



2025 – 2026 Benefit Guide

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If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 18 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Benefits Overview

The Town of Rolesville is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefits package is briefly summarized in this booklet. Plan documents, which give you more detailed information about each of these programs, are available upon request.

You share the costs of some benefits (medical, dental and vision), and Town of Rolesville provides other benefits at no cost to you (life, accidental death & dismemberment, short term disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Short Term Disability

Eligibility

You and your dependents are eligible for Town of Rolesville benefits on your 31st day of employment.

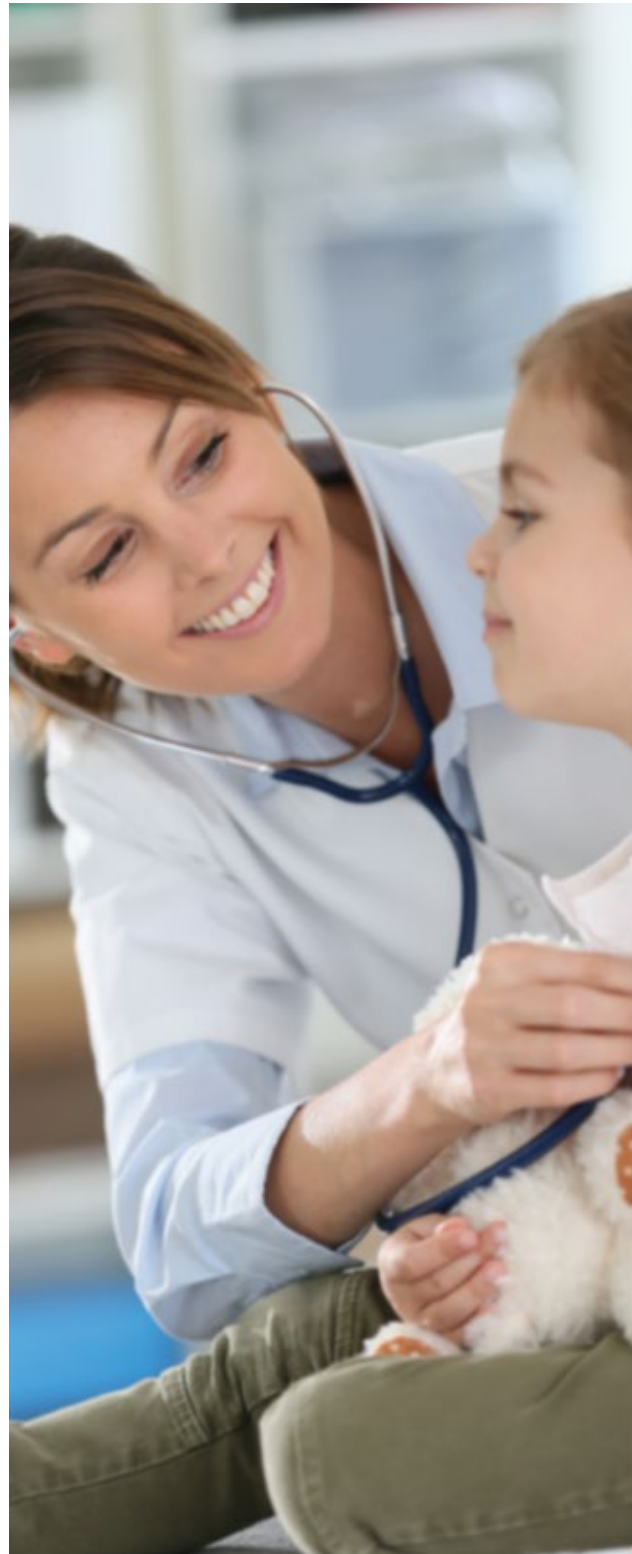
Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Town of Rolesville eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event.

Qualifying Life Event

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under
- Medicaid or CHIP
- **To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).**
- Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



Medical Benefits

Medical Benefits

Administered by BlueCross BlueShield of North Carolina

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan. The Town of Rolesville offers a PPO medical plan. With this plan, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	Medical Benefits	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Deductible (individual / family)	\$2,000 single / \$4,000 family	\$2,000 single / \$4,000 family
Out-of-Pocket Maximum (individual / family)	\$3,500 single / \$7,000 family	\$4,000 single / \$8,000 family
Coinurance	15%	40%
Doctor's Office		
Primary Care Office Visit	\$20 copay; (First three PCP visits: \$0 copay)	40% after deductible
Specialist Office Visit	\$30 copay	40% after deductible
Urgent Care	\$20 copay	40% after deductible
Preventive care (screening/ immunization)	0%	40% after deductible
Diagnostic test (x-ray, blood work)	15% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	15% after deductible	40% after deductible
Hospital Services		
Emergency Room	\$350 copay	\$350 copay
Inpatient	15% after deductible	40% after deductible
Outpatient Surgery	15% after deductible	40% after deductible

Coverage	Base Plan Semi-Monthly Rate
Employee Only	\$0.00
Employee & Spouse	\$479.60
Employee & Child	\$177.65
Employee & Children	\$284.35
Employee & Family	\$709.50

Potential Financial Responsibility When Using Out-of-Network Providers

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefits Guide does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

Pharmacy Benefits

Prescription drug coverage through BCBSNC is included with our medical plans. Review the chart below for the amount you will pay for your prescriptions.

	Rx Costs
	In & Out-of-Network
Retail (30-day Supply)	
Tier 1	\$5 copay
Tier 2	\$5 copay
Tier 3	\$30 copay
Tiers 4	\$50 copay
Tier 5	\$75 copay

Mail Order Drug Program - Amazon MedsYourWay™

Blue Cross Blue Shield of North Carolina (Blue Cross NC) offers access to Amazon Pharmacy, which lets you easily order and quickly get non-specialty medicines delivered at home. Plus, you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card gives you up to 80% savings on brand and generic medicines and is seamlessly built-in to the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines will count toward your Blue Cross NC out-of-pocket maximum.

Start Saving Today

Sign up www.amazon.com/bluecrossNC.

Amazon Pharmacy Customer Care:
855-963-4546

M - F 8am - 10pm and Sat - Sunday
10am - 8pm EST.



amazon pharmacy

SHOP – Easy to use

- 24/7/365 access to a pharmacist. Optional 90-day fills.

SAVE - Built-in drug discount card

- At checkout, you'll see the lowest cost available for your prescription.

SHIP – Free home delivery

- Prime members 2-day free shipping; standard free shipping for non-Amazon Prime members is 5 days.

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BCBSNC regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSNC's mail-order pharmacy.

Blue Connect

Register with Blue Connect

Your gateway to online tools and resources

You can find information about your benefits and claims. It's designed to make health care easier, giving you on-the-go access when, where and how you want it. Register today to set up your User ID and Password!

Have your Blue Cross NC Member ID card on hand and follow the instructions below.

1 - Go to www.BlueConnectNC.com

2 - Click Register Now.

3 - Select the correct box based on who is registering. Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.

4 - To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.

5 - Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.

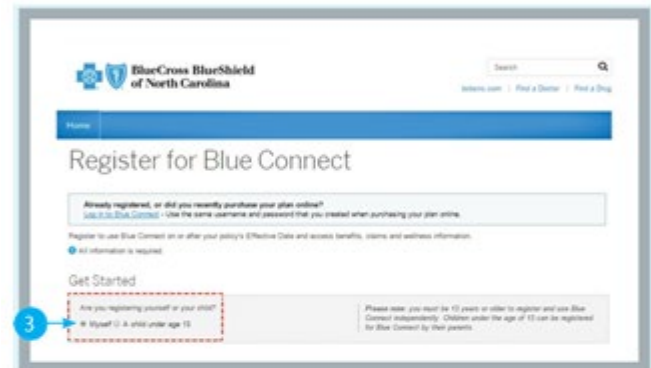
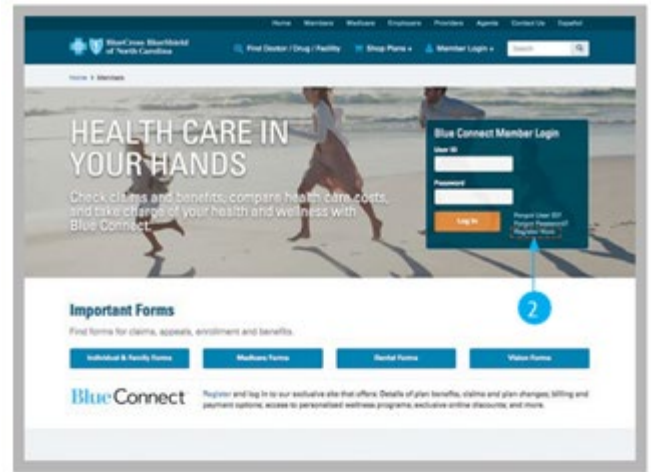
6 - Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.

7 - Click Continue to go to the next page.

8 - Verify that the information shown is correct and continue to step 9.

9 - You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.

- The User ID must be at least 7 characters with no spaces and can be a combination of numbers and letters.
- The Password must be at least 7 characters with no spaces and must include a number or symbol.
- You need to enter your Password a second time to confirm it.



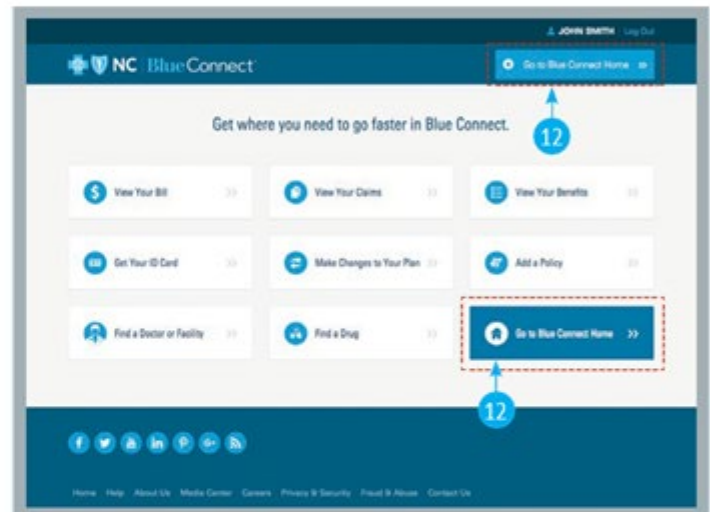
Blue Connect

10 - Select a security question or choose to create your own and create your answer.

11 - Enter your email address, then click Finish.

The screenshot shows the registration process. Step 10 points to the 'Choose a Security Question' section, which includes a dropdown menu for 'Security question' and a text input for 'Your answer'. Step 11 points to the 'Enter Your E-mail Address' section, which includes a text input for 'Enter your e-mail address' and a 'FINISH' button. A 'CANCEL' button is also visible at the bottom left.

12 - Click Go to Blue Connect Home .



13 - Your registration will be complete when you see this screen.



Teladoc – Primary 360

Healthcare from the break room, living room or **anywhere else**

Your care options with **Primary360** include:

Primary Care - \$0 Copay

Manage your overall health body and mind with a U.S. board-certified primary care provider and care team of nurses and medical assistants.

24/7 Acute Care - \$0 Copay

Need care for non-urgent and common conditions? Get a same-day appointment with a certified provider from wherever you are.

Dermatology - \$0 Copay

Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Mental Health - \$0 Copay

Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.



**Start using your
Teladoc Health benefits**



Nutrition Counseling - \$0 Copay

Work with a registered dietitian to get personalized help with meal planning, healthy eating tips or even managing a condition like diabetes or high blood pressure (limit 30 visits/year).

How does a primary care visit work virtually?

Before your visit. After selecting your provider, you'll answer health related questions for your care team to review before your visit. You'll receive a complimentary blood pressure monitor to share readings during visits.

During your visit. You'll have dedicated time with your provider to address health questions, concerns, and next steps for your health goals. Providers are trained to diagnose and treat via phone and video, saving you time, money, and the hassle of office visits.

Your primary care provider can order lab work, X-rays, referrals, and vaccinations. Your care team can connect you to an in-network lab or facility if needed. Results will be reviewed with you, added to your care plan, and uploaded to your Teladoc Health account.

Teladoc Health providers can prescribe new medications. They do not prescribe opioids, narcotics, or DEA-controlled substances.

There is no cost for annual preventive care visits, but you must be an established patient first. Nutritional counseling is considered preventive care, and you are allowed up to 30 visits per plan year.

Acute Care

Allergies
Cold, cough or flu
Diarrhea
Ear Problems
Fever
Headache
Insect bite
Nausea and vomiting
Sinus problems
Sore throat
Urinary problems

Dermatology

Acne
Alopecia
Bruises
Cold sores
Eczema
Psoriasis
Rashes
Rosacea
Skin Infections
Warts

Set up your account or log in to schedule a visit

Visit [Teladoc.com](https://www.teladoc.com) | Call 855-549-2214
Download the app



Livongo – Chronic Condition Management

Take advantage of this program to better your health and wellness—Livongo for Chronic Condition Management of Diabetes Pre-Diabetes and Hypertension.

Blue Cross and Blue Shield of North Carolina and Teladoc Health are offering Livongo Whole-Person solutions to manage chronic conditions.

Livongo helps you stay on top of your health. Join today and get connected devices, personalized guidance, on-demand coaching, an easy-to-use app, and more. Login to Livongo through your Teladoc account. Answer the questionnaire to see if you qualify for these chronic condition programs!



Members can access Livongo from the Teladoc Health App with a single log-in. Once you've logged in, select the **"Condition Management"** card for streamlined registration and use of the Livongo app.

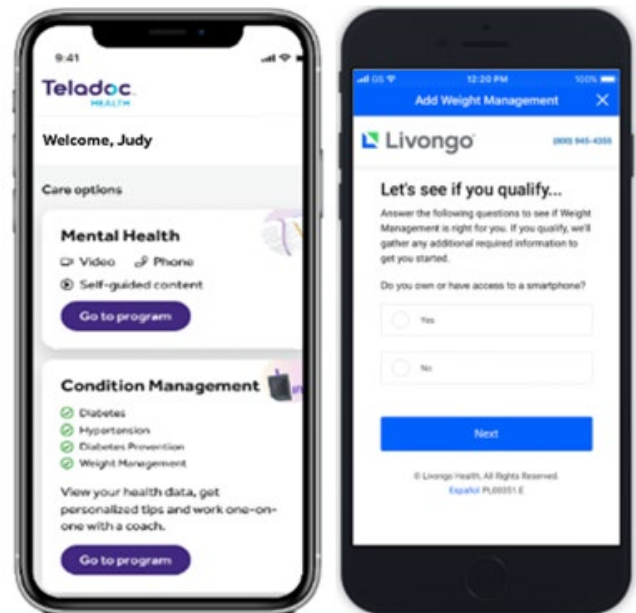
Get started

Text **"GO BCNC2"** to 85240 to learn more and join

You can also join by visiting
Go.Livongo.com/BCNC5/Register

or call **800-945-4355** and use registration code: **BCNC2**

Once you've logged in, select the **"Condition Management"** card for streamlined registration and use of the Livongo app.



This program is offered at **no cost to members** and covered dependents with coverage through the Blue Cross and Blue Shield of North Carolina health plan.

What's Included...

Diabetes

- Connected blood glucose monitor
- Testing strips
- Lancing device
- Lancets
- Control solution
- Carrying case

Hypertension

- Connected blood pressure monitor
- Carry case

Pre-Diabetes

- Connected smart scale



Lantern

Lighting the Path to the Right Surgical Care

What is Lantern?

Lantern provides you with access to excellent and affordable care for many planned surgical procedures. Lantern partners with the best-in-class surgeons at the top facilities nationwide. Because of these partnerships, Lantern can provide significant cost-savings on many planned surgical procedures.

Your Lantern benefit includes access to the Lantern network of Surgeons of Excellence and High Quality Facilities.

Your coverage includes:

- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees
- Access to the Lantern network of thousands of highly qualified and carefully selected surgeons
- Dedicated support and guidance

Note: If travel is required, travel costs are covered.

As member of the North Carolina Health Insurance Pool (NCHIP), when you and your dependents enroll in your medical plan, coverage is also offered through Lantern for certain surgical procedures.

If you elect to utilize the Lantern Network and services, you will use their ID card, work with a care advocate, and the surgery costs for covered surgical procedures are covered at 100% for the Town of Rolesville's medical plan.

Let us Guide you Back to Health Just follow these simple steps:

Step 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

Step 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

Step 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.



Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections
- Bariatrics



**You deserve excellent and
affordable surgical care.
Call Us to Learn More at
(833) 423-2021**



Website: www.mylanterncare.com

NCHIP Concierge / Headway

NCHIP Concierge Program

Enjoy the benefits of personalized service! Connect with North Carolina Health Insurance Pool (NCHIP) Concierge Program advocates for expert help by phone, chat or email. As a Blue Cross Blue Shield of North Carolina (Blue Cross NC) customer, you have free access to one-on-one guidance finding the best care and cost options; advice from registered nurses; help with claims, billing and more. Learn more today at: [BlueCrossNC.com/ NCHIPconcierge](https://BlueCrossNC.com/NCHIPconcierge).

Connect with us

Call 1-800-795-9402

Monday-Friday, 8am-9pm EST

or

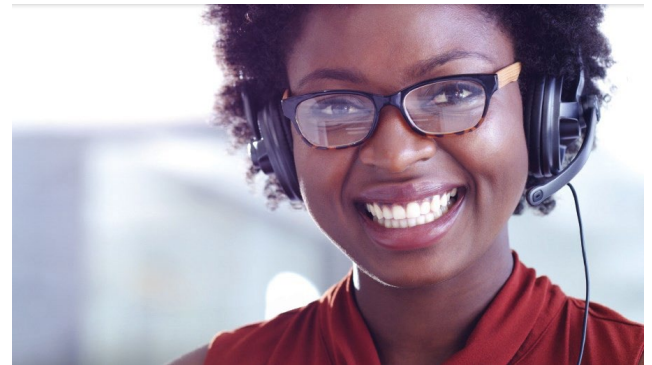
Send secure email by logging in to BlueConnectNC.com

WE'RE HERE FOR YOU

With personalized customer support

Key Benefits:

- Convenient access to expert help
- Extended hours via phone or email
- Connects you with registered nurse support
- Assistance finding the best care and cost options
- Help making informed health care decisions
- Support for health issues
- Help with claims and billing



Headway partners with Blue Cross to bring members affordable and accessible behavioral health solutions. Headway offers the first asset-free national network of therapists who accept insurance. With Headway, you can expect personalized matching support that matches you with a provider who fits your needs, the choice of in-person or virtual care, affordable and transparent pricing, and on-demand matching with providers who have openings within 48 hours, including for dependent children and adolescents.



How it Works

1

Scan this QR code or go to headway.co/BlueCrossNC



2

Tell Headway what you're looking for

Choose your concerns and/or preferences for therapy to find the best match for you. Headway will calculate the exact cost before your session.

3

Start therapy

Choose a therapist from your matches and book your first appointment right on Headway.

Wellness Rewards/Rally Coin

Earn Rally Coins to Purchase Blue Rewards

Build healthy habits and get rewarded for your efforts on our wellness portal powered by Rally Health. You can earn Rally Coins to spend in the portal, with lots of different ways to get fun products and discounts. Your wellness program also comes with Blue Rewards, where you can earn extra Coins for doing wellness activities and more!



How it works:

- **Get an alert when an activity is waiting**—BCNC will notify you by mail, email and/or SMS about some of the activities in your package when you become eligible.
- **View your available activities**—Go to www.BlueConnectNC.com to access your wellness portal on Rally and see your available activities on the Blue Rewards page.
- **Select an activity to complete**—Read each activity and how to complete it to qualify for rewards.
- **Earn Rally Coins**—Once the activity is completed, Rally Coins will be deposited into your Coins Balance in the wellness portal.
- **Enjoy your reward**—Cash in your Coins for discounts on fitness trackers and more, bid on rewards at auctions, use them to enter a sweepstakes or help a charity—all from your wellness portal.

All about Rally® Coins

What are Rally Coins?

Almost everything you do on the wellness portal will earn you Rally Coins. These are incentives to keep you logging in and on track with your health and wellness goals. You can redeem your Coins for chances to win great rewards such as fitness trackers, gift cards and more

Where can I find my Coins Balance

You can always see your Coins balance right below your username in the top right corner of any page in the wellness portal. You can also find your Coins portal and check the Rally rewards tab to view available Sweepstakes Marketplace items, Auctions and Donations.

How do I earn Coins

There are many ways to earn Rally Coins. For example, you earn Coins for logging in every day, completing the Health Survey and making progress on Missions and Challenges. The number of Coins you can earn depends on the activities you complete.

Activity	Coins Earned
Logging in once	5
Logging in on consecutive days	10
Completing the Survey	150
Successfully reaching a daily Mission objective	10
Successfully reaching a weekly Mission objective	20
Successfully completing a Mission	75
Placing 1st in a Challenge	100
Placing 2nd in a Challenge	75
Placing 3rd in a Challenge	50



Dental Benefits

Dental Benefits

Administered by MetLife

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 Town of Rolesville's dental benefit plan through MetLife. Review the chart below for the amount you will pay for the dental service listed.

Services	In-Network and Out-of-Network
Annual Deductible	\$50 per person; \$100 family limit
Annual Benefit Maximum	\$1,000
Preventive Dental Services (exams, cleanings, x-rays, fluoride application, sealants, space maintainers, harmful habit appliance)	100%
Basic Dental Services (emergency exams, periodontal maintenance, fillings, stainless steel crowns, oral surgery, general anesthesia, periodontics, endodontics)	80% after deductible
Major Dental Services (crowns, inlays, onlays, cast post and core buildup, implants, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (Children Only - to age 26)	50% after deductible
Orthodontia Lifetime Maximum (per person)	\$1,000

Coverage	Semi-Monthly Rate
Employee Only	\$0.00
Employee & Spouse	\$15.44
Employee & Child(ren)	\$20.53
Employee & Family	\$39.77



Finding In-Network Dentists

You pay less for services when you use a dentist in the MetLife network. You can find an in-network dentist by visiting www.metlife.com/dental or call 1-800-275-4638

Vision Benefits

Vision Benefits

Administered by MetLife

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	Vision Benefits	
	In Network	Out-of-Network
Eye Exam Retinal Imaging (Once every 12 months)	\$10 copay Up to \$39	Up to \$45
Lenses (Once every 12 months)		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$65
Lenticular	\$10 copay	Up to \$100
Frames (Once every 12 months)	\$120 allowance, 20% off balance over allowance	Up to \$55
Contact Lenses (Once every 12 months)		
Conventional	\$120 allowance	Up to \$105
Medically Necessary Contact Lense Fit and Follow Up	\$10 copay Up to \$60	Up to \$210 N/A

Coverage	Semi-Monthly Rate
Employee Only	\$0.00
Employee & Spouse	\$3.71
Employee & Child(ren)	\$2.58
Employee & Family	\$6.65

Finding In-network Eye Doctors

You can find an in-network eye doctor in the MetLife network by visiting <http://www.metlife.com/vision> or calling 1-855-638-3931.



Flexible Spending Accounts

The Town of Rolesville offers two Flexible Spending Accounts through Flores. Flexible Spending Accounts allow you to pay certain healthcare and dependent care expenses with pre-tax money.

Health Care FSA

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that you incur.

	Health Care FSA
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRA publication 502 for a full list of eligible expenses)
When can I use the funds?	All of the funds you elect for the year are available July 1
Can I roll over funds each year?	You have from July 1, 2025 through June 30, 2026 to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses eligible for reimbursement by June 30, 2025, and/or file for reimbursement by September 28, 2026, excess contributions will be forfeited under the use it or lose it rule. But, you can rollover up to \$660 into the next year.
How do I pay for eligible expenses?	You can submit a paper claim to Flores or you may use your Benefits debit card to pay for eligible expenses.
How much can I contribute?	Up to \$3,300
Can I change my contributions throughout the year?	No, unless you have a qualifying life event. You can choose an annual election amount during open enrollment and that amount is taken out of your paycheck in equal increments throughout the year.

Dependent Care FSA

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year, but you have a 2 1/2 month grace period. You have from July 1, 2025 through June 30, 2026 to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses eligible for reimbursement by June 30 2026, and/or file for reimbursement by September 15, 2026 any contributions are forfeited under the use-it-or-lose-it rule.
How much can I contribute?	Up to \$5,000 in 2025

Employer Paid Benefits

Life and Accidental Death & Dismemberment Insurance

Administered by MetLife

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die. The Town of Rolesville provides basic life insurance of \$25,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The Town of Rolesville provides AD&D coverage of \$25,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

Dependent Life Insurance

The Town of Rolesville also provides dependent life insurance for your spouse and children under the age of 26.

- Spouse - \$10,000
- Child(ren) - \$5,000

Short-Term Disability

Administered by MetLife

How would you pay your bills if you were sick or injured temporarily? Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

The Town of Rolesville provides all active, full-time employees a short-term disability policy through MetLife. Short-term disability insurance can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Employee Paid	Short-Term Disability
Benefit	60% of your pre-disability weekly earnings, up to \$1,800 per week
Elimination Period	7 days for injury, 7 days for sickness
Benefit Duration	25 Weeks



Contact Information

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below.

Benefit	Administrator	Phone	Website/Email
Medical	BlueCross Blue Shield of NC	800-795-9402	www.bcbsnc.com
Dental	MetLife	1-800-275-4638	www.metlife.com/dental
Vision	MetLife	1-855-638-3931	www.metlife.com/vision
Flexible Spending Accounts	Flores	800-532-3327	www.flores247.com
Life and AD&D	MetLife	877-638-2862	www.metlife.com
Short Term Disability	MetLife	877-638-2862	www.metlife.com



Medicare Part D Notice

Notice Of Creditable Coverage

Important Notice from Town of Rolesville

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 Town of Rolesville 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. Town of Rolesville 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 Town of Rolesville coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Town of Rolesville coverage, be aware that you and your dependents will 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 Town of Rolesville 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.

Medicare Part D Notice

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 Town of Rolesville changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	July 01, 2025
Name of Entity/Sender:	Town of Rolesville
Contact—Position/Office:	Lisa Alston - Human Resources Director
Office Address:	502 Southtown Cir, PO BOX 250 Rolesville, North Carolina 27571-9602 United States
Phone Number:	919.556.4642

Legal Notices

Legal Notices

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 Name (Individual: 15% coinsurance and \$2,000 deductible; Family: 15% coinsurance and \$4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 919.556.4642 or lalston@rolesvillinc.gov.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

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

Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>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</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

Legal Notices

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

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

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Town of Rolesville is committed to the privacy of your health information. The administrators of the Town of Rolesville Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Lisa Alston - Human Resources Director at 919.556.4642 or lalston@rolesvillinc.gov.

Legal Notices

HIPAA Special Enrollment Rights

Town of Rolesville Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Town of Rolesville 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 **30 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 30 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 Lisa Alston - Human Resources Director at 919.556.4642 or lalston@rolesvillinc.gov.

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.

Legal Notices

MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

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

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

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

Legal Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?

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

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

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

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Lisa Alston.

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



This benefit summary prepared by



Insurance | Risk Management | Consulting