



# 2026 RETIREE BENEFITS

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# Important Contacts

Coverage	Contact	Phone	Website/Email
Medical	United Healthcare	Choice/EPO: 888-787-4112	<a href="http://www.myuhc.com">www.myuhc.com</a>
Employee Medical Clinic	RockCare	512-843-0697	RockCare webpage on EmployeeNet
Pharmacy	OptumRx	800-356-3477	<a href="http://www.optumrx.com">www.optumrx.com</a>
Telemedicine	Teladoc	855-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Employee Assistance Program	All One Health	888-993-7650	<a href="http://www.allonehealth.com/deeroaks">www.allonehealth.com/deeroaks</a>
Dental	United Concordia	877-816-3596	<a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>
Vision	Community Eye Care	888-254-4290	<a href="http://www.cevision.com">www.cevision.com</a>
Human Resources	Tyler Jarl, Human Resources Manager	512-341-3143	<a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a>
Human Resources	Sang Dhar, HR Benefits and Wellness Specialist	512-671-2731	<a href="mailto:sdhar@roundrocktexas.gov">sdhar@roundrocktexas.gov</a>





# Welcome

Each year, you have the opportunity to choose from a variety of retiree benefits that are exactly right for your personal situation and can make a real difference in your life.

This guide provides a summary of the retiree benefits available to you. Please review it carefully and make your elections before the deadline. All elections you make during Open Enrollment will be effective on January 1, 2026. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Make sure you have the benefits you need! If you have any questions about your benefits choices or about how to enroll, please contact Human Resources.

## Benefits Staff:

Tyler Jarl, PHR, SHRM-CP  
Human Resources Manager  
Phone: 512-341-3143  
Email: [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

Sanghamitra (Sang) Dhar, SPHR, PHR  
Human Resources Benefits and Wellness  
Specialist  
Phone: 512-671-2731  
Email: [sdhar@roundrocktexas.gov](mailto:sdhar@roundrocktexas.gov)

# Eligibility

You may enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or declared informal spouse
- Children under the age of 26, regardless of student, dependency, or marital status
- Children who are over the age of 26 and are indicated on your federal tax return as fully dependent on you for support due to a mental or physical disability

Eligibility in the City of Round Rock retiree benefits coverage will terminate upon your and/or your dependent's eligibility for health coverage with another employer and/or your and/or your dependent's eligibility for Medicare. It is the responsibility of retirees to inform the City of Round Rock in the event they become eligible for health coverage with another employer. Failure to do so will cause retiree benefits with the City of Round Rock to terminate.

## OPEN ENROLLMENT:

Each year, Open Enrollment provides you an opportunity to modify your benefits. All eligible retirees must enroll online in ESS. Retirees may complete their online enrollment using the computers in the benefits conference room of the City's Human Resources Department (appointment required). Elections made during Open Enrollment become effective January 1 of the following year.

## QUALIFIED LIFE EVENTS:

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment. You are able to make a Qualified Life Event change if you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified life event change or if you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by providing documentation to Human Resources. If you do not enroll online within 30 days, you will have to wait until the next Open Enrollment to make new elections.

QUALIFIED LIFE EVENT	DOCUMENTATION NEEDED
Change in marital status <ul style="list-style-type: none"> <li>• Marriage</li> <li>• Divorce/Legal Separation</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of marriage certificate</li> <li>• Copy of divorce decree</li> <li>• Copy of death certificate</li> </ul>
Change in number of dependents <ul style="list-style-type: none"> <li>• Birth or adoption</li> <li>• Step-child</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate or copy of legal adoption papers</li> <li>• Copy of birth certificate plus a copy of marriage certificate between employee and spouse</li> <li>• Copy of death certificate</li> </ul>
Change in employment <ul style="list-style-type: none"> <li>• Change in your eligibility status (i.e. full-time to part-time)</li> <li>• Change in spouse's benefits or employment status</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of increase or reduction of hours that changes coverage status</li> <li>• Notification of spouse's employment status that results in a loss or gain of coverage</li> </ul>

**LIFE EVENT ENROLLMENT PROCESS**

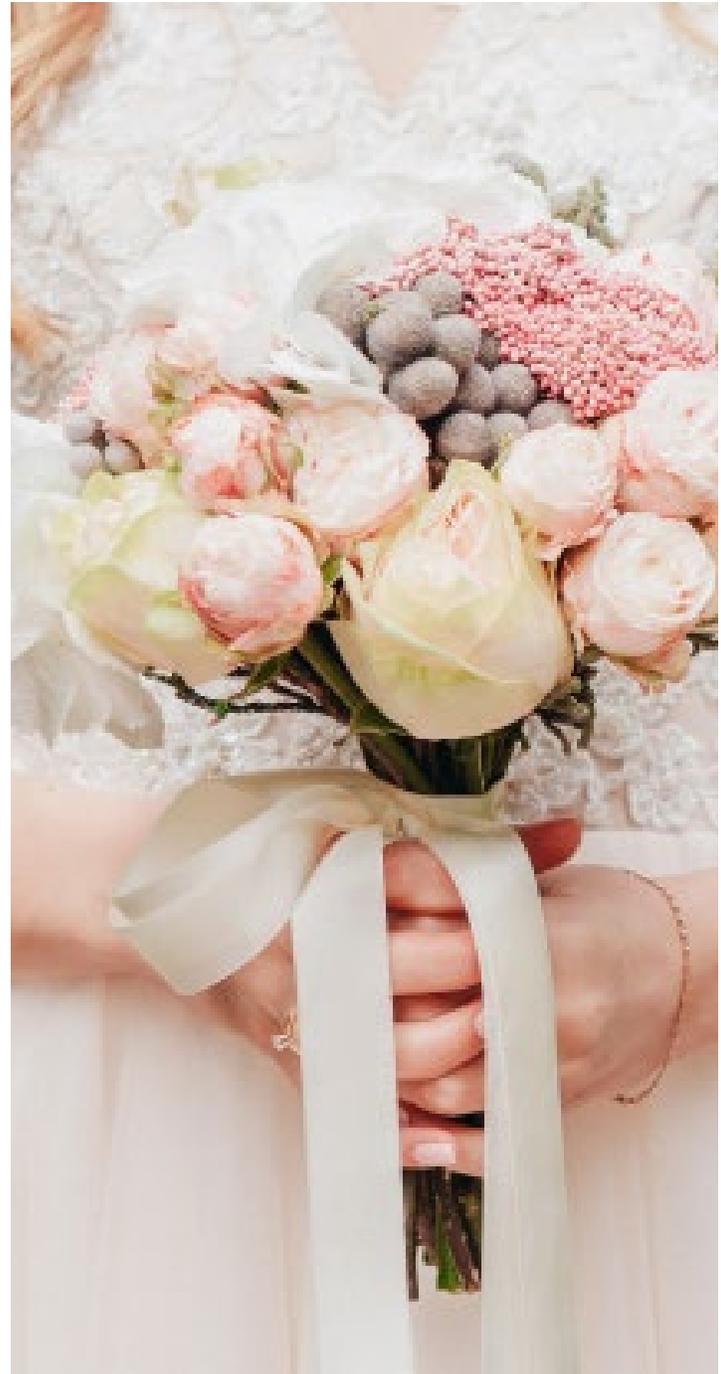
1. Submit a Life Event request in ESS.
2. Provide required documentation to Human Resources.
3. Complete your benefits enrollment in ESS.

If you do not submit a Life Event request, provide your required documentation to Human Resources and complete your enrollment in ESS within 30 days of the Qualifying Life Event, you will have to wait until the next open enrollment period to make changes (unless you experience another Qualifying Life Event).

**BENEFIT COSTS**

The City of Round Rock pays the full cost of many of your benefits. For others, you and the City of Round Rock share the cost.

BENEFIT	WHO PAYS
Medical and Prescription	You/City of Round Rock
RockCare	City of Round Rock
Dental	You/City of Round Rock
Vision	You/City of Round Rock
Employee Assistance Program	City of Round Rock



# Medical Plans

The City's medical plans both provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization.

## RETIREE HEALTH PLANS SURCHARGES

- If you were employed by the City of Round Rock for less than 10 years prior to your retirement, there is an additional \$100.00 per month retiree responsibility to your medical rate.
- If you were employed by the City of Round Rock for more than 10 and less than 20 years prior to your retirement, there is an additional \$50.00 per month retiree responsibility to your medical rate.
- If you were employed by the City of Round Rock for more than 20 years prior to your retirement, there is no additional retiree responsibility to your medical rate.

Our medical plans with United Healthcare provide you and your family the protection you need for everyday health issues or when the unexpected happens. Both medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

## EPO

Our EPO plan offers in-network benefits only. When you need care, you decide whether to go to RockCare or a UHC in-network doctor. With in-network providers, you generally do not have to file claims. If you receive care from out-of-network providers and/or out-of-network facilities, you will be responsible for all costs billed. All urgent care visits will be processed as in-network.

### HERE'S HOW IT WORKS:

The health plan pays 100% for eligible expenses after both the deductible and out-of-pocket limit have been met.

#### Member Pays:

- 10% coinsurance
- In-network out-of-pocket limit
- \$2,500 individual (includes \$500 deductible)
- \$5,000 family (includes \$1,500 deductible)

Plan Pays:  
90% coinsurance

Member is responsible for 100% of the deductible up to \$500 individual/\$1,500 family

## CHOOSE THE PLAN THAT'S RIGHT FOR YOU

The key difference between the plans is the amount of money you'll pay each year when you need care. The plans differ in the following ways:

- **Annual deductible amount** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** - the most you will pay each year for eligible network services including prescriptions.
- **Copay and coinsurance** - money you pay toward the cost of covered services.

## SAVE WHEN YOU USE IN-NETWORK PROVIDERS

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

## MEDICAL PLANS COMPARISON

	UNITED HEALTHCARE CHOICE PLUS		UNITED HEALTHCARE EPO PLAN
	In-Network	Out-of-Network	In-Network
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Individual	\$1,000	\$2,000	\$500
Family	\$3,000	\$6,750	\$1,500
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>			
Individual	\$5,000	\$12,000	\$2,500
Family	\$14,500	\$36,000	\$5,000
<b>YOU PAY</b>			
<b>COINSURANCE</b>			
Preventive Care	\$0 copay	50%*	\$0 copay
Primary Care Physician - Children Under Age 19	\$25 copay \$0 copay	50%*	\$25 copay \$0 copay
Specialist	\$45 copay	50%*	\$35 copay
United Healthcare Physician Designated	\$25 copay Regular \$45 copay	50%*	N/A
Urgent Care	\$35 copay	50%*	\$35 copay
Allergy Injections	20%*	50%*	10%*
Diabetes Education and Counseling	\$45 copay	50%*	\$35 copay
Inpatient	20%*	50%*	10%*
Outpatient	20%*	50%*	10%*
Hospital & Physician Services - Emergency	\$300 copay + 20%*	\$300 copay + 20%*	\$300 copay + 20%*
Non-Emergency ER Visits	Not covered	Not covered	Not covered
Ambulance Services (Ground & Air)	20%*	50%*	10%*
Outpatient Diagnostic Service (CT scans, PET scans, MRI, nuclear medicine)	20%	50%*	10%
Outpatient Therapeutic Treatments (dialysis, intravenous chemotherapy or infusion therapy)	20%*	50%*	10%*
Spinal Treatment/Chiropractic Care	100% at Airrosti \$45 copay all others	50%*	100% at Airrosti \$35 copay all others
Durable Medical Equipment, Prosthetic Devices, Orthopedic Appliances	20%*	50%*	10%*
Orthotic Devices	20%*	50%*	10%*

\* - You pay after deductible.

## MEDICAL PLANS COMPARISON CONT.

	UNITED HEALTHCARE CHOICE PLUS		UNITED HEALTHCARE EPO PLAN
	In-Network	Out-of-Network	In-Network
<b>YOU PAY</b>			
<b>COST-SHARING PROVISIONS</b>			
Home Health Care	20%* (120 visits per year)	\$50%*	20%* (120 visits per year)
Hospice Care	20%*	\$50%*	10%*
Occupational and Speech Therapy	\$45 copay (combined 60 visits per year)	\$50%*	\$35 copay (combined 60 visits per year)
Skilled Nursing Facility - Inpatient Rehab Facility (90 days per year maximum)	20%*	\$50%*	10%*
Organ or Tissue Transplant Services (must be pre-certified)	20%* (must be performed at a Center of Excellence)	Not covered	\$10%* (prior authorization is required)
Travel and Lodging Benefit	0%* <sup>1</sup>	Not covered	0%* <sup>1</sup>
Outpatient Mental Illness	\$45 copay	50%*	\$35 copay
Outpatient Substance Abuse	\$45 copay	50%*	\$35 copay
Outpatient Chemical Dependency	\$45 copay	50%*	\$35 copay
Inpatient Mental Illness	20%*	50%*	10%*
Inpatient Substance Abuse	20%*	50%*	10%*
Inpatient Chemical Dependency	20%*	50%*	10%*
Hearing Aids	20%* up to \$4,000 per calendar year	50%*	10%* up to \$4,000 per calendar year
Newborn Inpatient Care	20%*	50%*	10%*
Wig (when prescribed by MD or DO as a result of hair loss)	20%* not to exceed \$1,000 per calendar year	20%* not to exceed \$1,000 per calendar year	20%* not to exceed \$1,000 per calendar year <sup>2</sup>

\* - You pay after deductible.

<sup>1</sup> - \$10,000 maximum benefit; lifetime for travel and lodging payable at 100% at rate of \$50 per day for patient or up to \$100 per day for patient and one companion.<sup>2</sup> - If medical criteria is met.

**UNITED HEALTHCARE CHOICE PLUS PLAN RATES**

	Monthly Rate	City Monthly Rate	Retiree Monthly Rate
Retiree Only	\$1,656.00	\$1,257.00	\$399.00
Retiree + Children	\$1,975.00	\$1,257.00	\$718.00
Retiree + Spouse	\$2,055.00	\$1,257.00	\$798.00
Retiree + Family	\$2,453.00	\$1,257.00	\$1,196.00

**UNITED HEALTHCARE EPO**

	Monthly Rate	City Monthly Rate	Retiree Monthly Rate
Retiree Only	\$1,634.00	\$1,257.00	\$377.00
Retiree + Children	\$1,931.00	\$1,257.00	\$674.00
Retiree + Spouse	\$2,011.00	\$1,257.00	\$754.00
Retiree + Family	\$2,404.00	\$1,257.00	\$1,147.00



# Prescription Benefits

Our retail prescription program, administered through OptumRx, uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

PRESCRIPTION (RX) DRUG COVERAGE	
	(RX) YOU PAY
Pharmacy	
Retail Rx (up to 30-day supply)	
Tier 1	\$0
Tier 2	\$30
Tier 3	\$50
Retail Rx (up to 0-day supply)	
Tier 1	\$0
Tier 2	\$90
Tier 3	\$150
UHC/Optum Mail Order Rx (up to 90-day supply)	
Tier 1	\$0
Tier 2	\$90
Tier 3	\$150

## OPTUM(RX) FREQUENTLY ASKED QUESTIONS

### Is OptumRx home delivery pharmacy in my plan's network?

Yes, it's a part of your plan's pharmacy network.

### Once I've enrolled in home delivery, how long will it take to get my medications?

Medications should arrive 2-5 days after the pharmacy receives completed new and refill orders.

### Am I able to track my home delivery orders?

Yes, you can track your home delivery orders from your online account or with the app.

### What is a long-term medication?

Long-term medications are those you take on a regular basis. They may also be called "maintenance medications." These may be taken for high blood pressure, cholesterol, and depression.

### Can I use home delivery for any medication?

No. Not all prescriptions may be filled through home delivery. For example, OptumRx home delivery cannot fill prescriptions for certain pain medications like opioids.

You can find out which of your prescriptions can be filled through home delivery by going online or using the app. Or, you can call customer service using the number on your member ID card.

### What is ePrescribe?

It's a way for your provider to send electronic prescriptions to OptumRx. It is much faster than paper and faxing prescriptions. Be sure to ask your doctor to ePrescribe when possible. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe. Some exceptions apply.

### Can I set up medication reminders?

Yes. Use your online account to set up email, phone, or text alerts for when it's time to refill or take your medication.

### How does the automatic refill program work?

Go online or use the app to enroll eligible medications. Then, OptumRx home delivery will send your refills when it's time. They will notify you before they ship and they'll use your approved payment method on file.

To set up home delivery/mail order, visit [www.OptumRx.com](http://www.OptumRx.com) or call 800-356-3477.

# Medical Extras



## AIRROSTI

Airrosti is a health care group that treats the root cause of soft tissue injuries (including strains, sprains, and muscle pulls, and chronic knee, hip, back, or neck pain). The time Airrosti providers spend with each patient - a full hour of one-on-one care - leads to a more accurate diagnosis and better outcome. Plus, the highly individualized evaluation and treatment often eliminates unnecessary imaging, injections, pharmaceuticals, and other costly procedures.

### Here's how it works:

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within three visits (based on patient-reported outcomes).

Employees and their dependents enrolled with the City's medical plans may receive treatment at Airrosti for a \$0 copay (not to exceed 20 visits per member per year). Airrosti provides on-site treatment at the Wellness Center every Wednesday (appointment required).

For more information or to make an appointment, visit [www.airrosti.com](http://www.airrosti.com) or call 800-404-6050.

## ROCKCARE - PROVIDED BY CAREATC

All employees and their dependents age 2 and above, enrolled with the City's medical plans, may receive primary care at RockCare at no cost. Services include:

- Abdominal pain/cramps
- Allergies
- Animal/insect bites
- Asthma
- Abdominal pain/cramps
- Allergies
- Backache
- Blood pressure issues
- Bronchitis
- Cold and flu symptoms
- Dizziness
- Eye infection/irritation
- Headaches/migraines
- Laryngitis
- Poison ivy/oak
- Respiratory infection
- Sinusitis
- Sore throat
- Sprains/strains
- Strep

### RockCare Hours:

Monday - Thursday: 7 a.m. - 4 p.m.; Friday: 7 a.m. - 3 p.m.;  
Closed Saturday and Sunday

Note: RockCare is closed from 12 noon - 1 p.m.; Monday - Friday

### Walk-ins: Acute/Sickness Only:

Monday - Friday: 7- 7:45 a.m.; Monday - Friday: 1 - 1:45 p.m.

### Scheduling:

Call the scheduling line at 512-843-0697, or schedule an appointment through the CareATC mobile app or through your CareATC online patient portal.

### How to Access the CareATC Mobile App:

Securely activate your account by downloading the CareATC app or visiting [www.careatc.com/activate](http://www.careatc.com/activate). Follow these four, easy steps:

1. **Tell Us About Yourself** - provide personal details. It's important you double check that this matches your employer records.
2. **Verify Your Identity** - complete a short verification quiz.
3. **Create Your Account** - set up your username and password.
4. **Set Up Your Recovery Options** - provide a phone number and/or email address to recover login information.

## UNITED HEALTHCARE GYM PASS

Find a routine that's right for you, whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. Enrollment fees start at \$29.

To register, go to [www.myuhc.com](http://www.myuhc.com) or [www.OnePassSelect.com](http://www.OnePassSelect.com) or call 877-515-9364.

- \$34/month, Classic Plan
- \$69/month, Standard Plan
- \$109/month, Premium Plan
- \$249/month, Elite Plan

## KNOW WHERE TO GO

### Save Time and Money by Knowing Your Options When RockCare is Closed

You never know when you may need medical care. So, it's always good to understand your options. If your health or life is in serious danger, call 911 or go to the nearest emergency room. But, go elsewhere for non-life threatening events.

Where to Go and What to Go For	
<b>Convenience Care Clinic</b>	Sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot
<b>Primary Care Doctor's Office</b>	Wellness exam, sprains, strains, bites, rashes, burns, cuts, strep throat, pink eye, flu shot
<b>Urgent Care Center</b>	Broken bones, sprains, strains, bites, rashes, burns, cuts
<b>Emergency Room</b>	Concussions, seizures, chest pain, broken bones

Tip: Make sure any urgent care center you visit is in-network. This helps you save the most money.

### Austin Regional Clinic Round Rock:

940 Hesters Crossing, Round Rock, TX 78681 | Phone: 512-406-7342

### Clinic Hours:

Monday - Friday: 7 a.m. - 5 p.m.

After-Hours Clinic: Monday - Friday: 5 - 9 p.m.

Saturday and Sunday: 8 a.m. - 5 p.m.

### Convenience Care Clinics - \$0 Copay

A Convenience Care Clinic is a walk-in facility, or part of a facility or retail store, that provides care for minor conditions that need attention right away but are not emergency medical conditions, such as a cold, strep throat, or a minor allergic reaction. These facilities may also provide basic preventive care services such as health screenings or vaccinations.

Search [www.myuhc.com](http://www.myuhc.com) and the United Healthcare app to locate your closest convenience care clinics.



# Telemedicine



On-demand care with Teladoc is a great option when RockCare is closed and as an alternative to urgent care and emergency room visits. It provides you and your enrolled dependents (no age limitations) access 24/7/365 to U.S. board-certified doctors to receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to RockCare or your primary care physician.

- **Convenient** - Speak with a provider with or without an appointment. Save time by connecting to care via computer, tablet, or mobile device. Available in all 50 states.
- **Affordable** - On average, the cost of an urgent care visit may be two times more expensive, and an ER visit may be eight times more, depending on insurance. Teladoc is in-network with our medical plans and has a \$25 copay.
- **High-Quality Care** - Non-emergency medical health conditions evaluated by video by an experienced provider. Prescriptions can be sent directly to your pharmacy.

## What can I use it for?

Virtual providers are available without an appointment. Receive treatment within minutes for non-emergency, acute general medical needs including but not limited to the following.

### HERE IS A SMALL SAMPLE OF THINGS TELADOC DOCTORS HAVE TREATED:

- Flu
- Cough
- Sinus Problems
- Pink Eye
- Bronchitis
- Upper Respiratory Infection
- Nasal Congestion
- Sore Throat
- Sinusitis
- Seasonal Allergies
- Cold
- Arthritis
- Back ache
- Rash/Poison Ivy
- Bug Bites
- Food Poisoning
- Sunburn
- Headaches/migraines

For more information on Teladoc's services, please visit [www.teladoc.com](http://www.teladoc.com) or call 800-835-2362.





## VIRTUAL VISITS - UNITED HEALTHCARE



### Visit With a Doctor 24/7 - Whenever, Wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through [www.myuhc.com](http://www.myuhc.com) or the United Healthcare app.

### A Convenient and Faster Way to Get Care

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. **With a United Healthcare plan, your cost for a 24/7 Virtual Visit is \$25.**

### Consider 24/7 Virtual Visits for These Common Conditions:

- Allergies
- Bronchitis
- Eye infections
- Headaches/migraines
- Rashes
- Sore throats
- Stomach aches; and more



### Get Started

When accessing virtual visits either through [www.myuhc.com](http://www.myuhc.com) or the UHC app, you will be brought directly to the 24/7 Optum Virtual Care page. If you would like to access Teladoc, Doctor on Demand or AmWell - please scroll down on that page to the FAQ section at the bottom. From there, open the question 'Are other virtual visit provider groups supported?'. You will then see the links to the three other virtual visit provider options.

Sign in at [www.myuhc.com/virtualvisits](http://www.myuhc.com/virtualvisits), call 855-615-8335, or download the United Healthcare app to get started.

# Employee Assistance Program

Everyone may need a little help from time to time. That's why we offer you and your eligible family members access to licensed counselors through our Employee Assistance Program (EAP), administered by AllOne Health.

- Marital or family problems
- Stress, anxiety, or depression
- Substance abuse
- Financial issues
- Aging parents

Through the EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services.

However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

**It's important to note that all EAP conversations are voluntary and strictly confidential. In addition, there's never a cost to you when you contact an EAP counselor; the City pays the full cost. You have a benefit of six covered sessions per issue per year.**

## ALLONE HEALTH APP

The AllOne Health app makes it easy for you to access the mental health care you need, when you need it. Whether you're navigating life's challenges, looking for resources, or just need someone to talk to, we're here to help.

Download the AllOne Health App from the [Apple App Store](#) or [Google Play Store](#).

**Sign Up** using your existing member portal access code. You'll still have access to the member portal. However, the new AllOne Health App makes accessing care and requesting support easier and more convenient.

## WHAT YOU'LL FIND INSIDE THE APP

### Virtual Counseling Made Easy

Self-schedule virtual counseling sessions directly through the app.

### Izzy, Your AI Mental Health Navigator

Receive guidance and personalized support in real time.

### On-Demand Self-Help Resources

Explore self-guided therapy (iCBT), articles, videos, assessments, and tools

### Real Human Support

24/7 live assistance is always just a tap away when you want to speak to someone.

**CONTACT ALLONE HEALTH 24/7/365**

888-993-7650

[www.allonehealth.com/deeroaks](http://www.allonehealth.com/deeroaks)

Code: roundrocktexas



# Dental Plan - United Concordia

Taking care of your oral health is not a luxury - it is a necessity to long-term optimal health. When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

DPPO PLAN	
In-Network	
<b>Calendar Year Deductible</b>	
Individual	\$50
Family	\$150
<b>Calendar Year Out-of-Pocket Maximum</b>	
Per Individual	\$2,000
<b>You Pay</b>	
<b>Preventive Care</b>	
Exams, Cleanings, X-rays, Fluoride Treatments	\$0
<b>Basic Services</b>	
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%*
<b>Major Procedures</b>	
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%*
<b>Orthodontia</b>	
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding	
Adults	50% after \$50 deductible, up to a lifetime maximum benefit of \$1,500 per individual
Children	

DENTAL PLAN RATES	
Tier	Retiree Monthly Rate
Retiree Only	\$52.00
Retiree + Children	\$72.00
Retiree + Spouse	\$69.00
Retiree + Family	\$105.00



# Vision Plan - Community Eye Care

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Vision care services and supplies are covered in-network and out-of-network, but your benefits are greater when you use in-network providers.

<b>BENEFITS SUMMARY</b>			
	<b>In-Network Provider</b>	<b>Visionworks</b>	<b>Out-of-Network Provider</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY (REIMBURSEMENT ONLY)</b>
<b>COST</b>			
Routine Eye Exam Benefit	\$10 copay	\$0 copay	Up to \$50
Eyewear Allowance (\$225 allowance for eyewear)	\$10 copay	\$0 copay	Up to \$191.25 (85% of the eyewear allowance)
Contact Lens Fitting, Re-fit or Evaluation	\$10 copay	\$0 copay	Up to \$48
<b>BENEFIT FREQUENCY</b>			
Comprehensive Exam Lenses (including contact lenses) Frames Second Pair Discount	Once every calendar year		

<b>VISION PLAN RATES</b>	
<b>Tier</b>	<b>Retiree Monthly Rate</b>
Retiree Only	\$5.86
Retiree + Children	\$10.54
Retiree + Spouse	\$9.96
Retiree + Family	\$15.62



# Important Notices

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Tyler Jarl at [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### PART B: Information About Health Coverage Offered by Your Employer

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

Employer Name: City of Round Rock	Employee Identification Number (EIN): 74-6017485	
Address: 231 E. Main St.	Phone Number: 512-218-5490	
City: Round Rock	State: TX	Zip: 78664
Who can we contact about employee health coverage at this job? Tyler Jarl		
11. Phone number (if different from above): 512-341-3143	12. <a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a>	

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

- As your employer, we offer a health plan to all full-time employees.

Eligible dependents are:

Employee that are full-time and work regularly scheduled 30+ hour per week

- With respect to dependents, we do offer coverage.

Eligible Dependents are:

o Spouses

o Children up to the age of 26

o Grandchildren (which legal guardianship and/or financial support is provided)

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

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

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

## City of Round Rock Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

### Our Company's Pledge To You

This notice is intended to inform you of the privacy practices followed by the City of Round Rock (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. City of Round Rock requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

### Payment

We use or disclose your protected health information without your written authorization in order to determine eligibility

for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

### Health Care Operations

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

### Treatment

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

### As permitted or Required by Law

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

### Pursuant to Your Authorization

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

## To Business Associates

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

## To the Plan Sponsor

We may disclose protected health information to certain employees of City of Round Rock for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Your Rights

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

## Right to Request Restrictions

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

## Right to Request Confidential Communications

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

## Right to be Notified of a Breach

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

## Right to Receive a Paper Copy of this Notice

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

City of Round Rock

Tyler Jarl

231 E Main Street, Ste. 100

Round Rock, TX 78664

512-341-3143 – [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

## Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

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

## When Can You Join A Medicare Drug Plan?

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

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

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

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.

## 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 City of Round Rock coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Round Rock coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

October 1, 2025  
 City of Round Rock  
 Tyler Jarl  
 231 E. Main Street, Ste. 100  
 Round Rock, TX 78664  
 512-341-3143 - tjarl@roundrocktexas.gov

## Other Notices

### Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, City of Round Rock provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/preventive-care-women/>.

### 60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

### Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the City of Round Rock's medical coverage 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 no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the City's medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact the City of Round Rock's Human Resources Department.

### Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery. However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

### Women's Health and Cancer Rights Act of 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Human Resources or your medical plan administrator.

**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 City of Round Rock, 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.

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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, ext. 61565

STATE	WEBSITE/EMAIL	PHONE
Alabama (Medicaid)	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> 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>	1-866-251-4861
Arkansas (Medicaid)	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442

STATE	WEBSITE/EMAIL	PHONE
Florida (Medicaid)	<a href="https://www.flmedicaidprecovery.com/flmedica">https://www.flmedicaidprecovery.com/flmedica</a>	1-877-357-3268
Georgia (Medicaid)	HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-967-4660 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx</a> KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: <a href="https://kynect.ly.gov">https://kynect.ly.gov</a>	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	CHIP: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Medicaid: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>	1-800-657-3739
Missouri (Medicaid)	<a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> HSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	<a href="https://www.ACCESSNebraska.ne.gov">https://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="https://dhcfp.nv.gov/">https://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	603-271-5218 or 1-800-852-3345, ext.
New Jersey (Medicaid and CHIP)	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710

STATE	WEBSITE/EMAIL	PHONE
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> CHIP: <a href="https://www.dhs.pa.gov/chip/pages/chip.aspx">https://www.dhs.pa.gov/chip/pages/chip.aspx</a>	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a>	1-800-432-5924
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 1-855-699-8447

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