid**

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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 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)

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) | Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: <http://healthcare.oregon.gov/Pages/index.aspx> | Phone: 1-800-699-9075

**PENNSYLVANIA – 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 \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/childrens-health-insurance-program) | CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://www.hhs.texas.gov/health-insurance-premium-payment-program)  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto: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**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.dhs.vermont.gov/health-insurance-premium-payment-program)  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> or  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>

Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

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

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

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