



2026 BENEFIT ENROLLMENT GUIDE

*Design your **BEST FUTURE***



Note: 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 page 18 for more information.

Be Ready for Enrollment

The City of Littleton is pleased to provide you with benefit offerings to help you take care of your well-being now and into the future. We want each and every participant to receive the highest quality health coverage at the most affordable price possible.

This booklet provides a high-level overview of the plans. More information about our plan is available in your full plan description or by contacting HR.

To Your Health To Your Wealth

- ✓ Medical & Prescription Drug Insurance
- ✓ Medical Procedure High-Quality Discount Program (ZERO Health)
- ✓ Dental Insurance
- ✓ Vision Insurance
- ✓ Critical Illness Insurance
- ✓ Hospital Indemnity Insurance
- ✓ Employee Assistance Program
- ✓ Life Insurance
- ✓ Short-Term Disability Insurance
- ✓ Long-Term Disability Insurance
- ✓ Accident Insurance
- ✓ General Employee Retirement Plan
- ✓ Police Employee Pension Plan
- ✓ Deferred Compensation Plan
- ✓ Identity Theft Plan

Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in City of Littleton's health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options City of Littleton offers you, even if you're already covered under the City of Littleton benefit plan(s).

For instance, you may experience changes from year to year. And there likely will be changes to what you pay for coverage each year. So, it's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

You must enroll if you want to do the following:

- ▶ Change your medical, dental, or vision coverage for next year.
- ▶ Contribute to the Health Care and/or Dependent Care FSAs.
- ▶ Contribute to the HSA and/or Limited Purpose FSA.
- ▶ Add coverage for new Voluntary Accident, Voluntary Critical Illness, and Voluntary Hospital Indemnity Plans.

If you don't enroll, you may be assigned coverage that won't meet your needs. To enroll, log in to Workday via the My Apps Dashboard | City of Littleton or contact City of Littleton Human Resources at **(303) 795-3858**.

When Can I Enroll?

For current employees, this year's open enrollment is an active enrollment, meaning all employees are required to review and reenroll in their medical, dental, vision, and voluntary benefits. If no action is taken by the end of the Open Enrollment period, coverage will not continue into the next year. During open enrollment, please be sure to review and update your benefit selections, including your FSA and HSA elections, before proceeding. For new hires, there will be an opportunity to enroll in benefits during new hire orientation and during the first month of employment. Benefits for new hires are effective on the first of the month following the first day of employment.

Changing Your Benefits

Outside of open enrollment, you may be able to add or remove dependents or change benefit options if you experience a qualifying life event. A qualifying life event is a change in your family status or employment that affects your benefits eligibility. Examples include:

- ▶ Marriage or divorce
- ▶ Birth, adoption, death of a dependent
- ▶ A dependent child is no longer eligible because they have reached age 26
- ▶ Change in the employment of an employee or an employee's spouse that affects benefit eligibility

It is the employee's responsibility to submit the appropriate paperwork to Human Resources within 30 days of the event. If this deadline is missed, the employee must wait until the next open enrollment period to make changes.

Eligibility

The City of Littleton allows employees to participate in benefit plans if they meet the minimum service hour requirements, as outlined in the table below, and are a regular employee.*

BENEFIT	PART-TIME RATE SERVICE REQUIREMENT	FULL-TIME RATE SERVICE REQUIREMENT
Medical	20+ hours per week	30+ hours per week
Dental, Vision, Life, AD&D, Long-Term Disability	20+ hours per week	30+ hours per week
Voluntary Benefits Through Voya	20+ hours per week	30+ hours per week
Employee Assistance Program	All full-time and part-time employees	

Elected Officials are now eligible to participate in medical & prescription drug insurance.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as the following:

- ▶ Legal spouse (same or opposite sex)
- ▶ Civil union partner
- ▶ Common-law spouse
- ▶ Child(ren) to the age of 26 — married and unmarried- biological, legally adopted, or legal custody
- ▶ Stepchild(ren) to the age of 26 — the employee must be married to the child's parent

Eligibility Documents Required

Proof of eligibility is required for all dependents covered on the City's insurance. Acceptable documentation includes:

- ▶ Marriage certificates for spouses
- ▶ Civil union certificate for civil union partner
- ▶ Birth certificates or proof of legal guardianship for children
- ▶ Affidavit for common-law spouses

Medical and Prescription Drug Benefits

The City of Littleton offers three medical plan designs and two medical networks. Your plan includes free preventive care from in-network providers to ensure that you are staying healthy. The HDHP with BlueCard PPO medical plan provides in- and out-of-network benefits, providing you the freedom to choose a provider. However, you will maximize the plan benefits and pay less out of your pocket when you choose an in-network provider. All plans provide a large network of doctors, hospitals, and labs. **NOTE: Children's and Advent Health are not covered under the Pathway network, only the BlueCard PPO.**

Cost of Coverage

BENEFIT	ANTHEM HDHP PLAN WITH PATHWAY	ANTHEM HDHP PLAN WITH BLUECARD PPO		ANTHEM COPAY PLAN WITH PATHWAY
	In-Network	In-Network	Out-of-Network	In-Network
Annual / Calendar Year Deductible (Individual / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$500 / \$1,000
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$4,000 / \$8,000
Ded and OOPM Accumulation	True Family	True Family		Embedded
Physician Services				
Doctor’s Office Visit	30% after deductible	30% after deductible	50% after deductible	\$25 copay (deductible does not apply)
Specialist Office Visit	30% after deductible	30% after deductible	50% after deductible	\$50 copay (deductible does not apply)
Preventive Care	No Charge	No Charge	Plan pays 50%	No Charge
Lab & X-ray Services	30% after deductible	30% after deductible	50% after deductible	20% after deductible
Hospital Services				
Inpatient	30% after deductible	30% after deductible	50% after deductible	20% after deductible
Outpatient	30% after deductible	30% after deductible	50% after deductible	20% after deductible
Emergency Care	30% after deductible	30% after deductible		20% after deductible
Urgent Care	30% after deductible	30% after deductible		\$50 copay (deductible does not apply)
PRESCRIPTION DRUGS				
Retail (30-day Supply)				
Generic	\$10 copay after deductible	\$10 copay after deductible	50% after deductible	\$10 copay (deductible does not apply)
Preferred Brand	\$30 copay after deductible	\$30 copay after deductible	50% after deductible	\$30 copay (deductible does not apply)
Non-preferred Brand	\$60 copay after deductible	\$60 copay after deductible	50% after deductible	\$60 copay (deductible does not apply)
Specialty Drugs	20% up to a max of \$250 after deductible	20% up to a max of \$250 after deductible	Not Covered	20% up to max of \$250 (deductible does not apply)
Mail Order (90-day Supply)				
Generic	\$25 copay after deductible	\$25 copay after deductible	Not covered	\$25 copay (deductible does not apply)
Preferred Brand	\$75 copay after deductible	\$75 copay after deductible	Not covered	\$75 copay (deductible does not apply)
Non-preferred Brand	\$150 copay after deductible	\$150 copay after deductible	Not covered	\$150 copay (deductible does not apply)

NOTE: Deductibles, copays, and coinsurance accumulate toward the Out-of-Pocket Maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

NOTE: Employees and Dependents who fall outside of the Pathway network service area have access to Anthem's BlueCard PPO network.

NOTE: The deductibles and out-of-pocket maximums on the PPO are Embedded, meaning an individual on a family plan is only required to meet the individual amount. The HDHP has True Family deductible and out-of-pocket maximums, meaning a family must meet the full family amount before coinsurance begins. The family amount can be met by claims of one individual or any combination of individuals in the family.

Sydney Health Mobile App

Makes Health Care Easier

Sydney Health helps you keep track of your health and benefits all in one place. You can use the app to:

- ▶ View/Use Digital ID Cards
- ▶ Access Virtual Care
- ▶ Check Claims
- ▶ Find Care and Compare Costs
- ▶ Chat with Member Services



What Medical Plans Are Available?

The City of Littleton offers two different medical plans: Anthem High-Deductible Health Plan (HDHP) and Anthem Copay Plan. The plan designs differ based on factors such as deductibles, out-of-pocket maximums, and coinsurance. Additionally, the City offers two different provider networks: Anthem Pathway EPO and Anthem BlueCard PPO. The BlueCard PPO is Anthem's broadest network of providers. The Pathway EPO is a select network of high-quality providers anchored by UC Health and UCA HealthONE.

Medical Enrollment Options:

1. HDHP with Anthem Pathway EPO

2. HDHP with Anthem BlueCard PPO

3. Copay Plan with Anthem Pathway EPO

HDHP PLAN
WITH PATHWAY

HSA
Eligible

\$

PREMIUM

\$

OUT-OF-POCKET

The Pathway EPO is a select network of high-quality providers.

Advantages

- ▶ The monthly premiums are lower than the Copay plan.
- ▶ If you enroll in the HDHP, you may also be eligible for an HSA to help pay for eligible medical expenses while also lowering your taxable income.
- ▶ HSA funds roll over from year-to-year and are portable if you leave the City.
- ▶ Works well for those who are more comfortable with the cash flow associated with medical and pharmacy care that is unforeseen.

HDHP PLAN
WITH BLUECARD

HSA
Eligible

\$

PREMIUM

\$

OUT-OF-POCKET

The BlueCard PPO is Anthem's broadest network of providers.

Advantages

- ▶ If you enroll in the HDHP, you may also be eligible for an HSA to help pay for eligible medical expenses while also lowering your taxable income.
- ▶ HSA funds roll over from year-to-year and are portable if you leave the City.
- ▶ Works well for those who are more comfortable with the cash flow associated with medical and pharmacy care that is unforeseen.

COPAY PLAN
WITH PATHWAY

\$

PREMIUM

\$

OUT-OF-POCKET

The Pathway EPO is a select network of high-quality providers.

Advantages

- ▶ You'll have a set dollar amount, or copay, for certain services.
- ▶ Budgeting for medical and pharmacy expenses is less complicated and predictable.
- ▶ Works well for people who are willing to pay a higher premium each month for the security of knowing how much they will pay when they visit the doctor.

Health Savings Account (HSA)

If you're enrolled in a HDHP plan, you're also eligible to contribute, on a pre-tax basis, to an HSA. If you are eligible to participate in this account under IRS regulations, the City will make a contribution of up to **\$500 per year for employee only coverage** or up to **\$1,000 per year for family tiers of coverage**. You can use your HSA to cover eligible medical and pharmacy expenses.

Deciding Which Plan is Right for You?

It is important to compare the premium cost of each plan, as well as your out-of-pocket cost (deductibles, copays and coinsurance) for your expected medical expenses in 2026. If you are healthy and do not expect many doctor visits, you can greatly reduce your upfront expenses by choosing a lower premium plan. If you require a lot of care and need to limit your out-of-pocket expenses, the higher premium plan might make sense.



Meet Anna

Young and healthy

Age: 28

Lifestyle: Loves yoga and outdoor sports

Medical Status: Very healthy, gets annual physical and only occasional doctor visits

Financial Risk: Outdoor activities could lead to injury

Anna's annual physical is covered in full by both medical plans. She can expect to pay little on her occasional doctor visits for minor illness or injury, so she may want to take advantage of the lowest premium HDHP plan. She can also use her HSA to cover copays and coinsurance when she does have expenses. The HDHP with Pathway will provide coverage with the least financial outlay.

Best Fit: HDHP with Pathway EPO



Meet Kevin and Mandy

Care for a Serious Condition

Age: 34 and 32

Lifestyle: Home renovations and hiking with their dog

Medical Status: Mandy is healthy and Kevin has been diagnosed with a cancer

Financial Risk: Buying their first home will be expensive with Kevin's treatments

Kevin and Mandy have chosen a higher premium plan to allow Kevin access to a unique specialist. The HDHP with BlueCard is the Best Fit option given Kevin's treatments this year.

Best Fit: HDHP with Bluecard PPO



Meet The Smith Family

Typical busy family with kids

Age: Josh, 44; Carla, 43; Josh Jr., 12; and Alyssa, 9

Lifestyle: The busy life of working parents with a lot of kids' activities

Medical Status: Generally healthy, but Josh is on medication for high blood pressure and cholesterol and Emma receives treatment for asthma

Financial Risk: Heart and cardiovascular disease, asthma events and injury risk for the kids' activities

Because Josh and Alyssa's medical conditions are under control and require routine medications and treatment, they would do best with lower out-of-pocket costs. The Copay Plan on Pathway will allow John and Alyssa to choose the specialty providers they need and also keep their expenses to a predictable amount.

Best Fit: Copay with Pathway EPO

Medical Plan Cost Scenarios

NOTE: These cost of services are not actual plan figures and are entered for illustrative purposes only.

Example 1: Anna is young and healthy with only an annual physical and occasional doctor visits.

SERVICES ANNA RECEIVES	Allowable Charges	HDHP Plan with Pathway EPO Anna's OOP Costs	HDHP Plan with Bluecard PPO Anna's OOP Costs	Copay Plan with Pathway EPO Anna's OOP Costs
Preventive Care (1 Office Visit)	\$250	\$0	\$0	\$0
Office Visits (1): Primary Care Physician	\$180	\$180	\$180	\$25
Anna's Out-of-Pocket (OOP) Cost:		\$180	\$180	\$25

ANNA'S TOTAL MEDICAL COSTS FOR THE YEAR

Premiums	\$737	\$1,930	\$1,247
Out-of-Pocket	\$180	\$180	\$25
City of Littleton HSA Funding	(\$500)	(\$500)	\$0
Total Cost:	\$417	\$1,610	\$1,272

Example 2: Kevin and Mandy are in their 30s and planning for cancer treatments with a unique specialist.

SERVICES KEVIN & MANDY RECEIVE	Allowable Charges	HDHP Plan with Pathway EPO Kevin & Mandy's OOP Costs	HDHP Plan with Bluecard PPO Kevin & Mandy's OOP Costs	Copay Plan with Pathway EPO Kevin & Mandy's OOP Costs
Preventive Care (2 Office Visits)	\$500	\$0	\$0	\$0
Office Visits (2): Primary Care Physician	\$360	\$360	\$360	\$50
Office Visits (8): Oncologist	\$2,400	\$2,400	\$2,400	\$400
Ultrasound (1): Diagnostic Test	\$800	\$800	\$800	\$560
MRI (2)	\$3,600	\$1,388	\$1,388	\$720
Radiation Therapy	\$20,000	\$3,052	\$3,052	\$2,720
Kevin & Mandy's Out-of-Pocket (OOP) Cost:		\$8,000	\$8,000	\$4,450

KEVIN & MANDY'S TOTAL MEDICAL COSTS FOR THE YEAR

Premiums	\$4,057	\$6,498	\$5,100
Out-of-Pocket	\$8,000	\$8,000	\$4,450
City of Littleton HSA Funding	(\$1,000)	(\$1,000)	\$0
Total Cost:	\$11,057	\$13,498	\$9,550

Example 3: The Smith's are an active family that have conditions that require routine care.

SERVICES THE SMITH'S RECEIVE	Allowable Charges	HDHP Plan with Pathway EPO The Smith's OOP Costs	HDHP Plan with Bluecard PPO The Smith's OOP Costs	Copay Plan with Pathway EPO The Smith's OOP Costs
Preventive Care (4 Office Visits)	\$1,000	\$0	\$0	\$0
Preventive Care (1 Mammogram)	\$300	\$0	\$0	\$0
Office Visits (4): Primary Care Physician	\$720	\$720	\$720	\$100
Specialist Visits (2): Cardiologist	\$600	\$600	\$600	\$100
Specialist Visits (4): Allergist	\$880	\$880	\$880	\$200
Lab Work (4)	\$160	\$160	\$160	\$160
The Smith's Out-of-Pocket (OOP) Cost:		\$2,360	\$2,360	\$560

THE SMITH'S TOTAL MEDICAL COSTS FOR THE YEAR

Premiums	\$5,795	\$9,282	\$7,285
Out-of-Pocket	\$2,360	\$2,360	\$560
City of Littleton HSA Funding	(\$1,000)	(\$1,000)	\$0
Total Cost:	\$7,155	\$10,642	\$7,845

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care will likely be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

Along with City of Littleton's contributions, you can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years and in some circumstances may be invested. Better yet, HSAs provide tax advantages.



HSAs Deliver Triple Tax Savings

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

Keys to Growing Your Health Savings Account (HSA):

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

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL CITY OF LITTLETON CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$4,400*	\$500**	\$3,900 (\$100 minimum)
Family Coverage	\$8,750*	\$1,000**	\$7,750 (\$100 minimum)

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional \$1,000.

NOTE: Amounts change yearly per IRS guidelines.

NOTE: The City's contribution will be deposited in full during pay period 1 for this first year.





Controlling Health Care Costs

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

- ▶ Use ZERO Health for surgeries, physical therapy, labs, MRIs, and more!
- ▶ Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- ▶ Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- ▶ Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- ▶ Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.
- ▶ Remember your annual preventive visit and age-appropriate tests. All of our medical plans pay 100% for preventive care when you use in-network providers, even before you meet your annual deductible.

ZERO Health Benefit

City of Littleton partners with ZERO to make getting the care you need simple and easy to access. If you are enrolled in a City of Littleton medical plan with Anthem, now you can get the care you need for \$0 and you will never have to worry about deductibles or copays. Copay Plan members pay \$0 for ZERO services and procedures right away. HDHP members pay \$0 after meeting the applicable deductible (\$2,000 single coverage / \$4,000 family tiers of coverage). ZERO can help with all kinds of things like lab, imaging, physical therapy and hundreds of surgeries. You can search for health care providers at www.zero.health and chat live with a Personal Health Assistant in just one click. Choose from hundreds of specialists and over 2,000 covered services. Connect with your Personal Health Assistant to see if the service or procedure you need is covered. You can call **(855) 816-0001**, chat www.zero.health or email them help@zero.health.

City of Littleton Employee Wellness Clinic

The City of Littleton Employee Wellness Clinic, managed by CareATC, is available at no cost to employees, their spouses, and dependents age two and older who are covered under the City's health plan.

Primary Care

You can get care for your sore throat, a cold, or the flu, and help with high blood pressure or diabetes. Your City of Littleton Employee Wellness clinic will treat both acute and chronic conditions, all at no cost to you.

The City of Littleton Employee Wellness clinic will dispense dozens of select generic medications and also provide annual physicals, health coaching, lab work, and much more.

Benefits

- ▶ No deductible or copay for Copay Plan participants; \$10 copay for non-preventive services for HDHP participants, until deductible is met, then \$0 copay
- ▶ No cost for onsite labs
- ▶ No cost for available generic medications
- ▶ Short or no time in a waiting room
- ▶ Schedule appointments online, on your smartphone or tablet, or by calling the 24/7 helpline
- ▶ Private and secure records will not be shared with your employer or anyone else without your permission

Location

- ▶ 2004 West Powers Ave, inside the Buck Rec Center

Hours of Operation

- ▶ Monday 8:00 AM - NOON
- ▶ Tuesday 7:00 AM - 11:00 AM
- ▶ Wednesday 1:30 PM - 6:30 PM
- ▶ Thursday 1:30 PM - 6:30 PM



Employee Assistance Program

Regular full- and part-time employees and their dependents (living in their household) are eligible for five (5) free sessions per incident, per person, per calendar year.

Everyone has been affected by personal problems at some time in their life. These problems may affect personal happiness and create disruption in job performance. Because the City of Littleton values its employees and the work they perform, we have provided an Employee Assistance Program (EAP) through Mines and Associates. The EAP provides assessment referral, focused therapy and coaching for employees and their household members in dealing with such issues as:

- ▶ Abuse, Anxiety, Career, Depression
- ▶ Child & Elder Care, Death, Grief & Dying, Financial Problems, Mood Disorders
- ▶ Drug/Alcohol Concerns, Eating Disorders, Stress, Supervisory Resources
- ▶ Legal Referrals, Marital & Relationship, Psychological, Sexual
- ▶ Work-Related Wellness Coaching

The use of the Employee Assistance Program is strictly confidential. Your contact with the EAP and your counselor will not be discussed within the organization in any way without your written permission. There will be no information in your personnel file pertaining to the use of the EAP. The EAP offices are located away from the workplace to provide as much privacy as possible.

Additionally, supervisors have access to unlimited workplace consultation regarding work performance issues.

For more information, please contact Mines and Associates at **(303) 832-1068** or by visiting their website at www.minesandassociates.com.

Starting in 2026, employees and their household members will have access to the Anthem EAP. Each person can receive up to three confidential counseling sessions per issue, per year—at no cost—to support mental health, work-life balance, and overall well-being. The EAP can help with stress, family concerns, financial challenges, and more.

Dental Benefits

BENEFIT	DELTA DENTAL PPO PLAN
Annual / Calendar Year Maximum	\$2,000 per person
Annual / Calendar Year Deductible (Individual / Family)	\$50 / \$150
Diagnostic & Preventive Services	Plan pays 100% (deductible waived)
Basic Services	Plan pays 100% after deductible
Major Services	Plan pays 50% after deductible
Orthodontic Services	Plan pays 50% (\$1,800 lifetime max per person — children to age 24 only)

Vision Benefits

BENEFIT	VSP VISION CARE PLAN	
	In-Network	Out-of-Network
Exam (Every 12 Months)	\$10 copay	Up to \$50
Lenses (Every 12 Months)		
Single	\$25 copay	Up to \$50
Bifocal	\$25 copay	Up to \$75
Trifocal	\$25 copay	Up to \$100
Frames (Every 24 Months)	\$150 allowance; then 20% off balance over \$150	Up to \$70
Contact Lenses Instead of Glasses (Every 12 Months)		
Conventional / Disposable	\$150 allowance	Up to \$60

NOTE: ID Card not required for vision services.

Benefit Plan Premiums

Medical Plans

PLAN	ANTHEM HDHP PLAN WITH PATHWAY			ANTHEM HDHP PLAN WITH BLUECARD PPO			ANTHEM COPAY PLAN WITH PATHWAY		
COVERAGE LEVEL	Total	City	Employees	Total	City	Employees	Total	City	Employees
FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS									
Employee Only	\$414.42	\$386.06	\$28.36	\$460.28	\$386.06	\$74.22	\$434.02	\$386.06	\$47.96
Employee + Spouse	\$848.51	\$692.48	\$156.03	\$942.40	\$692.48	\$249.92	\$888.64	\$692.48	\$196.16
Employee + Child(ren)	\$787.39	\$642.62	\$144.77	\$874.51	\$642.62	\$231.89	\$824.63	\$642.62	\$182.01
Family	\$1,212.16	\$989.29	\$222.87	\$1,346.29	\$989.29	\$357.00	\$1,269.49	\$989.29	\$280.20
PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS									
COVERAGE LEVEL	City		Employees	City		Employees	City		Employees
Employee Only	\$268.31		\$146.11	\$164.13		\$296.15	\$242.65		\$191.37
Employee + Spouse	\$420.83		\$427.68	\$318.32		\$624.08	\$398.81		\$489.83
Employee + Child(ren)	\$390.57		\$396.82	\$295.43		\$579.08	\$370.11		\$454.52
Family	\$601.27		\$610.89	\$454.80		\$891.49	\$569.78		\$699.71

Dental Plans

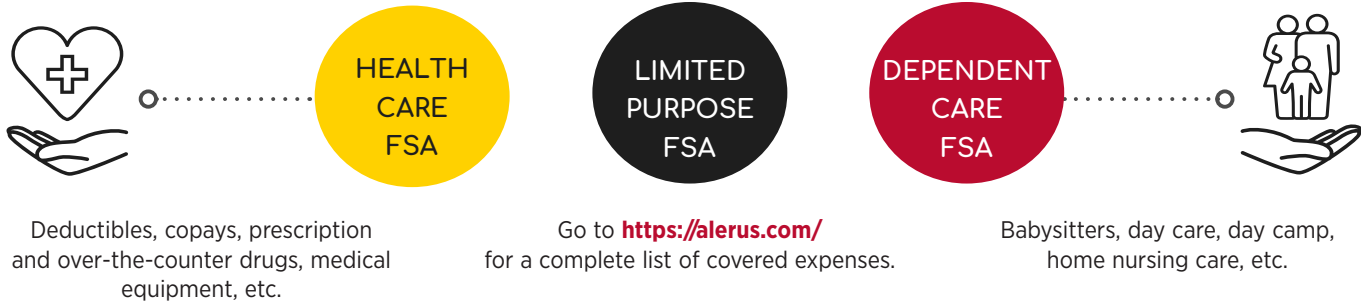
PLAN	DELTA DENTAL PPO PLAN		
COVERAGE LEVEL	Total	City	Employees
FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS			
Employee Only	\$21.95	\$19.64	\$2.31
Employee + Spouse	\$46.09	\$24.18	\$21.91
Employee + Child(ren)	\$54.87	\$24.08	\$30.79
Family	\$76.82	\$27.51	\$49.31
PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS			
COVERAGE LEVEL	City	Employees	
Employee Only	\$15.36	\$6.59	
Employee + Spouse	\$16.14	\$29.95	
Employee + Child(ren)	\$19.21	\$35.66	
Family	\$19.20	\$57.62	

Vision Plans

PLAN	VSP VISION CARE PLAN		
COVERAGE LEVEL	Total	City	Employees
FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS			
Employee Only	\$4.33	\$4.33	\$0.00
Employee + Spouse	\$6.92	\$4.33	\$2.59
Employee + Child(ren)	\$7.07	\$4.33	\$2.74
Family	\$11.40	\$4.33	\$7.07
PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS			
COVERAGE LEVEL	City	Employees	
Employee Only	\$3.03	\$1.30	
Employee + Spouse	\$3.42	\$3.51	
Employee + Child(ren)	\$3.40	\$3.66	
Family	\$3.42	\$7.98	

Flexible Spending Accounts (FSAs)

FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. The City of Littleton offers three Flexible Spending Account (FSA) options — the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA — which allow you to pay eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Alerus. Log in to your account at <https://alerus.com/> to view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more. You will receive an Alerus stored value VISA card, which can be used to pay for eligible health care at the point of service. If you do not use your card or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Alerus. If you enroll in a Health Savings Account (HSA) with a High-Deductible Health Plan (HDHP), you cannot contribute to a regular Health Flexible Spending Account (FSA). However, you may enroll in a Limited Purpose FSA — this type of FSA can only be used for dental and vision expenses while you are also contributing to an HSA.



How FSAs Work

1. Each year during the open enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in either FSA Plan each year. You are not automatically re-enrolled.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Limited Purpose Flexible Spending Account	\$3,400	Non-medical expenses, such as dental and vision costs
Dependent Care Flexible Spending Account	\$7,500	Day care, nursery school, elder care expenses, etc.*
NOTE: Health Care FSA annual maximum is announced by the IRS in mid-November. This is an expected amount for now. NOTE: Limits may vary for highly compensated employees. NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.		

Health Care Items You Might Not Realize are FSA Eligible:

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



Disability Insurance

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today's 20 year olds will become disabled before they reach retirement age*. At this rate, making sure that you have disability coverage in place is a smart move.

Short-Term Disability (STD)

STD Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. The City of Littleton provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for 2 weeks and declared disabled, you will receive 60% of your base earnings for up to a maximum of \$3,500 per week.

Long-Term Disability (LTD)

If you are unable to work for longer than ninety days, long-term disability (LTD) coverage replaces part of your monthly income. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The City of Littleton pays 100% of the premium for Long-Term Disability Insurance.

	GENERAL GOVERNMENT BENEFIT	POLICE & NON-FPPA PARTICIPANTS
Monthly Benefit	60% of salary, up to a maximum of \$6,000	40% of salary, up to a maximum of \$2,000
Benefits Begin	90 days after injury or illness	180 days after injury or illness
Effective Date	Date of hire	Date of hire
Maximum Payment Period	Later of 65 or Social Security Normal Retirement Age	Later of 65 or Social Security Normal Retirement Age

NOTE: U.S. Social Security Administration, Fact Sheet, January 2017.

Voya Life Insurance

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams — such as a college education — a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Term Life and Accidental Death & Dismemberment (AD&D)

The City of Littleton provides eligible employees with Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic.

- ▶ **Basic Term Life and AD&D:** The benefit is equal to 1.5 times your base annual earnings to a maximum of \$250,000.

Supplemental Life and Accidental Death & Dismemberment (AD&D)

You may supplement your basic life and AD&D coverage with voluntary coverage through Voya Financial. If you are a new employee enrolling when you first become eligible, you will be guaranteed \$150,000 of coverage up to 3 times your annual earnings for yourself without having to submit a medical questionnaire.

- ▶ **Employee:** A maximum of \$500,000 or 5x earnings, in increments of \$10,000.
- ▶ **Spouse:** A maximum of \$50,000, in increments of \$5,000, may not exceed 50% of the employee's voluntary life amount.
- ▶ **Children:** \$10,000.



Vacation Leave Policy*

Employees receive paid vacation leave on an annual basis at the following schedule.

ANNUAL VACATION BENEFITS IN HOURS FULL-TIME EMPLOYEES		
BENEFIT LEVEL	Civilian, Administrative, and Division Chiefs/ Commanders of Police	Dispatch, Animal Control Officers
0 Thru 4 Years	128	220
5 Years Thru 9 Years	152	244
10 Years Thru 14 Years	168	260
15 Years Thru 19 Years	192	284
Over 20 Years	208	300
BENEFIT LEVEL	Executive Level, Chief of Police	
0 Thru 9 Years	160	
10 Years Thru 19 Years	200	
Over 20 Years	240	

ANNUAL VACATION BENEFITS IN HOURS PART-TIME EMPLOYEES		
BENEFIT LEVEL	20-29 Hours Per Week	30-39 Hours Per Week
0 Thru 4 Years	64	128
5 Years Thru 9 Years	76	152
10 Years Thru 14 Years	84	168
15 Years Thru 19 Years	96	192
Over 20 Years	104	208

ANNUAL VACATION ACCRUAL CAP IN HOURS FULL-TIME EMPLOYEES		
BENEFIT LEVEL	Civilian, Administrative, and Division Chiefs/ Commanders of Police	Dispatch, Animal Control Officers
0 Thru 4 Years	328	420
5 Years Thru 9 Years	352	444
10 Years Thru 14 Years	368	460
15 Years Thru 19 Years	392	484
Over 20 Years	408	500
BENEFIT LEVEL	Executive Level, Chief of Police	
0 Thru 9 Years	360	
10 Years Thru 19 Years	400	
Over 20 Years	440	

*For vacation accruals for commissioned PD please refer to the LPD Association agreement.

The City Observes the Following Holidays*

New Year's Day	Thursday, January 1, 2026
Martin Luther King Jr. Day	Monday, January 19, 2026
President's Day	Monday, February 16, 2026
Memorial Day	Monday, May 25, 2026
Juneteenth	Friday, June 19, 2026
Independence Day Observed	Friday, July 3, 2026
Labor Day	Monday, September 7, 2026
Veteran's Day	Wednesday, November 11, 2026
Thanksgiving Day	Thursday, November 26, 2026
Day After Thanksgiving	Friday, November 27, 2026
Christmas Eve Afternoon	Thursday, December 24, 2026 (Close at 12:00 PM)
Christmas Day	Friday, December 25, 2026

*The holidays listed above are fully paid for general government full-time employees. Commissioned police officers, detectives, corporals, sergeants, and emergency services dispatchers are granted additional vacation hours in lieu of paid holidays.

Floating Holidays

General government regular full-time employees and emergency service dispatchers accrue 40 hours annually of floating holiday. General government regular part-time employees of 20 hours or more accrue for 20 hours annually of floating holiday.

Sick Leave Policy

Full-time regular employees earn eight hours of sick leave accrual per month, up to the accrual cap of 1,040 hours.

Part-time regular employees working 30 to 39 hours per week will accrue eight hours of sick leave per month, up to a maximum of 1,040 hours.

Part-time regular employees working 20 to 29 hours per week will accrue four hours of sick leave per month, up to a maximum of 1,040 hours.

Temporary, seasonal, interns, and variable-hour employees will accrue sick leave at one hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours/year. Please see the HUB for more information.

Colonial Voluntary Benefits

Critical Illness Insurance

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

Examples of Covered Illnesses Include:

- ▶ Heart Attack
- ▶ Stroke
- ▶ Cancer
- ▶ End Stage Renal (Kidney) Failure
- ▶ Major Organ Transplant

Plan Features

- ▶ You do not have to be terminally ill to receive benefits.
- ▶ Coverage options are available for your spouse and children as riders to your coverage.
- ▶ Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

NOTE: The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

Hospital Indemnity Insurance

If you've ever been in the hospital, you know that it may be difficult to focus on your recovery. You'd rather be in your own bed, eating your own food, and your family might be spending a ton of money to stay at a hotel near you.

The last thing you want to think about is the bill you will receive after your insurance company covers their portion of your hospital stay. Since out-of-pocket costs including deductibles and coinsurance can build quickly, the bills that result from a hospital stay can be overwhelming for anyone – with or without Medical Insurance.

Hospital Indemnity Insurance can help to ease the sticker shock by paying a benefit directly to you (not to the hospital, or to an insurance company) if you or a covered family member has to stay in the hospital.

	MONTHLY PREMIUM
Employee Only	\$13.82
Employee + Spouse	\$26.66
Employee + Child(ren)	\$18.07
Family	\$30.90

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your Summary Plan Description (SPD) for complete details.

Accident Insurance

You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- ▶ Fractures
- ▶ Emergency Room Treatment
- ▶ Dislocations
- ▶ Hospitalization
- ▶ Concussion
- ▶ Accidental Death

	MONTHLY PREMIUM
Employee Only	\$13.77
Employee + Spouse	\$22.27
Employee + Child(ren)	\$23.86
Family	\$32.37

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.



Additional Benefits

Parenting Support and More

Fertility and adoption assistance are available to all benefit-eligible employees and their spouses up to \$5,000 through Carrot. Access your benefit through the registration email or visit get-carrot.com/signup and enter your work email address.

Get Support With:

- ▶ Perimenopause and menopause
- ▶ Low testosterone (low T)
- ▶ Infant care and parenting (ages 0-12)
- ▶ Pregnancy and postpartum*
- ▶ Fertility health and wellness (e.g., hormone testing, trying to get pregnant)*
- ▶ Preservation (egg, embryo, or sperm freezing)*
- ▶ Assisted reproduction, like IVF and IUI*
- ▶ Adoption*
- ▶ Donor assistance and gestational surrogacy*

Through Carrot, You'll Get:

- ✓ Access to funds to pay for eligible care and services
- ✓ Personalized advice from Carrot Experts to help you make the most of your benefit
- ✓ A Carrot Plan - customized next steps to help you move forward, at no cost to you
- ✓ Unlimited, free video chats with medical experts and specialists
- ✓ Help finding providers near you
- ✓ Exclusive partnerships and discounts
- ✓ Expert-produced educational resources - no more endless online searching

*Categories that are eligible for up to \$5,000 in financial support.

Norton Lifelock Identity Theft Insurance

The City of Littleton offers employees comprehensive, proactive identity monitoring through Norton Lifelock. The Identity Theft Program uses innovative technology and data sources to protect against the impacts of identity fraud, alerting you at the earliest possible moment.

Employees and dependents can receive identity protection that includes:

- ▶ Identity Monitoring
- ▶ Internet Surveillance
- ▶ Digital Identity
- ▶ Consultation
- ▶ Credit Identity Monitoring

For a low cost, you can get the protection you need for yourself and your eligible dependents. It is more important now, than ever before, to protect your identity.

Employees who enroll through the City of Littleton plan will save 60% compared to signing up through a retailer.

	MONTHLY RATES
Employee Only	\$7.99
Employee + Family	\$16.98

Retirement Savings

General Employee Retirement Plan 401(a)

The City of Littleton offers regular full-time status employees of 40 hours or more per week a retirement/401(a) plan. Full-time GenGov employees contribute 5% and the City contributes 8%. Employees are fully vested in the employer's contributions to the 401(a) after five years of employment or age 55.

Employees are eligible for this plan on their date of hire, this is a defined contribution plan.

457 Deferred Compensation Plan

The City of Littleton offers employees with a regular part-time or full-time status of 20 hours per week or more to elect to participate in the 457 Deferred Compensation Plan. There are both pre-tax and ROTH options for the 457 Plan. The employee can elect contribution amounts and make investment selections. The contributions can be made up to the IRS maximum contribution amount (\$24,500 in 2026). Employees 50 or older can contribute an additional \$7,500 per year as a designated "catch-up" provision.

Employees are eligible for this plan on their date of hire.

The match is up to 5% match for part-time employees ONLY. Sworn Police Department employees are eligible for a 2% match.

All employees are immediately fully vested in the employer's contribution to the 457 plan.



Benefits Administrator Information

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person responsible for benefits at your facility.

Get More Information

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER	POLICY #
City of Littleton Human Resources	City of Littleton	hr@littletongov.org	(303) 795-3858	N/A
Medical & Prescription Drug	Anthem	www.anthem.com	(800) 542-9402	L14690
Health Savings Account (HSA)	Alerus	www.alerusrb.com	(877) 661-4727	N/A
CareATC Employee Clinic	CareATC	www.careatc.com	(719) 300-6355	N/A
Dental	Delta Dental Insurance Company	www.deltadentalco.com	(800) 610-0201	1235
Vision	Vision Service Plan (VSP)	www.vsp.com	(800) 216-6248	12198600
Life & AD&D	Voya Financial	www.voya.com	(800) 955-7736	696692
Voluntary Life & AD&D Short-Term Disability (STD) Long-Term Disability (LTD)	Voya Financial	www.voya.com	(800) 423-2765	696692
Colonial Voluntary Benefits	Colonial Life	www.coloniallife.com	(800) 325-4368	N/A
Flexible Spending Accounts	Alerus	www.alerusrb.com	(877) 661-4727	N/A
Employee Assistance Program	Mines & Associates	www.minesandassociates.com	(800) 873-7138	8963
CompPsych Guidance	Voya	www.guidanceresources.com	(877) 533-2363	Web ID: My5848i
Retirement 401(a) Savings Plan	Empower	www.empower-retirement.com	(855) 756-4738	GG# 100176-01 Police# 100176-03 457# 100176-02
457 Deferred Comp	Empower	www.empower-retirement.com	(855) 756-4738	457# 100176-02
FPPA	Fire and Police Pension Association	www.fppaco.org	(800) 332-3772	N/A
Identity Theft Protection	Norton LifeLock	www.lifelock.com	(844) 530-9892	N/A
Fertility and Adoption Assistance	Carrot	get-carrot.com/signup	(877) 275-6158	N/A

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

Updated: October 2025

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each month, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at <https://littletoncol.sharepoint.com/sites/HumanResourcesDepartment>; you may also request a copy free of charge by calling the City of Littleton Human Resources Office at **(303) 795-3858**.

Enclosed are important notices about your rights under your health and welfare plan, the "Plan."

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

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the City of Littleton health and welfare plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the City of Littleton Privacy Notice upon your written request to the Human Resources Department, at the following address:

City of Littleton, Human Resources
2255 W. Berry Ave., Littleton, CO 80120
Phone: **(303) 795-3858** Fax: **(303) 795-3819**
Mon - Fri, 8am - 5pm, closed holidays

If you have any questions, please contact the City of Littleton Human Resources Office at **(303) 795-3858**.

Patient Protection Notice

The City of Littleton health and welfare plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For the Pathway network, until you make this designation, Anthem designates one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the at **(800) 542-9402**.

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

You do not need prior authorization from Anthem or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem at **(800) 542-9402**.

Women's Health and Cancer Rights Act

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

- ▶ All stages of reconstruction of the breast on which the mastectomy was performed;
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- ▶ Prostheses; and
- ▶ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **(303) 795-3858**.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

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

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact City of Littleton – Human Resources for more information at:

Phone: **(303) 795-3858** Email: **HR@littletongov.org**

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

Important Notice from City of Littleton About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

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

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current City of Littleton coverage will not be affected.

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

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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

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

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

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

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

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- ▶ Visit Social Security on the web at www.ssa.gov, or
- ▶ Call **(800) 772-1213**. TTY users should call **(800) 325-0778**.

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

Date: October 1, 2025

Name of Entity/Sender: City of Littleton

Contact: Human Resources

Address: 2255 W. Berry Ave., Littleton, CO 80120

Phone Number: **(303) 795-3858**

General Notice of Continuation Coverage Rights Under COBRA

Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

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

What Is COBRA Continuation Coverage?

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

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

- ▶ Your spouse dies;
- ▶ Your spouse’s hours of employment are reduced;
- ▶ Your spouse’s employment ends for any reason other than his or her gross misconduct;
- ▶ Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- ▶ You become divorced or legally separated from your spouse.

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

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

When Is COBRA Coverage Available?

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

- ▶ The end of employment or reduction of hours of employment;
- ▶ Death of the employee.

How Is COBRA Continuation Coverage Provided?

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

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

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

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

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

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

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

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

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

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

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

City of Littleton Health and Welfare Plans
City of Littleton Benefits Supervisor
City of Littleton Human Resources
255 W. Berry Ave., Littleton, CO 80120
(303) 795-3858

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available by contacting City of Littleton HR department at <https://littletoncol.sharepoint.com/sites/HumanResourcesDepartment>. A paper copy is also available, free of charge, by calling City of Littleton Human Resources at **(303) 795-3858**.

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **(303) 795-3858** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice Regarding Wellness Program

City of Littleton Sponsored Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, glucose and/or other applicable tests. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive incentives through the Motivate Me program. Although you are not required to complete the HRA, only employees who do so will receive incentives. Please review the Motivate Me program for specific incentives and requirements.

Additional incentives for completing incentive activities may be available for employees who participate in certain health-related activities, for example for example online coaching, telephonic coaching, Apps & Activities, or achieve certain health outcomes, for example, BMI, blood pressure, total cholesterol, LDL cholesterol, blood glucose, or waist circumference or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting City of Littleton Human Resources Department at **(303) 795-3858**.

NOTES:

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 **(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 **(866) 444-EBSA (3272)**.

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

1. ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycolorado.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. 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
8. INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dtr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. 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)
13. 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
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremiassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid
Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
29. SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

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

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

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

