



2026 BENEFITS ENROLLMENT GUIDE



Your benefits. Your future.

2026

Table of Contents

2026 ENROLLMENT

- [Who we Cover](#)..... 3
- [How to Enroll](#)..... 3

HEALTH & WELL-BEING

- [Medical Plans](#)..... 4
- [Prescription Plans](#)..... 7
- [In-Hospital Indemnity Plan](#)..... 8
- [Critical Illness Insurance](#)..... 9
- [Accident Insurance](#)..... 10
- [Hospital Care Insurance](#)..... 11
- [Health Savings Account](#)..... 12
- [Flexible Spending Accounts](#)..... 13
- [Dental Plans](#)..... 14
- [Vision Plan](#)..... 15
- [Personal Wellness Appraisal Program](#)..... 16

INCOME SECURITY

- [Life and AD&D Insurance](#)..... 17
- [Universal \(Permanent\) Life Insurance](#)..... 18
- [Disability Insurance](#)..... 19

LIFESTYLE

- [Identity Theft Insurance](#)..... 20
- [Legal Plan](#)..... 21
- [Employee Assistance Program](#)..... 21
- [ECSD Center for Health and Wellness](#)..... 21
- [Virtual Visits](#)..... 21

RESOURCES

- [Contact Information](#)..... 22
- [2026 Benefit Plan Premiums](#)..... 23
- [Annual Notices](#) 24

Open Enrollment Begins October 29

Now is the time to focus on you.

You are a vital part of our success. That’s the reason we invest so much into a benefits plan that helps protect your health, your income, and so much more. It is important to learn about the options we offer and consider how they can help you build a secure future.

This benefit guide presents highlights of the benefits available to you this year. **For additional plan details and premiums, please visit Benefitfocus's Employee Benefits Enrollment portal located under the District's website under "Staff."** You will use your District's sign-in credentials for direct access into the portal.



ACTION REQUIRED!

If you’re currently enrolled in the 2025 HRA \$500 Plan, you must enroll and choose a new plan for 2026. If no change is made, you’ll be defaulted to the Base HRA Plan.

All employees must complete the enrollment process to enroll or re-enroll in a Flexible Spending (FSA) or Health Savings (HSA) account for 2026 as these do NOT rollover.



If you and/or your dependent(s) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see [page 24](#) for more details.

Open Enrollment is October 29 – November 12, 2025

FOR AN EFFECTIVE DATE OF 1/1/26

Who we Cover

Employees: You are eligible for benefits if you are a permanent, full-time employee of the District, work at least 20 hours per week, and are eligible for benefits under the Florida Retirement System. You must be actively at work on the plan effective date for new benefits to be effective. See the Summary Plan Description (SPD) for more details on eligibility and enrollment.

Eligible Dependents May Include:

- Your legal spouse
- Your own children
- Children for whom you have been appointed legal guardian (through the courts)
- Stepchildren and legally adopted children (provided they reside in your household and primarily depend on you for support)

DOCUMENTATION IS REQUIRED WHEN ADDING A NEW DEPENDENT TO COVERAGES. ALL DOCUMENTATION HAS TO BE PROVIDED AND APPROVED BY ECPS PRIOR TO THE EFFECTIVE DATE OF 1/1/26.

How to Enroll (For Open Enrollment)

We offer different ways to enroll to give you the level of support that is best for you.



Virtual - Certified Benefits Counselors are available by video call. Schedule an appointment at www.benefitsgo.com/EscambiaWebScheduler.

Note: Use of your camera is optional.



Benefitplace® Mobile App (at select locations) - Search for “Benefitplace” in the App Store or Google Play and download to your mobile device. Use Company ID **escambiabenefits** to activate the app. You will need to use your prior Benefitfocus username and password or register if you are a first-time app user as your District Single Sign On (SSO) will not work with the mobile app. *Contact Risk Management for assistance with your old username if needed.*



Online Self-Service Enrollment - Visit the Benefitfocus Employee Benefits Enrollment portal located under the District’s main website under “Staff.” You will use your District’s sign-in credentials for direct access into the portal.



Enrollment by Phone - Call the Enrollment Center at **1-844-939-0601** for questions or assistance.

What’s Important for 2026

- ✓ Virtual Counselors will be available to help answer your questions and enroll in benefits during Open Enrollment.
- ✓ A total of four medical plans are available for 2026 with a new lowest premium NHP “Florida-Only” Network Plan, and the brand new Surest “Copay-Only” Plan with no annual deductible to meet. Premiums for all four plans are found in the Employee Benefits Guide, on the Benefitfocus Enrollment portal, or on the District's Risk Management website. The NHP Plan looks like the 2025 HRA \$500 Plan, but with a lower deductible. The biggest change to this plan is a Florida-only UHC Network with West Florida Hospital being excluded.
- ✓ There have been some changes to the medical and dental plan premiums. There are no plan changes to the dental plans. Be sure to review this information.
- ✓ The Health Care Flexible Spending Account contribution limit has increased to \$3,400. The Health Savings Account contribution limit has increased to \$4,400 for individuals and \$8,750 for families, and a \$1,000 catch-up applies to those age 55 and older.
- ✓ The Cigna Group Voluntary Critical Illness, Accident, and Hospital Indemnity Insurance plans complement your medical plan and help to cover many of your out-of-pocket medical expenses. Be sure to review all three plans for added assurance to help offset unexpected medical costs. They are available by phone and virtually during Open Enrollment.



Medical Plans

Health care needs are different for everyone. We offer multiple medical plan options so you can choose the coverage level best-suited to your needs and budget.

NHP HRA PLAN UNITED CHOICE HSA UNITED BASE HRA SUREST PLAN

All **four** plans are administered through **UnitedHealthcare** and give you access to the same network of high-quality medical providers. The HSA, Base HRA, and Surest Plans give you access to the Choice National Network, while the NHP HRA Plan limits you to a more narrow FLORIDA-ONLY network. In addition, the United Choice HSA Plan includes a Health Savings Account option. The other plans are FSA eligible. **If you have the \$500 HRA Plan and do not enroll, you will be defaulted to the Base HRA Plan at the existing tier of coverage and the 2026 premium rates.**

1 in 3



Health care debt currently affects 1 in 3 individuals. Make sure you choose the correct health plan. Learn how supplemental medical benefits can help cover your out-of-pocket financial exposure.

Commonwealth Fund, 2023 Health Care Affordability Survey, 2023

What's the Right Plan for You?

Balance your premium cost with the amount you expect to spend on medical services. If you're healthy and don't expect to have many doctor's visits, you can greatly reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium plan might make more sense.

<p>NHP HRA PLAN (FLORIDA-ONLY NETWORK)</p> <p>This plan has the lowest premium and the lowest out-of-pocket costs, but a Florida-Only network.</p> <p>Best if you are... looking to save on premium costs and understand that there is a limited network of providers.</p>	<p>UNITED CHOICE HSA</p> <p>You save money up front with the second lowest premium, but you're exposed to higher out-of-pocket costs. This plan has a broader network than the NHP HRA Plan. It is also an HSA eligible plan.</p> <p>Best if you are... healthy, but want to balance your risk because you're getting older, or have a high-cost condition like high cholesterol.</p>	<p>UNITED BASE HRA</p> <p>This plan balances premiums with out-of-pocket exposure. This plans offers copays for PCP, Specialist, Urgent Care, and advanced imaging scans prior to the deductible being applied.</p> <p>Best if you are... healthy, active, and rarely expect to use medical care, allowing you to maximize the premium savings, or if you have children or a family coverage.</p>	<p>SUREST</p> <p>This plan has high premiums but lower out-of-pocket costs. Using the Surest App, individuals can choose which provider to see by knowing the copay cost ahead of time.</p> <p>Best if you are... wanting to know the true cost of your medical and procedure costs upfront.</p>
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What's Your Best Fit?



DANIELLE

Young, active, and healthy

Age: 26

Lifestyle: Biking, skiing, and hiking

Medical Status: Very healthy

Financial Risk Factors: High-risk activities that could lead to costly injury



BEST FIT: Danielle can expect to spend little on medical services and take advantage of the upfront premium savings of the **NHP HRA Plan** as all of her providers are in the Florida-Only network. If she's worried about a skiing or biking injury, Accident Insurance can give her peace of mind about unexpected treatment and recovery bills.



TROY

Young, active, and healthy

Age: 24

Lifestyle: Runner, enjoys preparing healthy meals, loves to travel

Medical Status: Very healthy

Financial Risk Factors: Retirement plans are low so medical plan savings can now go toward his retirement fund



BEST FIT: Troy can expect to spend little on medical services and take advantage of the upfront premium savings of the **United Choice HSA Plan**. Since he likes to travel, this plan gives him access to a broader national network. If he's worried about a running injury, Accident Insurance can give him peace of mind about unexpected treatment and recovery bills.



SUTTON FAMILY

Typical family with some risk

Ages: Cyrus, 48; Emily, 44; Devin, 13; and Bettina, 12

Lifestyle: Devin and Bettina both play soccer; Devin is an avid skateboarder

Medical Status: Cyrus has high blood pressure and cholesterol

Financial Risk Factors: Heart and cardiovascular disease; injury risk from sports activities (skateboarding is a very high-risk activity)



BEST FIT: A plan with a broader network and set copays make sense because of Cyrus's risk factors and the chances of injury for the kids. The family chooses the **United Base HRA Plan**. They can also reduce their financial risk with Critical Illness and Accident Insurance.



MIKE & DIANE

Planning a new addition

Ages: 34 and 31

Lifestyle: Trips to the beach, jogging, binge-watching TV shows

Medical Status: Very healthy and planning their first child in the coming year

Financial Risk Factors: Having a baby is expensive



BEST FIT: Mike and Diane normally lean toward a low-premium plan, but the cost of pregnancy changes that calculation. They go with the **Surest Plan** because it **ONLY** involves a single copay for the entire pregnancy. They choose the hospital with the best copay with the Surest App. They supplement this with Hospital Confinement Insurance to help cover some of their out-of-pocket costs.

Your 2026 Medical Plan Summary

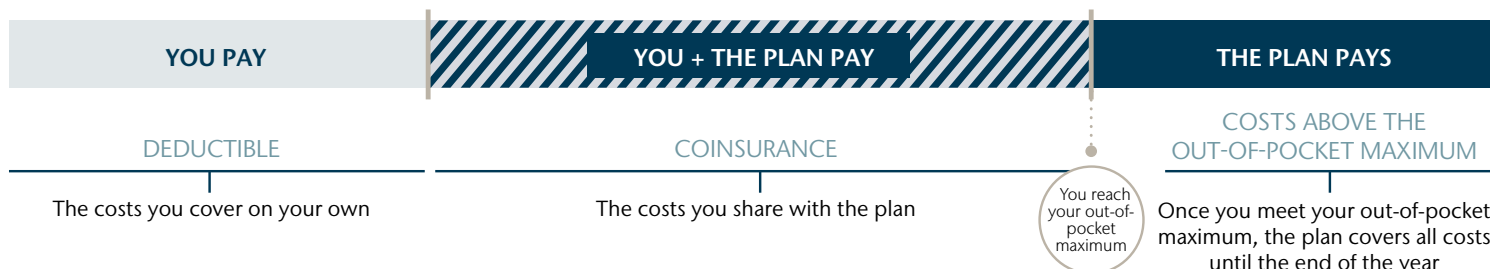
Below is a brief overview of the coverage available under each plan. For a full list of benefits, refer to the Summary of Benefits and Coverage.

	NHP HRA PLAN	UNITED CHOICE HSA PLAN	UNITED BASE HRA PLAN	SUREST PLAN
	In-Network	In-Network	In-Network	In-Network
Network	FLORIDA-ONLY NHP NETWORK	National	National	National (Broad)
Annual Deductible (Individual/Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$0
Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$8,050/\$16,100	\$9,100/\$18,200	\$9,000/\$18,000
Coinsurance	25%	25%	25%	0%
Preventive Care	100% covered	100% covered	100% covered	100% covered
Primary Care Physician (PCP)	\$35 copay	Deductible + coinsurance	\$40 copay + coinsurance	\$50 to \$160
Virtual Health	\$25 copay	Deductible + coinsurance	\$25 copay	\$0 to \$160
Specialist	\$50 copay	Deductible + coinsurance	\$60 copay + coinsurance	\$50 to \$160
Labs, X-rays, & Diagnostics	Deductible + coinsurance	Deductible + coinsurance	Deductible + coinsurance	\$0
Imaging (CT, PET Scans, MRIs)	Coinsurance only	Deductible + coinsurance	Coinsurance only	\$200 to \$2,900
Hospital Inpatient	Deductible + coinsurance	Deductible + coinsurance	Deductible + coinsurance	\$4,500
Outpatient Surgery	Deductible + coinsurance	Deductible + coinsurance	Deductible + coinsurance	Up to \$5,500
Urgent Care Center	\$50 copay	Deductible + coinsurance	\$60 copay + coinsurance	\$110
Emergency Room	\$300 copay + coinsurance	Deductible + coinsurance	\$300 copay + coinsurance	\$1,000
Maternity	Deductible + coinsurance	Deductible + coinsurance	Deductible + coinsurance	\$2,400 to \$4,500

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services.

Remember: Getting care from an in-network medical provider always saves you money.

How Your Medical Plan Works (example applies to NHP HRA, CHOICE HSA, and BASE HRA Plans)



Please note, the Surest Plan works differently than the example to the left. There is no deductible or coinsurance. You pay only a copay based on where you obtain the service. The copay will vary by provider. Use the Surest App to compare copays.

For a full list of medical terms you should know, go to <https://mybenefits.aon.com/Terms-to-Know/Resource/Home>.

Prescription Plan Summary

Prescription coverage is included with your medical plan. Your prescription plan details are as follows:

	NHP HRA PLAN	UNITED CHOICE HSA PLAN	UNITED BASE HRA PLAN	SUREST PLAN
	In-Network	In-Network	In-Network	In-Network
30-day supply:				
Tier 1	Deductible + \$15 copay	Deductible + coinsurance	Deductible + \$15 copay	\$10
Tier 2	Deductible + \$40 copay	Deductible + coinsurance	Deductible + \$40 copay	\$90
Tier 3	Deductible + \$100 copay	Deductible + coinsurance	Deductible + \$100 copay	\$200
Tier 4	Deductible + \$200 copay	Deductible + coinsurance	Deductible + \$200 copay	\$600
Mail Order 90-day supply:				
Tier 1	Deductible + \$45 copay	Deductible + coinsurance	Deductible + \$45 copay	\$30
Tier 2	Deductible + \$120 copay	Deductible + coinsurance	Deductible + \$120 copay	\$270
Tier 3	Deductible + \$300 copay	Deductible + coinsurance	Deductible + \$300 copay	\$600
Tier 4	Deductible + \$600 copay	Deductible + coinsurance	Deductible + \$600 copay	\$1,800
Deductible	\$250 per person per plan year (maximum of three per family)	Combined with medical	\$300 per person per plan year (maximum of three per family)	Combined with medical

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use the employee medical facility, Marathon Health. You can save money by using Marathon Health for minor illnesses and injuries rather than going to your doctor.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.



Discount Rx Programs. Many Rx discount programs such as GoodRx or Optum Perks offer lower out-of-pocket costs than your medical plan. Always check both to see which costs less for you and the medical plans.

If we become more aware consumers, we can each do our part to lower the cost of health care!

In-Hospital Indemnity Plan

The In-Hospital Indemnity Plan, administered by Escambia County Public Schools, is a self-administered plan for employees who would like to retain another medical plan as their primary insurance plan. This is **NOT** a major medical plan and only pays daily benefits up to 30 days per plan year (January 1 – December 31). Daily benefits are calculated on a 24-hour period. The plan has a 24-hour (one day) deductible prior to benefits being paid.

All claims are required to be filed with the Risk Management Department within 90 days from your date of discharge to be eligible for consideration.

MEDICAL CARE BENEFITS	EMPLOYEE ONLY
In-Hospital Indemnity Plan Benefits	Amount of Benefit
Hospital Room and Board	
Maximum daily benefit	\$75
Waiting period before benefits are paid	24 hours of hospital inpatient care
Extended Care Facility Room and Board	
Maximum daily benefit	\$37.50
Maximum number of days	30 days Annually combined hospital and extended care facility benefits All claims must be filed with the District's Risk Management Department within 90 days from the discharge date to be considered for payment.



Critical Illness Insurance






You can protect yourself from the unexpected costs of a serious illness.

Even the most comprehensive medical plans don't cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance through **Cigna** pays a lump sum benefit directly to you if you are diagnosed with a covered illness. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses Include:

- Heart attack
- Stroke
- Cancer
- Major organ transplant
- End stage renal (kidney) failure
- Coronary artery bypass surgery*
- And more

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.**
-  **Health Screening Benefit:** The plan pays a \$75 benefit once per calendar year for health screening tests performed as the result of preventive care. This benefit is payable for the covered employee and spouse.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.
-  **Value-Added Services:** The plan includes 24/7 access to a Telephonic Employee Assistance Program (EAP) and Telemedicine services.

U.S. health care spending averaged **\$14,570 per person** in 2023.

Centers for Medicare & Medicaid Services, National Health Expenditure Fact Sheet, 2024

Why We Offer Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Depending on the medical plan you choose, you could be exposed to up to \$13,200 in out-of-pocket costs if you or a family member were to become seriously sick or injured.

Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure at a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

Critical Illness Insurance



**The coverage pays 25% of the face amount of the policy once per lifetime for coronary artery bypass surgery.*

***If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

This plan is not a replacement for medical insurance.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance through **Cigna** pays lump sum benefits directly to you if you suffer a covered injury such as a fracture, burn, or concussion. Benefits are paid even if you have other insurance coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Major diagnostic testing
- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- And more

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse and children.*
- 🏃 **Wellness Rider:** The plan pays a \$100 benefit per insured person per calendar year for covered wellness tests performed as the result of preventive care.
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.
- ★ **Value-Added Services:** The plan includes 24/7 access to a Telephonic Employee Assistance Program (EAP) and Telemedicine services.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. This plan is not a replacement for medical insurance.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*



How Accident Insurance Works

Sam tears a knee ligament that requires extensive treatment and rehab. Even with medical insurance, this will cost Sam \$3,000 out-of-pocket in deductibles and coinsurance.

Fortunately, Sam has Accident Insurance. This coverage paid Sam a total benefit of \$2,640.

Rather than \$3,000 out of his savings, the injury only costs Sam \$360...much better.

How Sam's Accident Benefit Was Calculated:

Medical Service	Benefit
Emergency Room	\$ 300
Ligament Surgery	\$1,500
Anesthesia	\$ 300
Physical Therapy	\$ 540 (\$90 per visit for six visits)
TOTAL BENEFIT	\$2,640

Accident Insurance

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.



Hospital Care Insurance

Receive lump sum payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Care Insurance through **Cigna** pays lump sum benefits directly to you, and benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit. You'll also receive benefits for inpatient treatment in a rehabilitation facility. This plan covers:

- Hospital Admission
- Wellness
- Maternity
- Hospital Confinement (Non-ICU & ICU)

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse and children.*
- 🏠 **Health Screening Benefit:** The plan pays a \$50 benefit once per calendar year for health screening tests performed as the result of preventive care. This benefit is payable for each covered person.
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.
- ★ **Value-Added Services:** The plan includes 24/7 access to a Telephonic Employee Assistance Program (EAP) and Telemedicine services.
- ↕ **Low and high plan options available.**

Hospital Care Insurance



The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

This plan is not a replacement for medical insurance.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

How Hospital Care Insurance Works

Cindy is injured in a car accident and is in the hospital for four days. She also receives rehabilitation therapy for three days. Cindy's medical insurance carries a \$2,500 deductible and a \$5,000 out-of-pocket maximum. Even with her medical plan, Cindy's deductible and coinsurance add up to more than \$4,000 just for hospital services.

Cindy has Hospital Care Insurance. She receives a benefit for being admitted into the hospital, a benefit for each day of her inpatient stay, and benefits for rehab services.

How Cindy's Hospital Care Benefit Was Calculated:

Medical Service	Benefit	Total
Hospital Admission	\$2,000 per admission	\$ 2,000
Four-day Hospital Stay	\$200 per day	\$ 800
Three Days of Rehab	\$75 per day	\$ 225

CINDY'S TOTAL BENEFIT **\$3,025**

This scenario does not reflect the benefits of a specific Hospital Care Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Care Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.



Health Savings Account (HSA)

Save for current or future medical costs and reduce your income taxes with this special savings account.

When you enroll in the United Choice HSA medical plan, you are also eligible to open a Health Savings Account through **Optum HSA**.

You fund your HSA through pre-tax payroll deductions up to annual IRS limits. The account can be used to pay for eligible out-of-pocket health care expenses until you meet your deductible.

The money can be spent as needed to cover current expenses tax-free. Any unused balances roll over from year-to-year allowing you to build up a savings for future health care expenses, even in retirement when your medical care expenses may increase. **Please note, you must re-enroll in the HSA every year.**

10%

Yearly out-of-pocket costs were equal to 10% or more of household income.

*Commonwealth Fund, 2024
Biennial Health Insurance Survey, 2024.*



HSA's Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing Critical Illness, Accident, or Hospital Care Insurance to cover big-ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.



ANNUAL MAXIMUM CONTRIBUTION AMOUNTS	
Employee Only	\$4,400
Employee + Dependents	\$8,750

*Individuals age 55 or older can make additional "catch up" contributions up to \$1,000.
NOTE: Amounts change yearly per IRS guidelines.*

For a complete list of eligible expenses, see IRS Publication 502 available at www.irs.gov/publications/p502.

Flexible Spending Accounts (FSAs)

Reduce your federal income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for eligible expenses and reduce your income taxes at the same time. The District offers two types of accounts — a Health Care FSA and a Dependent Care FSA through **Voya**.



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

HEALTH
CARE
FSA

Go to mybenefits.aon.com/FSA/Resource/Home for a complete list of covered expenses.

DEPENDENT
CARE
FSA



Babysitters, day care, day camp, home nursing care, etc.

How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much money to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. Your plan includes an FSA debit card that you can use to pay for eligible expenses at the point of sale. You can also pay out-of-pocket and submit a claim form for reimbursement if necessary.

ANNUAL CONTRIBUTION AMOUNTS

Health Care Flexible Spending Account	\$100 – \$3,400
Dependent Care Flexible Spending Account	\$100 – \$7,500 (\$3,750 if married and filing separate tax returns)

If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.



Health Care Items You Might Not Realize are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

Use It or Lose It: The District allows a 2 ½-month grace period to spend any money left in your account at the end of the plan year. You have until March 15, 2027 to spend your 2026 FSA funds. You also have a 120-day "run-out period" (ending April 30th each year) to submit reimbursement requests for all eligible FSA expenses incurred during the plan year. Any money left in your account after this date must be forfeited per IRS regulations.

Please note that these accounts are separate. You may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa. **You must re-enroll in the FSAs every year.**



Dental Plans

The District is offering two dental plan options through **The Standard**. Both plans cover the same services, but the Enhanced Buy-up plan offers a higher annual maximum and orthodontia lifetime maximum. To find a participating dentist, visit www.standard.com.

	BASE PLAN		ENHANCED BUY-UP PLAN	
	In-Network	Out-of-Network (UCR is at 90th %)	In-Network	Out-of-Network (UCR is at 90th %)
Deductible - Basic & Major Services (Individual/Family)	\$50/\$100	\$100/\$200	\$50/\$100	\$100/\$200
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500
Preventive Services (Exams, Cleanings, X-rays)	100%	80%	100%	80%
Basic Restorative Services (Fillings, Extractions)	80%	60%	80%	60%
Major Restorative Services (Crowns, Dentures, Implants, Root Canals, Anesthesia, and Endodontics)	50%	30%	50%	30%
Orthodontia (Children only)	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,500	\$1,500

If charge is less than the 90th% UCR, then no charge. If charge is within \$10 of 90th% UCR, then no charge. If charge is more than \$10 of 90th% UCR, then the balance is paid (ex., cleaning charge of \$82 and UCR is \$70, then member owes \$12).

What Does Preventive Dental Care Typically Cover?

Every dollar spent on preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities if you're at high risk for decay. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste, and take only a few minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, plastic coating to the chewing surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken by your dentist or dental hygienist to better evaluate your oral health. These images go beneath the surface to provide a more detailed look inside your teeth and gums.

Vision Plan

The District offers vision coverage through **Humana Insight**. The plan provides coverage for annual eye exams, prescription glasses or contacts, and even discounts for laser vision correction. There is no ID card for this plan.

	VISION PLAN	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$5 copay	Up to \$30
Lenses (every 12 months)		
Single Vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$60
Lenticular	\$0 copay	Up to \$100
Frames (every 24 months)	Up to \$150, 20% off balance over \$150	Up to \$65
Contact Lenses (every 12 months)		
Standard contact lens fit and follow-up	Up to \$55	Not covered
Premium contact lens fit and follow-up	10% off retail	Not covered
Laser Vision Correction	15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision	



5 Tips for a Lifetime of Healthy Vision

- 1. Schedule yearly eye exams.** Visiting your ophthalmologist regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.
- 2. Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
- 3. Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
- 4. Live a smoke-free lifestyle.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
- 5. Practice safe wear and care of contact lenses.** Keep them clean and follow your optometrist's recommendations for use and wear.

Personal Wellness Appraisal Program

The health and well-being of employees is very important to the District. Employees need to feel their best so they can come to work each day and give their best. That's why we sponsor the Personal Wellness Appraisal Program. It is designed to help you develop healthy habits for life. The program focuses on education and prevention as effective ways to reduce the cost of health care. Through early screening of potential medical conditions and appropriate intervention and prevention activities, it helps head off serious health problems that could occur now or in the future.

All employees can visit **Marathon Health** for sick visits. If you do not carry insurance or you have the United Choice HSA Plan you only have a \$25 copay. If you have the NHP HRA Plan, the Base HRA Plan, or the Surest Plan there will be no cost for your visit, and any needed eligible prescriptions will be free.

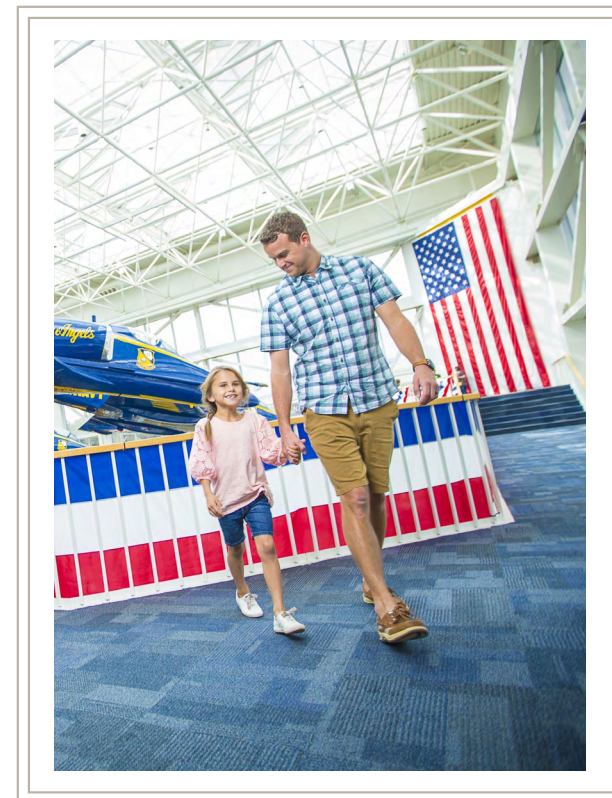
How to Earn the Employee Wellness Credit

1. Have a biometric screening (blood draw).
2. Complete a health risk assessment online at my.marathon-health.com.
3. Participate in comprehensive Health Review/Health Coaching.
4. Be tobacco-free and/or complete a tobacco cessation counseling program, as defined by the Escambia County Health Department. Proof of completion of the program must be submitted to Marathon Health.

Spousal Wellness Credit

Employees with spouses covered under a District medical plan can earn an additional \$30/month spousal wellness credit when their spouse completes the same steps as the employee. This will be paid to the employee. A monthly qualification and monthly waiting period also apply during the year.

You must complete the wellness program annually to see your credits continue.



Life and AD&D Insurance

Always be there financially for your loved ones.

Basic Life Insurance

The District pays the full cost of your Basic Life Insurance coverage. If you are under age 70, your benefit is equal to one times your annual salary (rounded to the nearest \$1,000) to a maximum of \$150,000. If you are age 70 or over, your benefit is equal to 50% of your annual salary.

How Much Life Insurance Do You Need?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following:

Current Expenses

- Home Mortgage
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?

Additional Life and AD&D Insurance

You have the option to purchase Additional Life Insurance as a supplement to the employer-paid benefit. You may choose a coverage amount from one to three times your annual salary (rounded to the nearest \$1,000) to a maximum of \$300,000. This amount will reduce to 50% at age 70.

Accidental Death and Dismemberment (AD&D) Insurance covers accidental loss of life or limb. The plan pays you (or your beneficiary) a scheduled benefit, up to the policy maximum, depending on the nature and extent of the loss. When you purchase Additional Life Insurance, you may also enroll in AD&D coverage. AD&D coverage expires at age 70.

Evidence of Insurability (EOI) is required after your initial 30-day new hire window.

Dependent Life Insurance

The District also offers Dependent Life Insurance to provide coverage for your spouse and children. You may choose from one of three plan options noted below. Dependent coverage cannot exceed 50% of the amount of the employee's Basic and Additional Life Insurance coverage. **Dependent Life benefits are Guaranteed Issue during Open Enrollment.** Spouse coverage elections made outside of Open Enrollment require Evidence of Insurability. Evidence of Insurability for children is never required.






PLAN 1	\$20,000 Spouse / \$10,000 Child(ren)
PLAN 2	\$10,000 Spouse / \$5,000 Child(ren)
PLAN 3	\$5,000 Spouse / \$2,500 Child(ren)

NOTE: Medical Evidence of Insurability is required when increasing coverage amounts at times other than your initial enrollment. Enrollment in Additional Life is allowed throughout the year with Medical Evidence of Insurability.

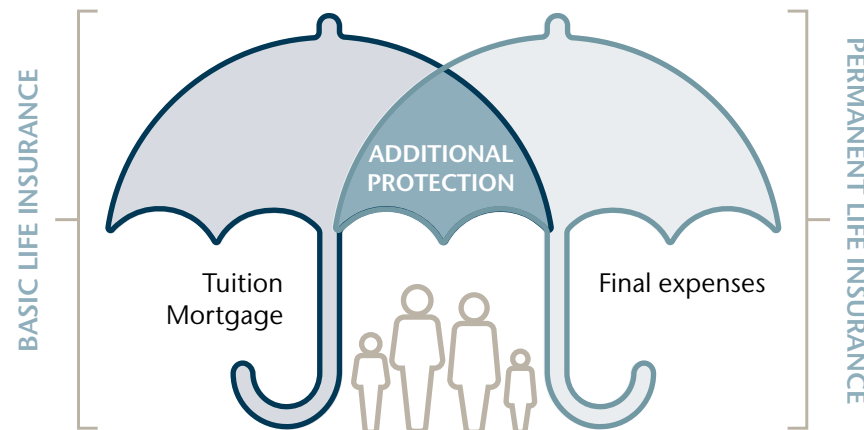
Universal (Permanent) Life Insurance

Universal Permanent Life Insurance underwritten by **Transamerica Life Insurance Company**, is permanent Life Insurance that helps complete your family's protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills. As long as premiums are paid, the policy will not expire until maturity. Premiums will not change due to your age. The policy includes an Accelerated Death Benefit Rider for terminal conditions and offers an optional Accelerated Death Benefit Rider for "living benefits" (care for chronic conditions).*

Plan Features

-  **Guaranteed Acceptance:** No physical exams are required to apply for coverage if you are newly eligible (although health questions may be asked).
-  **Family Coverage:** You can purchase coverage for yourself, your spouse, and your children.
-  **Portable Coverage:** You can take your policy with you if you change jobs and carry your Life Insurance coverage into your retirement.
-  **Coverage for Your Needs:** Universal Permanent Life Insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
-  **Cash Value:** This policy builds cash value.

Premiums are based on your age, tobacco status, and the amount of coverage you elect.



Permanent Life Insurance 

Life Insurance Policy Comparison

BASIC LIFE INSURANCE	ADDITIONAL LIFE INSURANCE	PERMANENT LIFE INSURANCE
The premium is fully employer-paid	The premiums increase as you age	The premiums don't change
Replaces your income so that your family can maintain their dreams and lifestyle	Replaces your income so that your family can maintain their dreams and lifestyle	Pays for final expenses, such as funeral costs and nuisance debt such as credit cards
Coverage ends when you leave the District	You may have the option to change to an individual policy that you can continue	This is an individual policy that you can continue

*Terminal Illness and Living Benefits Riders are not included in Issue Ages 76+.

This is a brief summary of TransElite® Universal Life Insurance underwritten by Transamerica Life Insurance Company (TLIC), Cedar Rapids, IA. TLIC is not an authorized insurer in New York. Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. EB1 2938177 S 06/23

Disability Insurance

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

Disability Insurance is administered by **The Standard**.

Short-Term Disability (STD) Insurance

Short-Term Disability Insurance helps replace a portion of your income if a covered injury or illness keeps you out of work for an extended period of time. The plan pays a weekly benefit of 60% of your pre-disability earnings, reduced by deductible income. The maximum weekly benefit is \$1,250. The minimum weekly benefit is \$15. **You must be on FMLA or LOA to qualify to utilize the insurance.**

Benefits become payable after a 14-day waiting period. Benefits can continue until you are no longer disabled, or until Long-Term Disability benefits are payable, whichever occurs first, but no longer than the 166th day of disability.

Evidence of Insurability (EOI) is required after your initial 30-day new hire window.

Long-Term Disability (LTD) Insurance

Long-Term Disability Insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. The LTD plan pays a monthly benefit of 60% of the first \$10,000 of your pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000. The minimum monthly benefit is the greater of \$100, or 10% of your LTD benefit before reduction by deductible income.

Benefits become payable after a 180-day waiting period. If you become continuously disabled before age 62, benefits can continue during disability until age 65, or to Social Security Normal Retirement Age (SSNRA), or three years six months, whichever is longest. Additional rules apply if disability occurs at age 62 or older.

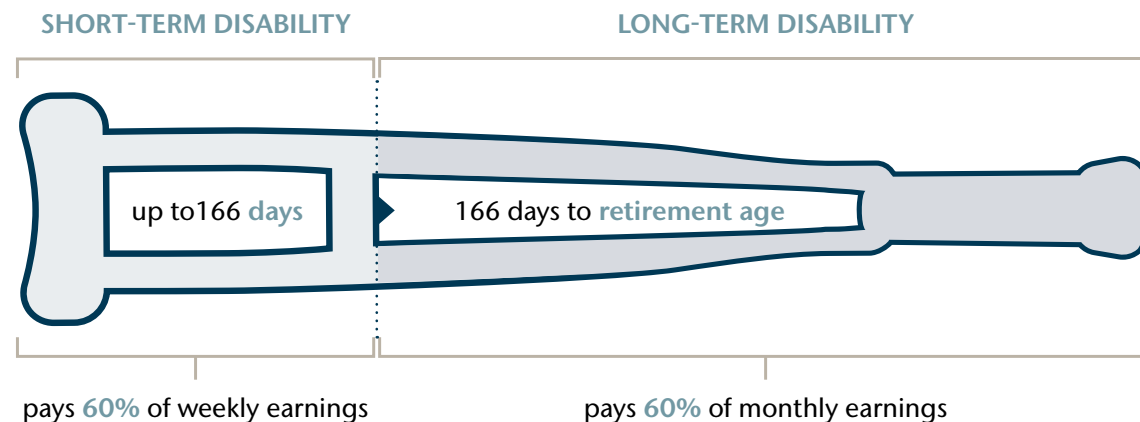
Evidence of Insurability (EOI) is required after your initial 30-day new hire window.



Did You Know?

It's estimated that **1 in 4** 20-year-olds will experience a disability for 90 days or more before they reach age 67.

Social Security Administration, Disability Fact Sheet, 2023



Identity Theft Insurance

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Insurance through **IdentityForce** that monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity.

Protection Services Include:

- Credit Reports and Monitoring
- Court Records Monitoring
- Bank Account Takeover Monitoring
- Criminal Bookings Monitoring
- Credit Application Monitoring
- Sex Offender Monitoring
- Real Time Authorization Notifications
- Change of Address Monitoring
- Child Social Security Number Monitoring
- Full Service Identity Restoration Services
- Social Security Number Trace

Ari had no idea someone had stolen their identity until they received an alert from their credit card company about a change to their login credentials.

Fortunately, they had **Identity Theft Protection** which caught the first signs of danger. It locked down all their accounts and instituted protocols to eliminate further threats to Ari's information and identity.



Did You Know?

A child's Social Security number gives ID thieves a fraudulent "clean slate."

Monitor your child's credit report as often as your own.

HOW BIG OF AN ISSUE IS IDENTITY THEFT?



\$20
BILLION

The total amount of traditional identity fraud losses in 2022



15.4
MILLION

The number of U.S. adult victims of identity fraud in 2022

Javelin Strategy and Research, Identity Fraud Study, 2023



Legal Plan

The Legal Plan through **MetLife** provides you and your covered family members with access to a network of experienced attorneys who can help with a range of personal legal matters. Attorneys are available in person, by phone, or by email, and you will also have access to online tools and resources.

Covered Legal Services Include:

- Money matters – debt collection defense, personal bankruptcy, tax audit representation
- Home and real estate – sale or purchase of a home, landlord/tenant matters
- Estate planning – wills, powers of attorney
- Family matters – adoptions, divorce, prenuptial agreements
- Civil lawsuits – consumer disputes, small claims assistance
- Elder care issues – Medicaid, Medicare, nursing home agreements
- Driving and criminal issues – traffic ticket defense, misdemeanor defense
- And more

How to Use the Plan

1. Visit members.legalplans.com or call **1-800-821-6400** to find an attorney that is right for you.
2. Call the attorney you select and schedule a time to talk or meet.
3. Get legal assistance with no copays, deductibles, or claims forms when you use a network attorney for a covered matter.

To learn more, visit info.legalplans.com or call **1-800-821-6400**.

Other Benefits

Employee Assistance Program (EAP)

The EAP offers you and your family members free, 24/7 access to professional help through the **Cordova Counseling Center**. The program offers information, consultation, and counseling (up to four visits per year) for issues such as mental health, substance abuse, financial and legal problems, stress, family problems, bereavement, and more.

To schedule an appointment, call **1-850-474-9882** weekdays between 7 a.m. and 5 p.m. (CT). Counselors are also available for after-hours emergencies or urgent situations.

ECSD Center for Health and Wellness

The ECSD Center for Health and Wellness can diagnose, treat, and prescribe medication for a variety of common illnesses and minor injuries. It can also provide health assessments, coaching, and disease management. To schedule an appointment, call **1-850-444-3400** or visit my.marathon-health.com.

Virtual Visits

A Virtual Visit lets you talk with a doctor from your laptop or mobile device. You have access to a network of Virtual Visit provider groups. To learn more, log in to myuhc.com or the UnitedHealthcare App.

Beginning in 2025, Telemedicine benefits cannot be paid before the deductible under a high deductible health plan.

Contact Information

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE
Medical, Prescription & Virtual Visits	UnitedHealthcare	1-866-844-4864	myuhc.com
Critical Illness, Accident & Hospital Care Insurance	Cigna	1-800-754-3207	mycigna.com
Personal Wellness Appraisal Program	Marathon Health	1-850-444-3400	my.marathon-health.com
Dental	The Standard	1-800-547-9515	www.standard.com
Vision	Humana Insight	1-877-398-2980	www.humana.com
Health Savings Account	Optum Bank	1-866-234-8913	www.optumbank.com
Flexible Spending Accounts	Voya	1-833-232-4673	myhealthaccountsolutions.voya.com/
Life and AD&D	Standard Insurance Company	1-800-628-8600	www.standard.com/individual
Universal (Permanent) Life Insurance	Transamerica Life Insurance Company	1-888-763-7474	www.transamericabenefits.com
Short-Term Disability & Long-Term Disability	The Standard Insurance Company	1-800-368-2859 1-800-368-1135	www.standard.com/individual
Identity Theft Insurance	IdentityForce	1-855-441-0270	For members to log in - mybenefits.identityforce.com For general info - www.identityforce.com
Legal Plan	MetLife	1-800-821-6400	members.legalplans.com
Employee Assistance Program	Cordova Counseling Center	1-850-474-9882	www.cordovacounselingcenter.com
Employee Medical Center (Marathon Health)	ECSD Center for Health and Wellness	1-850-444-3400	my.marathon-health.com



Virtual

Certified Benefits Counselors are available by video call. Schedule an appointment at www.benefitsgo.com/EscambiaWebScheduler.

Note: Use of your camera is optional.



Online Enrollment

Visit the Benefitfocus Employee Benefits Enrollment portal located under the District's main website under "Staff." You will use your District's sign-in credentials for direct access into the portal.



Benefitplace® Mobile App

Search for "Benefitplace" in the App Store or Google Play and download to your mobile device. Use Company ID **escambiabenefits** to activate the app. You will need to use your prior Benefitfocus username and password or register if you are a first-time app user as your District Single Sign On (SSO) will not work with the mobile app. *Contact Risk Management for assistance with your old username if needed.*



Enrollment by Phone

Call the Enrollment Center at **1-844-939-0601** for questions or assistance.

2026 Benefit Plan Premiums

Below are the employee premiums for benefits effective January 1, 2026.

Medical Plans

TIER	NHP HRA PLAN		UNITED CHOICE HSA PLAN		UNITED BASE HRA PLAN		SUREST PLAN	
	SEMI-MONTHLY RATES	BIWEEKLY RATES	SEMI-MONTHLY RATES	BIWEEKLY RATES	SEMI-MONTHLY RATES	BIWEEKLY RATES	SEMI-MONTHLY RATES	BIWEEKLY RATES
Employee Only	\$34.26	\$41.11	\$41.93	\$50.31	\$81.14	\$97.36	\$110.20	\$132.23
Employee + Spouse	\$172.66	\$207.19	\$190.79	\$228.95	\$274.09	\$328.91	\$339.41	\$407.29
Employee + Child(ren)	\$147.99	\$177.60	\$163.54	\$196.24	\$234.94	\$281.93	\$290.92	\$349.11
Employee + Family	\$246.65	\$295.99	\$272.56	\$327.08	\$391.56	\$469.88	\$484.86	\$581.83
Dual Spouse	\$57.55	\$69.06	\$73.38	\$88.06	\$155.57	\$186.68	\$215.99	\$259.18
Dual Spouse + Family	\$102.77	\$123.33	\$125.80	\$150.96	\$243.40	\$292.09	\$330.59	\$396.70

Dental Plans

TIER	BASE PLAN		ENHANCED BUY-UP PLAN	
	SEMI-MONTHLY RATES	BIWEEKLY RATES	SEMI-MONTHLY RATES	BIWEEKLY RATES
Employee Only	\$5.30	\$6.36	\$8.52	\$10.23
Employee + Spouse	\$16.55	\$19.86	\$27.10	\$32.52
Employee + Child(ren)	\$16.75	\$20.10	\$27.35	\$32.82
Employee + Family	\$28.25	\$33.90	\$44.17	\$53.01
Dual Spouse	\$10.23	\$12.27	\$20.78	\$24.93
Dual Spouse + Family	\$21.93	\$26.31	\$37.85	\$45.42

Vision Plan

TIER	VISION PLAN	
	SEMI-MONTHLY RATES	BIWEEKLY RATES
Employee Only	\$3.72	\$4.46
Employee + Family	\$10.64	\$12.77

Escambia County Public Schools 2026 Annual Required Notices

The following pages include:

- Health Insurance Marketplace Coverage Options
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- HIPAA Special Enrollment Notice
- Patient Protections Notice
- Notice of Availability – ECSD Health Plan Notice of Privacy Practices
- Women’s Health and Cancer Rights Act Notice
- Your Prescription Drug Coverage and Medicare
- Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) (Tax Identification Numbers) – ALERT
- Coverage Continuation Rights under COBRA
- Notice Regarding Wellness Programs
- Protections from Disclosure of Medical Information



NOTE: Actual plan provisions for Escambia County School District (“the Company”) benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.



Important Notices

Enclosed are important notices about your rights under your health and welfare plan School Board of Escambia County, Florida (ECSD), the “Plan.” The information in the accompanying guide provides updates to your existing SPDs as of 1/1/2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. ECSD reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

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; including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- 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. If you would like more information on WHCRA benefits, call your plan administrator at 1-850-469-6267.

Newborns’ and Mothers’ Health Protection Act Disclosure
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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact 1-850-469-6267 for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from School Board of Escambia County, Florida About Your Prescription Drug Coverage and Medicare Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ECSD 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. ECSD has determined that the prescription drug coverage offered by the School Board of Escambia County, Florida is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

However, if you lose (or are losing) 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 ECSD coverage will not be affected.

Your ECSD coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible



to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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

You should also know that if you drop or lose your current coverage with ECSD 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 19 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 ECSD 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

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

Date: 10/1/2024

Name of Entity/Sender: School Board of Escambia County, Florida

Contact: Employee Benefit Specialist

Address: 75 North Pace Blvd., Pensacola, FL32505

Phone Number: 850.469.6267

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and

other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or



- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to School Board of Escambia County, Florida, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within [period permitted under the terms of the Plan] after the qualifying event

occurs. You must provide this notice to School Board of Escambia County, Florida

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A,

Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay



second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit

<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S.

Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit

www.dol.gov/agencies/ebsa. (Addresses and phone

numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

School Board of Escambia County, Florida
Employee Benefit Specialist
75 North Pace Blvd., Pensacola, FL32505
850.469.6267

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other

health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the School Board of Escambia County, Florida group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [30 days] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact: Employee Benefit Specialist at **850-469-6267**.



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 July 31, 2025. Contact your State for more information on eligibility –

- ALABAMA** – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
- ALASKA** – Medicaid 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
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
- CALIFORNIA** – Medicaid 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+) 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
- FLORIDA** – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
- GEORGIA** – 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
- INDIANA** – Medicaid
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)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
- KANSAS** – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
- KENTUCKY** – 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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
- LOUISIANA** – Medicaid
Website: 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 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/ofl/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP Website:
<https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711 Email: masspreassistance@accenture.com
15. **MINNESOTA** – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website: <http://dhcfc.nv.gov>
Medicaid Phone: 1-800-992-0900
20. **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
21. **NEW JERSEY** – Medicaid and CHIP 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)
22. **NEW YORK** – Medicaid Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website:
<http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. **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:
<https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website:
<http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:
<https://www.scdhhs.gov> Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid 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/>
33. **VERMONT** – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP 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
35. **WASHINGTON** – Medicaid Website:
<https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP 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)
37. **WISCONSIN** – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. **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
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. 6156

