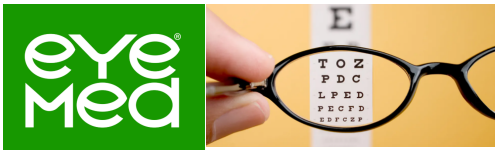
Elected Officials Benefits

Benefit Plan Year:
July 1, 2026 – June 30, 2027

cigna healthcare℠



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Benefits Overview

Rockingham County is proud to offer a comprehensive benefits package eligible employees The complete benefits package is briefly summarized in this booklet. You may request plan booklets which give you more detailed information about each of these programs. You can also go to the County Website or UKG online benefits portal to download the booklets.

Benefit Plans Offered:

- Medical
- Stella Health Navigation
- Dental
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Employee Assistance Program (EAP)
- Buy Out

Eligibility

You and your dependents are eligible for Rockingham County benefits on the first of the month following your date of hire.

Eligible dependents are your spouse , children under age 26, disabled dependents of any age, or Rockingham County's eligible dependents.

Elections made now will remain in effect until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR immediately and complete the process for changes to your benefit elections within 30 days from the date of the event.

If you require assistance or support in accessing the UKG online enrollment portal due to an ADA/ADAAA related limitation, please contact Human Resources at (603) 679–9337.

Not everyone's personal situation is the same; your family needs may be different from the needs of your co-workers.

In recognition of these differences, Rockingham County offers voluntary benefits, which you can purchase at group rates.

Medical Benefits

Administered by Cigna

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

Rockingham County offers you a choice of two medical plans - 1) High Deductible Health Plan 10% (HDHP10%) and 2) High Deductible Plan 20% (HDHP20%). If you use in-network providers, your costs will be less.

Reminder: Cigna no longer issues physical ID cards. All insurance cards will be available online on the MyCigna website or app.

Medical Options:

In-Network Only	HDHP 10%	HDHP 20%
Plan Features		
Annual Deductible	$2,000 single / $4,000 family	$4,000 single / $8,000 family
Annual Out-of-Pocket Maximum	$4,500 single / $9,000 family	$6,550 single / $12,700 family
Doctor's Office		
Preventive Services	100%	100%
Primary Care Office Visit	10% after deductible	20% after deductible
Specialist Office Visit	10% after deductible	20% after deductible
Urgent Care Visit	10% after deductible	20% after deductible
Hospital Services		
Emergency Room (emergent)	10% after deductible	20% after deductible
Emergency Room (non-emergent)	10% after deductible	20% after deductible
Inpatient	10% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	20% after deductible
Ambulance Service	10% after deductible	20% after deductible
Skilled Nursing	10% after deductible	20% after deductible
Durable Medical Equipment	10% after deductible	20% after deductible
Mental Health Services		
Inpatient Services	10% after deductible	20% after deductible
Outpatient Services	10% after deductible	20% after deductible

Pharmacy Options:

In-Network Only	HDHP 10%	HDHP 20%
Retail Pharmacy (30-day supply)		
Generic	10% after deductible	20% after deductible
Preferred	10% after deductible	20% after deductible
Non-Preferred	10% after deductible	20% after deductible
Retail Pharmacy or Mail order (90-day supply)		
Generic	10% after deductible	20% after deductible
Preferred	10% after deductible	20% after deductible
Non-Preferred	10% after deductible	20% after deductible

PLEASE REFER TO THE RATE SHEET INCLUDED IN YOUR BENEFIT PACKET FOR MEDICAL RATES.

Stella Health Navigation - Health Transparency and Cost Comparison Tool

Stella Health is your healthcare navigation and advocacy service, included with our Cigna medical plans at no cost to you. Staffed by nurses, Stella's dedicated team is here to help guide you and your family through the complexities of healthcare.

Stella's dedicated and compassionate nurses and support teams are here to guide and support you:

- Find a top doctor: Stella can connect you with high-performing, available, and in-network doctors in your area.
- Navigate challenging health journeys: A Stella nurse can guide you through the health care system and help you understand your options.
- Connect with our trusted partners: Stella can connect you with our proven partners, including FEDLogic, Quantify, and more.

What else should you know?

- You can reach out to Stella at any time. Stella and their nurses are our trusted partners.
- They may reach out to you or your dependents directly if they believe they can help with a clinical care issue.
- Stella nurses are here to support you throughout your care journey.
- For questions related to claims, billing, or prior authorizations, Cigna or your medical provider's office are the best resources and can assist you directly.

FEDlogic

FEDlogic uses state and federal benefits information to advocate for you and your household members at no cost to you.

Their compassionate experts have years of experience navigating complex benefits systems.

When can they help?

- Weighing your Medicare or Medicaid options
- You have a child born prematurely and is in the NICU
- You have lost a spouse and need help navigating survivor's benefits
- You are unable to work or have lost affordable health coverage

Quantify

A specialty infusion/injection program delivering medications at home, through mobile services, or in clinic—backed by 24/7 nurse support for safe, coordinated care.

stella℠ health navigation

More information about this exciting new program will be coming soon!

Flexible Spending Account (FSA)

Administered by Voya

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses such as medical deductible or copays, dental and vision expenses and more. You pay no federal income or Social Security taxes on your contributions to an FSA. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income. You may elect to participate in the Rockingham County FSA plan even if you are not electing medical coverage. This is a full year benefit and may not be dropped or changed unless you have a Qualifying Event.

The FSA program includes a rollover feature. If you enroll in the 2026-2027 FSA, any funds up to $680 remaining in your account after 6/30/2027 will be eligible for rollover. There is **NO** rollover for Dependent Care FSAs

- **Health FSA and Limited Purpose FSA Limit: $3,400**
- **Dependent Care FSA Limit if married/filing jointly: $7,500**
- **Dependent Care FSA Limit if married/filing separately: $3,450**

Health Savings Account (HSA)

Administered by Voya

The HSA product is available to employees who enroll in a High Deductible Health Plan (HDHP). This tax advantaged medical saving account allows funds to be deposited without being subject to federal income tax. Funds in your HSA can be used for things such as healthcare services, equipment, or medications.

Rockingham County will contribute the following to your HSA:

Single: $1,750

2 Person / Family: $3,500

This amount will be pro-rated if your HDHP coverage is effective after July 1, 2026.

2026 Annual Contribution Limits:

Single: $4,400

2 Person/Family: $8,750

Catch up Provision:
If you are age 55 or older by the end of the plan year you can contribute an additional $1,000.

Dental Benefits

Administered by Northeast Delta Dental

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

	High Option	Low Option
Annual Deductible	$25 per person; $75 family limit	$25 per person; $75 family limit
Annual Benefit Maximum	$2,000	$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%	80%
Major Dental Services (extractions, crowns, onlays, bridges, repairs)	50%	50%
Orthodontia Services (covered to age 19)	50% to a lifetime maximum of $2,000	50% to a lifetime maximum of $1,500

Employees that are enrolled in any part of Medicare are not eligible to contribute to an HSA, and the County is not permitted to contribute on your behalf. Please inform Human Resources if you have chosen to enroll in Medicare.

Employee Assistance Program (EAP)

Administered by Lucet

The Employee Assistance Program offers 24/7 confidential services to employees and family members that may be struggling with issues such as legal troubles, stress, work-life balance, or financial problems. The EAP program is paid for by Rockingham County with no cost to you as the employee. Some of the services, resources and referrals that the EAP provides are:

- Legal Services
- Financial Planning
- Drug/Alcohol Abuse Help
- Counseling
- Elder/Child Care Specialists

eap.lucethealth.com
Code: rockingham
800.624.5544

Buy Out

Any benefits eligible employee opting out of the Rockingham County medical plan may qualify to receive the Buy Out. In order to receive the Buy Out, you must sign an attestation form and maintain other non-County health coverage, as healthcare reform mandates that you and each member of your family must maintain health coverage. The 2026-2027 annual Buy Out amount is $1,500 for full time eligible employees.

PLEASE REFER TO THE RATE SHEET INCLUDED IN YOUR BENEFIT PACKET FOR ALL ADDITIONAL RATES.

Contact Information

If you have specific questions about a Rockingham County benefit plan, please contact the Human Resources Department or the administrator listed below.

Benefit		Phone	Website/Email
Human Resources	Rockingham County	603.679.9337	www.rockinghamcountynh.org/departments/human-resources/
Medical	Cigna	877.848.5967	www.cigna.com
Stella Health Navigation	Stella Health	Coming soon!	
Dental	Northeast Delta Dental	603.832.5700	www.nedelta.com
Flexible Spending Account	Voya	833.232.4673	www.voya.com
Health Savings Account	Voya	833.232.4673	www.voya.com
Employee Assistance Program	Lucet	800.624.5544	eap.lucethealth.com

Legal Notices:

Notice of HIPAA Special Enrollment Rights

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

because of other health insurance or group health plan coverage, you may be able to

enroll yourself and your dependents in 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or

placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the HR Department at 603-679-9337.

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;
- 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 your plan.

USERRA Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

CHIPRA State Premium Assistance Notice

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), group health plans and group health insurance issuers must offer new special enrollment opportunities. Effective April 1, 2009, plans and issuers must permit employees and dependents who are eligible for, but not enrolled in, a group health plan to enroll in the plan upon:

- losing eligibility for coverage under a State Medicaid or CHIP program, or
- becoming eligible for State premium assistance under Medicaid or CHIP.

The employee or dependent must request coverage within 60 days of being terminated from Medicaid or CHIP coverage or within 60 days of being determined to be eligible for premium assistance.

HIPAA Privacy Notice

The Office for Civil Rights and Office of the National Coordinator for Health Information Technology have collaborated to develop model Notices of Privacy Practices for health care providers and health plans to use to communicate with their patients and plan members. The HIPAA Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of health plans and health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear, user friendly explanation of these rights and practices.

Many entities have asked for additional guidance on how to create a clear, accessible notice that their patients or plan members can understand. In response, OCR and ONC have provided separate models for health plans and health care providers. The three options are:

- Notice in the form of a booklet;
- A layered notice that presents a summary of the information on the first page, followed by the full content on the following pages;
- A notice with the design elements found in the booklet, but formatted for full page presentation.
- A text only version of the notice.

The models reflect the regulatory changes of the Omnibus Rule and can serve as the baseline for covered entities working to come into compliance with the new requirements. In particular, the models highlight the new patient right to access their electronic information held in an electronic health record, if their provider has an EHR in their practice. Covered entities may use these models by entering their specific information into the model and then printing for distribution and posting on their websites.

- Booklet
- Layered Notice
- Full Page
- Text Only
- Questions and Instructions

For more information about the HIPAA Privacy Rule and the Notice requirements, see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html

- A covered entity must make its notice available to any person who asks for it.
- A covered entity must **prominently post** and make available its notice on any web site it maintains that provides information about its customer services or benefits.

Certificate of Creditable Drug 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 **Rockingham County** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **Rockingham County** has determined that the prescription drug coverage offered by the **Rockingham County health 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 **Rockingham County Health Plan** coverage will not be affected. If you elect Part D coverage you can keep your coverage under the Rockingham County Health Plan and your Rockingham County Health Plan will coordinate benefits with Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage in the Rockingham County Health Plan you and your dependents will not be able to re-enroll until the next annual open enrollment. If you continue to participate in the Rockingham County Health Plan, you do not need to take any action at this time.

If you do decide to join a Medicare drug plan and drop your current **Rockingham County Health Plan** coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the HR Department at 603-679-9337 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 **Rockingham County** changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

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

Summary of Material Modification to the Rockingham County Health Plan

This information represents a change to the terms of the **Rockingham County Health Plan** and should be kept with your booklet (Summary Plan Description) for future reference.

"Michelle's Law" applies to the **Rockingham County Health Plan**. Michelle's Law requires group health plans to provide continued coverage for certain dependents who are covered under Sample Organization's group health plan as a student if they lose their student status because they take a medically necessary leave of absence from school. This continuation of coverage is described below.

If your dependent is no longer a student, as defined in the plan, because he/she is on a medically necessary leave of absence, your dependent may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your dependent was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the dependent at the institution, that:

1. begins while the dependent is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the dependent to lose student status for purposes of coverage under the plan.

The coverage provided to dependents during any period of continued coverage:

1. is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your dependent had continued to be a covered student and had not taken a medically necessary leave of absence. If the coverage provided by the plan is changed under the plan during this one-year period, the plan will provide the changed coverage for the dependent for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for these dependents. If you believe your dependent is eligible for this continued coverage, the dependent's treating physician must provide a written certification to the plan stating that your dependent is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

This information represents a change to the terms of the **Rockingham County Health Plan** and should be kept with your booklet (Summary Plan Description) for future reference.

Coordination with COBRA Continuation Coverage

If your dependent is eligible for Michelle's Law's continued coverage and loses coverage under the plan at the end of the continued coverage period, continuation coverage under COBRA may be available at the end of Michelle's Law's coverage period and a COBRA notice will be provided at that time.

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

"Michelle's Law" applies to the **Rockingham County Health Plan** as to certain dependents eligible for extended coverage while a student. Michelle's Law requires group health plans to provide continued coverage for certain dependents who are covered under Rockingham County's group health plan as a student but lose their student status because they take a medically necessary leave of absence from school. This continuation of coverage is described below.

If your dependent is no longer a student, as defined in the plan, because he/she is on a medically necessary leave of absence, your dependent may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your dependent was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the dependent at the institution, that:

1. begins while the dependent is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the dependent to lose student status for purposes of coverage under the plan.

The coverage provided to dependent during any period of continued coverage:

1. is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your dependent had continued to be a covered student and had not taken a medically necessary leave of absence. If the coverage provided by the plan is changed under the plan during this one year period, the plan must provide the changed coverage for the dependent for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for these dependents. If you believe your dependent is eligible for this continued coverage, the dependent's treating physician must provide a written certification to the plan stating that your dependent is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

Coordination with COBRA Continuation Coverage

If your dependent is eligible for Michelle's Law's continued coverage and loses coverage under the plan at the end of the continued coverage period, continuation coverage under COBRA will be available at the end of Michelle's Law's coverage period and a COBRA notice will be provided at that time.

Questions?

If you have any questions regarding the information in this notice or your dependent's right to Michelle's Law's continued coverage, or if you would like a copy of your Summary Plan Description (which contains important information about plan benefits, eligibility, exclusions, and limitations), you should contact the **Rockingham County Human Resources Department.**

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Cigna.**

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

COBRA Initial Notice

**** Continuation Coverage Rights Under COBRA****

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

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

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Rockingham County HR Department.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, 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.

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/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

Rockingham County Human Resources Department

111 North Rd, Brentwood, NH 03833

603-679-9337

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 January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child- health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance- premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	**NEBRASKA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1 -800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
https://www.dhs.pa.gov/providers/Providers/Pages/Medical /HIPP-Program.aspx Website: Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2026, 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

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.

This benefit summary is prepared by

Rockingham County Human Resources