

2025-2026

Scott County

Benefit Summary

Retiree / COBRA



Health Benefits

Administered by HealthPartners

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in health care. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Comprehensive health care also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Scott County.

Scott County currently maintains two health insurance plans: a Base Plan and a Buy-Up Plan. However, the Buy-Up Plan is closed and is not open for new enrollment. Each plan option covers the same range of services. The plans differ, however, in terms of the out-of-pocket medical costs and deductibles you could incur during the plan year.

You can find the complete summary of benefits and coverage on the Employee Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

HealthPartners Open Access Base Plan

When choosing the HealthPartners Open Access Base Plan, you have access to over 950,000 providers in the HealthPartners network within the United States (through HealthPartners association with Cigna). You are not required to choose a Primary Care Clinic (PCC), so you can receive your care at the network provider of your choice, and you also do not need referrals to see specialists within the HealthPartners network. “Out-of-Network” coverage is provided (beyond emergency services); however, should you choose to see a physician outside the network, your benefits would be paid at an “Out-of-Network” level which has very limited coverage. Some co-pays and deductibles will apply.

	In-Network	Out-of-Network
Annual Deductible	\$750 individual / \$1,500 family	\$1,500 individual / \$3,000 family
Annual Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$2,500 individual / \$5,000 family
Coinsurance	80% / 20%	70% / 30%
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: No Cost	Office Visit/Convenience Care: 30% coinsurance Virtuwell: Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
Retail— Specialty Drug (30-day supply)	\$50 copay	Not covered
Mail Order— Generic Drug (90-day supply)	\$20 copay	Not covered
Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	30% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	30% coinsurance
Skilled Nursing Care 120 days per confinement	20% coinsurance	30% coinsurance
Eye Exam (Does not cover contact lens exams)	No charge	Not covered
Hearing Aids (Basic)	20% coinsurance (limited to once every 3 years)	N/A

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 16-17 where Notice of Creditable Coverage begin for more details.

HealthPartners Primary Clinic Buy-Up Plan – Enrollment Closed

If you currently have the HealthPartners Primary Clinic Buy-Up Plan, you have what are considered “In-Network” benefits only and you are required to choose a Primary Care Clinic (PCC) at which you will be receiving your medical care. By using the specialists within the network, you will be covered for most services. “Out-of-Network” services would be covered on an “Emergency” basis only. Some co-pays will apply. The Buy-Up Plan is a closed plan and is currently not open to new enrollment.

	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	None
Coinsurance	80% / 20%	None
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: No Cost	Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
Retail— Specialty Drug (30-day supply)	\$50 copay	Not covered
Mail Order— Generic Drug (90-day supply)	\$20 copay	Not covered
Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	Not covered
Ambulance Service	20% coinsurance	Not covered
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	Not covered
Skilled Nursing Care 120 days per confinement	20% coinsurance	Not covered
Eye Exam (Does not cover contact lens exams)	No charge	Not covered
Hearing Aids (Basic)	20% coinsurance (limited to once every 3 years)	N/A

Monthly Premium Rates

HP Open Access Base Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$1,154.47	\$2,536.09	\$1,917.06	\$3,254.43
HP Primary Clinic Buy-Up Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$1,293.51	\$2,844.53	\$2,168.84	\$3,650.75

*Rates listed are the full cost of the plan. Your actual cost will be lower if the County contribution is received toward the cost. Your rates may be higher if a 2% COBRA Administration fee is charged.

Medication Therapy Management

Medication Therapy Management is a one-on-one visit with a pharmacist to manage your medicine. Together, you'll take a deep look at the medicines you're taking. This will make sure they're working the best they can and fitting your lifestyle. This program is available at no cost to you as part of your health plan. Visits can be done by phone or in-person. Visit www.healthpartners.com/mtminfo to learn more and schedule an appointment.

Convenience Care

Convenience Care (convenience clinics, phone visits, and e-visits) is an alternative method to receive health care and is available for our plan members at a reduced "Convenience Care" copay of \$15.00 (In-Network). Instead of receiving treatment at your primary care clinic with a \$30.00 office visit copay, you can visit a physician at CVS Pharmacies, shopping malls, and MinuteClinics with a \$15.00 "Convenience Care" copay. You may also "E-Visit" HealthPartners virtuwell® – a 24/7 online clinic. Virtuwell visits will be at no cost. For more information, please visit the HealthPartners website or call Member Services at 952.883.5000 or toll free 1.800.883.2177.

General Information

Please carefully review your Explanation of Benefits (EOB) to ensure proper payment of incurred medical expenses. Employees are under no obligation to pay any medical bills until they receive the EOB. Also, employees are not responsible for paying any possible interest the bill may have incurred prior to payment from HealthPartners.

The EOB is provided to you by HealthPartners when you have incurred a medical expense and indicates payment made by HealthPartners and the "Total Amount You Owe." By visiting www.healthpartners.com, you can also log on under "myHealthPartners" and access your claims information under "My plan".

Travel Plans and Out of Area Care

HealthPartners members who travel out of the service area or dependents who are attending a post-secondary institution outside of the service area have emergency services coverage under both the Primary Clinic Buy-Up Plan and the Open Access Base Plan.

Unless prior authorization is obtained from HealthPartners, preventive services, such as a routine health exam, scheduled inpatient hospital procedures, and skilled nursing facility services are excluded from coverage under the Primary Clinic Buy-Up Plan while out-of-network.

Out-of-network coverage is included under the Open Access Base Plan and may allow you to receive your same in-network benefit coverage while you are out of the area.

Members should contact HealthPartners Member Services Department to obtain prior authorization for excluded out-of-network services prior to treatment under the Primary Clinic Buy-Up Plan and to find affiliated clinics and hospitals covered under the Open Access Base Plan prior to travel outside of the area.

Wellness

Self-Care

With rising health care costs, we can all practice self-care to do our part in reducing medical claims. What is "self-care?" Healthy people develop a collection of resources in their quest for good health. The resources can include health care professionals, friends, and health information material.

Call the HealthPartners Nurse Line at 612.339.3663 or 1.800.551.0859

This phone service is available for members seeking advice from nurses after their regular clinic is closed. In emergencies, call 911.

Employee Benefit Hub

For additional wellness resources, visit Scott County's Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

HealthPartners Medicare Group Solutions and Blue Cross Blue Shield Medicare Advantage Plus with Medicare Blue Rx Plan Overview

These plans are only available for currently enrolled Medicare participants, or upon attaining Medicare eligibility. The benefit information provided herein is a brief summary, not a comprehensive description of benefits.

Scott County 2025 Medicare Plan Options

The information contained herein is subject to the disclosures and disclaimers included with this analysis presentation.

Plan Design Features	HealthPartners ⁽¹⁾	Blue Cross Blue Shield of MN ⁽⁴⁾
	Journey Group Plan (MA)(3) RNC Group Plan (RNC) (2)	Group Medicare Advantage Plus MA (PPO) with Group Medicare Blue RX (PDP)
Plan Renewals	8/1	1/1
In-Network Plan Design Features		
Premium	\$400.00	\$402.00
Lifetime Maximum	Unlimited	Unlimited
Deductible (Medical only)	None	None
Out-of-Pocket Maximum (annual)	\$3,000 (medical only)	\$3,000 (medical only)
Office Visits		
Preventive Care	No charge	No charge
Primary Care	\$10	\$0
Specialty Care	\$10	\$0
Urgent Care	\$10	\$0
Other Benefits		
Diagnostic Lab Tests (blood tests, etc.)	100%	100%
Imaging (X-ray, MRI, CT/PET, etc.)	100%	100%
Inpatient Hospitalization	100%	100%
Outpatient Hospitalization	100%	100%
Skilled Nursing Facility	100%	100%
Emergency Room Facility	\$30	100%
Emergency Transportation	100%	100%
Durable medical Equipment	10%	100%
Prescription Drugs (Rx) Part D		
Annual Deductible	None	None
Generic	\$10	\$4.50
Preferred Brand	\$10	\$10
Non-Preferred Brand	\$10	\$10
Specialty Drugs	\$10	\$10
Catastrophic Coverage	The plan pays 100% of the cost for covered Part D drugs the remainder of the calendar year after your total out-of-pocket drug costs reach \$2,000	The plan pays 100% of the cost for covered Part D drugs the remainder of the calendar year after your total out-of-pocket drug costs reach \$2,000

Plan Design Features	HealthPartners ⁽¹⁾	Blue Cross Blue Shield of MN ⁽⁴⁾
	Journey Group Plan (MA)(3) RNC Group Plan (RNC) (2)	Group Medicare Advantage Plus MA (PPO) with Group Medicare Blue RX (PDP)
Plan Renewals	8/1	1/1
Other Outpatient Services		
Medicare Part B Drugs	80%	100% coverage
Hearing Aids	TruHearing \$99/\$199/\$499 per hearing aid must use TruHearing Network	\$499-\$799 annual hearing aid benefit
Preventive Dental	Two cleanings per, two exams, one set of x-rays per year \$10 copay	Not Covered
Value Adds		
Silver Sneakers fitness program	Included	Included
Contacts, Eyeglass Lenses & Frames not covered by Medicare	HealthPartners offers discounts at participating retailers through the Healthy Discounts program included in plan.	Up to a \$200 allowance for contacts, eyeglass lenses & frames not covered by Medicare
Allowance for over-the-counter medications and health-related items	Not Included	A \$50 per quarter allowance for over-the-counter medications and health-related items
Acupuncture - non-Medicare covered (up to 12 visits per year)	Included	Acupuncture benefit for non-Medicare covered acupuncture services, up to 12 visits per year
Chiropractic Care	Medicare covered chiropractic care is included with current plan benefits.	Chiropractic benefit (except x-rays), for any diagnosis, up to 12 visits per year
Nurseline - Telehealth Services	HealthPartners offers 24/7 Nurseline and Telehealth services: E-visits, phone visits, online clinic visits (including Virtuwel)	A nurseline and telehealth services
Meal Benefit	Not included	A meal benefit providing up to 28 meals after an approved inpatient stay
Diabetes Prevention Program	HealthPartners Disease and Case management team provides education communication, care management and outreach for members	A virtual diabetes prevention program

Benefits outlined above are a summary of coverage only. Refer to the plan's policy documents for a full listing of plan benefits.

NOTES:

⁽¹⁾ HealthPartners Medicare Group Solution: Journey Group Medicare Advantage and Retiree National Choice (RNC) (Commercial plan + PDP) plan. Retirees will be enrolled in one of the plans based on state and county of residence.

⁽²⁾ RNC is available in 37 MN counties, all other states and Puerto Rico) Counties: Aitkin, Blue Earth, Brown, Carlton, Cook, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Itasca, Kanabec, Koochiching, Lake, LeSueur, Martin, McLeod, Meeker, Mille Lacs, Mower, Nicollet, Olmsted, Pice, Pipestone, Rice, Rock, Sibley, St Louis, Steele, Stevens, Traverse, Wabasha, Watonwan, Winona & Yellow Medicine

⁽³⁾ Journey is available to retirees living in these 50 Minnesota counties: Anoka, Becker, Beltrami, Benton, Big Stone, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wilkin & Wright

⁽⁴⁾ Blue Cross provides National group coverage.

Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Scott County dental benefit plan.

The dental coverage offers you and your family a large network of **Delta Dental Premier Network dentists and Delta Dental PPO Network dentists**. By using a Delta Dental PPO provider, you will pay less out of your own pocket.

Since you do not choose a primary dentist, you can change to a different dentist at any time utilizing either of the two networks.

A listing of Delta participating dentists is available at Delta's web site, www.deltadentalmn.org. "Find a Dentist" is the most accurate and up-to-date way to obtain information on Delta participating dentists. To verify that your dentist participates in the Delta Network, go to www.deltadentalmn.org. Click on "Members" then "Find a Dentist" from the home page. If you know the name of your dentist, select "I want to see if a dentist is in-network" or select "I'm looking for a new dentist". Complete the form with your dentist's name, mileage range, and zip code. This will bring up a listing of dentists participating in the PPO & Premier networks, indicated under the name of each dentist. If your dentist does not participate in either network, you may continue to use that dentist; although, the dentist may bill you for the difference between what Delta pays and what he or she charges for the service. Using a non-participating dentist means you will incur more of the cost of your care and could be responsible for dental charges up to the dentist's full, billed amount.

	Coverage	Delta Dental Premier	Delta Dental PPO
A	Diagnostic/Preventive Services	100%	100%
B1a	Basic Services	80%	90%
B1b	Endodontics	80%	90%
B1c	Periodontics	80%	90%
B1d	Oral Surgery	80%	90%
B2	Major Restorative Services	50%	70%
C1	Prosthetic Repairs and Adjustments	50%	70%
C2	Prosthetics	50%	70%
C3	Implants (age 16+)	50%	70%

Deductible

There is a \$25 deductible per participating member *each calendar year* not to exceed \$75 per family unit. The deductible does not apply to Diagnostic and Preventive Services (A).

Benefits Maximum

New benefit Maximum starting on 08/01/2024 will be, \$1,500 for each participating member per coverage year (calendar year) for services B1a, B1b, B1c, B1d, B2, C1 C2 and C3 combined. The benefit maximum renews every January 1st. Diagnostic/ Preventive Services (A) do not apply towards the \$1,500 maximum benefit.

Monthly Premium Rates**

	Employee	EE + Spouse	EE + Child(ren)	Family
Total Monthly Premium Rates	\$44.48	\$88.37	\$108.08	\$150.53

**Includes 2% COBRA Administration Fee.

Scott County Employee Benefit Hub

We are committed to providing quality Employee Benefits to our employees and retirees. We are pleased to offer a web based communication system to help you reduce your time spent learning about and selecting benefits.

This site will be available to you and your dependents 24/7/365 at home and will serve as an important resource center to access important County information specific to Retiree benefits.

Click on the Retiree Information tab at the top of the screen.

Here's what you can find:

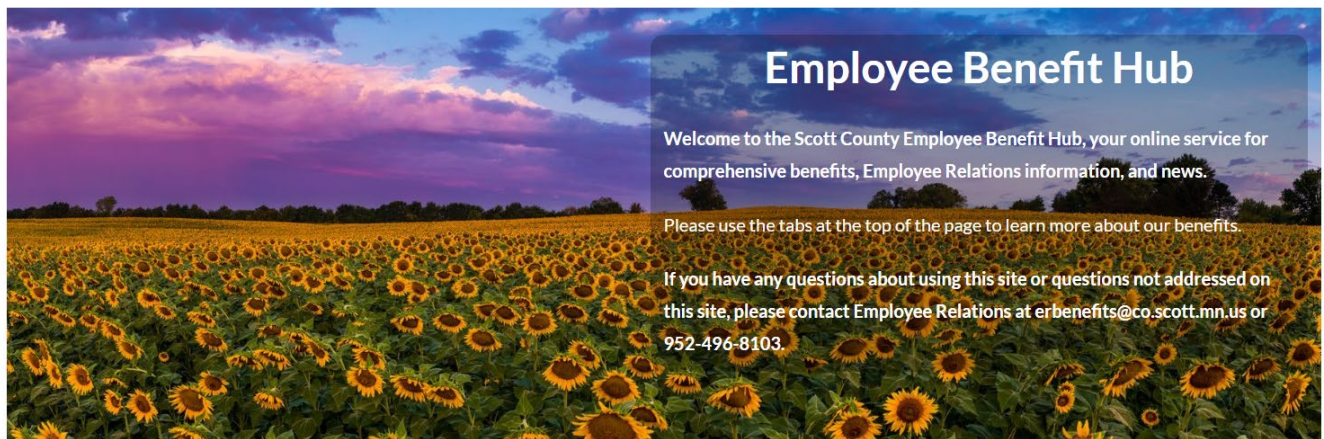
- ◇ County Documents and Resources
- ◇ HealthPartners and Blue Cross Blue Shield of MN Medicare Group Solution Forms and Resources
- ◇ PERA Documents and Resources
- ◇ Health Care Savings Plan (HCSP) Forms and Resources
- ◇ Healthy Discounts



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HIPAA Special Enrollment Rights

Scott County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Scott County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the Benefit Program Specialists at erbenefits@co.scott.mn.us or 952.496.8103.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.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: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	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: KIHIPP.PROGRAM@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/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

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)	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH – Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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-MyW VHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HealthPartners Open Access Base Plan (Individual: 80%/20% coinsurance and \$750 deductible; Family: 80%/20% coinsurance and \$1,500 deductible)

Plan 2: HealthPartners Primary Clinic Buy-Up Plan (Individual: 80%/20% coinsurance and \$0 deductible; Family: 80%/20% coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please contact the Benefit Program Specialists at erbenefits@co.scott.mn.us or 952.496.8103.

Notice of Creditable Coverage

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

When Can You Join a Medicare Drug Plan?

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Scott County coverage will not be affected. Your current coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Scott County coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Scott County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage ...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Scott County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: August 01, 2025
Name of Entity/Sender: Scott County
Contact—Position/Office: Benefit Program Specialists
Office Address: 200 4th Ave W
Shakopee, Minnesota 55379 -1220
United States
erbenefits@co.scott.mn.us
Phone Number: 952.496.8103



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW, Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

<p>Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)</p>	<p>ພາສາລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການລ່ວມເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)</p>
<p>Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)</p>	<p>Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)</p>
<p>Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)</p>	<p>العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)</p>
<p>繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)</p>	<p>Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)</p>
<p>Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)</p>	<p>한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)</p>
<p>Af Soomaali (Somali) OGAYSII: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)</p>	<p>Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)</p>

<p>Oromiffa (<i>Cushite [Oromo]</i>) XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)</p>	<p>Italiano (<i>Italian</i>) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)</p>
<p>አማርኛ (<i>Amharic</i>) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው፡ 711)</p>	<p>ภาษาไทย (<i>Thai</i>) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)</p>
<p>unD (<i>Karen</i>) ဟံသူဂ်ဟံသး- နမ့်ကတိကုညီ ကျိဒ်အသိး နမ့်နု ကျိဒ်အတိမၤစၢၤလၢ တလၢၤဘျုးလၢၤစၢၤ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 1-800-883-2177. (TTY: 711)</p>	<p>ελληνικά (<i>Greek</i>) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)</p>
<p>ខ្មែរ (<i>Mon-Khmer, Cambodian</i>) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)</p>	<p>Diné Bizaad (<i>Navajo</i>) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-883-2177. (TTY: 711)</p>
<p>Deutsch (<i>Pennsylvanian Dutch</i>) Wann du Deutsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)</p>	<p>Ikirundi (<i>Bantu – Kirundi</i>) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)</p>
<p>Polski (<i>Polish</i>) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)</p>	<p>Kiswahili (<i>Swahili</i>) KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (TTY: 711)</p>
<p>हिंदी (<i>Hindi</i>) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)</p>	<p>日本語 (<i>Japanese</i>) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-883-2177 (TTY: 711) まで、お電話にてご連絡ください。</p>
<p>Shqip (<i>Albanian</i>) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)</p>	<p>नेपाली (<i>Nepali</i>) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टिडिवाइ: 711)</p>
<p>Srpsko-hrvatski (<i>Serbo-Croatian</i>) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)</p>	<p>Norsk (<i>Norwegian</i>) MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-883-2177. (TTY: 711)</p>
<p>ગુજરાતી (<i>Gujarati</i>) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)</p>	<p>Adamawa (<i>Fulfulde, Sudanic</i>) MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)</p>
<p>اُردو (<i>Urdu</i>) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711)۔</p>	<p>Українська (<i>Ukrainian</i>) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-883-2177. (телетайп: 711)</p>



Prepared by:



Gallagher

Insurance | Risk Management | Consulting