

St. Mary's County
Government

Benefit Guide

Hourly Employees



Commissioners of St. Mary's County
Department of Human Resources
Potomac Building
23115 Leonard Hall Drive
Leonardtown, MD 20650
301-475-4200, extension 1100

Table of Contents

Contact Information 2

Eligibility for Health Insurance Coverage..... 3

Mandated Benefits for Variable Hour Employees

- Sick and Safe Leave..... 4
- Family and Medical Leave (FMLA)... 5
- Workers’ Compensation 5
- Unemployment Compensation 5
- Social Security..... 5
- COBRA 5

Additional Benefits

- Employee Wellness Program... 6
- Employee Assistance Program..... 7

Annual Notices

- HIPAA Notice of Special Enrollment 8
- Premium Assistance under Medicaid and CHIP..... 9
- Women’s Health and Cancer Rights Act (WHCRA) 9
- Medicare Part D – Creditable Coverage Notice..... 10
- Coordination of Benefits (COB) 11
- New Health Insurance Marketplace Coverage Options 12
- HIPAA Notice of Availability of Privacy Practices 13

Contact Information

Human Resources Department

Main Telephone #: 301-475-4200, extension 1100

www.stmaryscountymd.gov

benefits@stmaryscountymd.gov

Dina Davis

Director

Tracie McPherson

Deputy Director

301-475-4200, extension 1102

Tracie.mcpherson@stmaryscountymd.gov

Rachel Pulliam

Risk Manager

301-475-4200, extension 1103

Rachel.pulliam@stmaryscountymd.gov

Heather Schrader

Benefits Administrator

301-475-4200, extension 1111

Heather.schrader@stmaryscountymd.gov

Cindy Tomlinson

Wellness Coordinator and Employee Engagement Specialist

301-475-4200, extension 1108

Cynthia.tomlinson@stmaryscountymd.gov

Emily Hammett

HR Assistant

301-475-4200, extension 1106

Emily.hammett@stmaryscountymd.gov

Kristyn Cothren

Sr. HR Coordinator / Recruiter

301-475-4200, extension 1104

Kristyn.cothren@stmaryscountymd.gov

Kelly Pelczar

Sr. HR Specialist / Payroll

301-475-4200, extension 1114

Kelly.pelczar@stmaryscountymd.gov

Kerri Johnson

Sr. HR Specialist / Risk

301-475-4200, extension 1112

Kerri.johnson@stmaryscountymd.gov

Colleen Wood

Sr. HR Specialist / Benefits

301-475-4200, extension 1105

Colleen.wood@stmaryscountymd.gov

Cynthia Slattery

FMLA/ADA Coordinator

301-475-4200, extension 1101

Cynthia.slattery@stmaryscountymd.gov

Employee Relations Coordinator

Eligibility for Health Insurance Coverage

With the passage of the Affordable Care Act (ACA), variable hour employees of St. Mary’s County Government (SMCG) **may**, in some cases, become eligible for employee health insurance coverage.

The ACA defines an employee as a variable hour employee if, based on the facts and circumstances on the employee's start date, an employer cannot determine whether the employee is reasonably expected to work an average of at least 30 hours per week or 130 hours per month. Variable hour employees who average 30 hours of service per week or 130 hours per month are considered full-time employees and are eligible for health insurance.

Initial Measurement Period

The IRS allows employers to adopt lookback measurement periods to determine whether a variable employee is considered a full-time employee and eligible for health insurance.

St. Mary’s County Government has adopted a 12-month lookback period. To determine eligibility for health insurance, a newly hired variable hour employees’ **initial** look back measurement period will begin on the first day of the month following their hire date and will run for 12 months.

Eligible Example:

Hire Date: June 15, 2025

Measurement Period: July 1, 2025 to June 30, 2026

Hours Worked Each Month During Initial Measurement Period												Total Hours
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
60	140	125	135	155	180	130	90	150	160	145	190	1,660

1,660 hours ÷ 12 months = 138.33 hours per month. The employee is eligible for health insurance coverage.

When a variable hour employee becomes eligible for health insurance coverage based on a look back measurement period, the employee remains eligible for coverage for a minimum duration, called a **stability** period.

Continued Eligibility for Health Insurance Coverage for Ongoing Variable Hour Employees

Continued eligibility for health insurance coverage will be determined by using an **Ongoing** annual measurement period of 12 months. **Ongoing** employees are employees who have met their **Initial** measurement period. The **Ongoing** measurement period runs from **April 2nd** to **April 1st**. If a variable hour employee were to meet the 130 hours per month requirement over the annual 12-month measurement period, he/she would remain covered for the plan year beginning July 1st.

Plan Year July 1 st to June 30th		
Measurement Period 12 Months	Administrative Period 90 Days	Stability Period 12 Months
April 2nd – April 1st	April 2nd – June 30th	July 1 st – June 30th

Incentive Payment for Declining Medical Coverage

For each plan year (July 1 - June 30) in which an eligible employee does not participate in St. Mary's County Government group medical coverage (health, prescription, and vision) either as an employee, dependent or retiree, that employee shall receive an incentive payment for declining medical coverage. A signed waiver opting out of County coverage must be completed and submitted to HR to be eligible for the payment.

*Waiver Credit	24 Pays	Annual
Full time	\$40	\$960
RPT 30-39	\$30	\$720
RPT 20-29	\$25	\$600
Variable hour 30+ per week	\$25	\$600

*The incentive payment for declining medical coverage benefit is taxable income to you. If you opt-out of coverage, you cannot enroll until the next open enrollment unless they have a Qualifying Life Event.

Mandated Benefits for Variable Hour Employees

Sick and Safe Leave

The Maryland Healthy Working Families Act requires employers with 15 or more employees to provide paid sick and safe leave for certain employees. It also requires that employers who employ 14 or fewer employees provide unpaid sick and safe leave for certain employees.

Hourly employees are awarded forty (40) hours of paid sick leave upon hire and at the beginning of each calendar year. The year commences on January 1st and ends on December 31st. Employees must wait 106 days from their date of hire to begin using leave. Unused sick leave may rollover into the next calendar year and employees may accrue no more than 64 hours of sick and safe leave at any time.

Employees will not be paid for any unused sick and safe leave upon termination of employment. If an employee leaves employment and is rehired within 37 weeks of leaving, any earned and unused sick leave that the employee had at the time of separation will be reinstated.

Leave Usage

An employee is allowed to use earned sick and safe leave under the following conditions:

- To care for or treat the employee's mental or physical illness, injury, or condition;
- To obtain preventative medical care for the employee or the employee's family member;
- To care for a family member with a mental or physical illness, injury, or condition
- For maternity or paternity leave; or
- The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3)

for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

A family member includes a spouse, child, parent, grandparent, grandchild, sibling, a legal ward of an employee, a legal ward of an employee's spouse, or a legal guardian of an employee or the employee's spouse.

Employees are permitted to use earned sick and safe leave in increments in certain amounts established by their employer. Employees are required to give notice of the need to use earned sick and safe leave when it is foreseeable. An employer may deny leave in certain circumstances.

Exceptions

Workers under the age of 18 are exempt from the legislation. Workers who regularly work less than 12 hours a week are also exempt.

Family & Medical Leave (FMLA)

Hourly employees may be eligible for leave under the Family Medical Leave Act (FMLA) if they have been employed for at least 12 months and have worked at least 1,250 hours during the 12 months immediately preceding the start of the leave. The FMLA entitles employees an unpaid leave of absence up to 12 weeks for the following reasons:

- the birth of a child and to bond with the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

For questions about FMLA leave, please contact Cynthia Slattery at 301-475-4200, extension 1110 or via email at Cynthia.Slattery@stmaryscountymd.gov . Please contact the Human Resources Department for more information. For more additional information, please visit: www.dol.gov/whd/fmla.

Worker's Compensation

All County employees are protected for accidental injuries suffered on-the-job, certain job-related occupational diseases, or disabilities, and for loss of life resulting from such injuries. Generally, all medical and hospital expenses for on-the-job injuries and illnesses are covered under Workers' Compensation. If you become injured on the job, immediately report the work-related injury/illness to your supervisor.

Unemployment Compensation

All employees are covered under the Maryland State Unemployment laws and may be eligible for unemployment compensation upon separation or termination from County employment. More details regarding unemployment compensation can be found on the Department of Labor's website: www.dol.gov.

Social Security

All employees are required to participate in the Federal Insurance Contributions Act system known as Social Security. Employees and the County share in the contribution to Social Security in such proportions as mandated by law.

COBRA

Upon separation or other qualifying event, hourly employees and/or their eligible dependents may be entitled to retain their health insurance under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

Additional Benefits

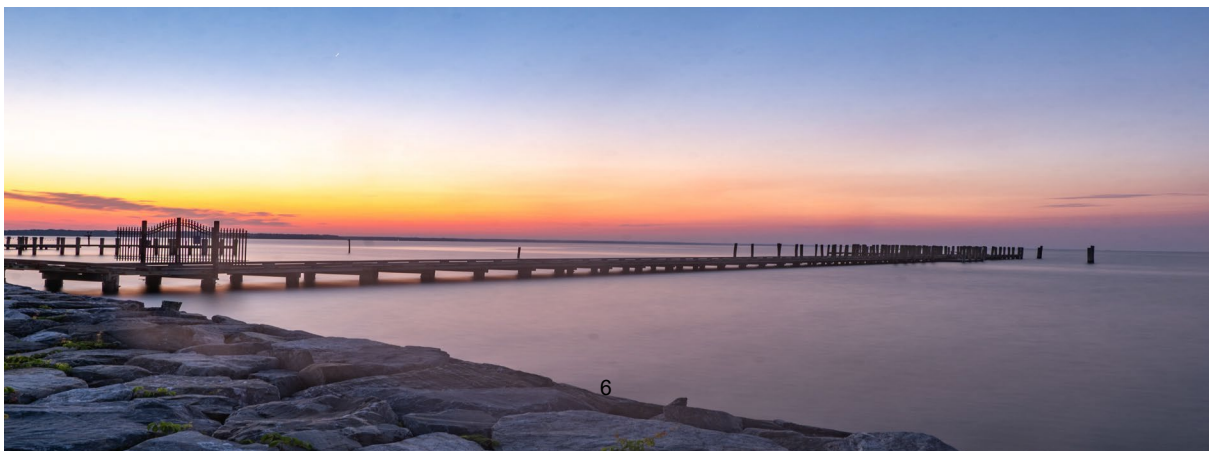
Employee Wellness Program

St. Mary's County Government offers an employee wellness program designed to encourage healthier lifestyles through holistic programs focusing on 5 dimensions of well-being: emotional, environmental, financial, physical, and social elements. Together these elements help to inspire a whole and healthy you!



Some offerings include:

- Reflexology & Seated Massage days
- Tobacco cessation resources
- Wear Blue for Men's Health Month
- Wear Pink for Breast Cancer Awareness
- Go Red Day for Women's Cardiovascular Health
- Employee Wellness Room
- Fitness Challenges- track your steps and/or fitness minutes. Participate on an individual or a team basis to enjoy weekly prize drawings for logging activity and both team and individual prizes
- Employee Health and Wellness Day- including fitness demonstrations, flu and pneumonia vaccines, health screenings, free massage and reflexology sessions, raffle prizes and more!
- Friday Fitbit – weekly newsletter provides wellness and safety resources



Employee Assistance Program

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below.

- **Financial:** Schedule coaching sessions with certified financial planners to strengthen budgeting skills and achieve financial wellness goals.
- **Mental Health Sessions:** Access confidential counseling to manage stress, relationships, or personal challenges – in—person, virtual, or telephonic options available.
- **Work Life:** Get referrals for family care, daily living resources, and personal assistance to simplify responsibilities and improve balance.
- **Legal:** Receive referrals for legal consultation to address everyday personal legal matters, and access to helpful DIY legal forms.
- **Medical Advocacy:** Work with a certified medical social worker for expert guidance navigating healthcare systems, receiving doctor referrals and planning for care.

Contact us: Toll-Free (800) 451-1834

For more information about the EAP services, go to

<https://allonehealth.com/portal> enter your email address and the employer code **smcg to create an account and sign in.**



Annual Notices

St. Mary's County Government is required by applicable law to provide you with certain notices each year that inform you of your rights and our responsibilities with respect to the County's health plan (the "Plan"). Please carefully review the information contained below and share it with your covered dependents. We suggest you keep this information for future reference.

HIPAA NOTICE OF SPECIAL ENROLLMENT

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.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 (the Act) if you or your dependents:

1. Lose coverage under a Medicaid or State Plan; or
2. Become eligible for group health premium assistance under a Medicaid plan or State Plan.

If a special enrollment right is provided pursuant to the Act, you may change your election consistent with such special enrollment right within 60 days if the election is made consistent with the special enrollment.

Waiver of Coverage

If you elect to waive coverage for yourself or your dependents (including your spouse), you acknowledge that you and your spouse and/or dependent child(ren) can only enroll later during an annual Open Enrollment period. An exception to this is if you and your spouse and/or dependent child(ren) are entitled to enroll in accordance with the "Special Enrollment Rights" described above.

To request special enrollment or obtain more information, contact Human Resources.

Annual Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, to see if your state has a premium assistance program, or for more information on special enrollment rights, contact the U.S. Department of Labor or the U.S. Department of Health and Human Services or the Employee Benefits Security Administration Centers for Medicare & Medicaid Services at 1-866-444-EBSA (3272) 1-877-267- 2323, Menu Option 4, Ext. 61565.

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, you can 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, you can ask the 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).

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

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;
- Prosthesis; 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. Contact Human Resources for more information.

Annual Notices

MEDICARE PART D INFORMATION--CREDITABLE COVERAGE

Important Notice from St. Mary's County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St. Mary's County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. St. Mary's County Government has determined that the prescription drug coverage offered by St. Mary's County Government 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 through 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 coverage will be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. If you drop your current coverage with St. Mary's County Government and enroll in Medicare prescription drug coverage, you may enroll back into St. Mary's County Government Health Plan during the Open Enrollment period or if you experience a qualifying event. If you do decide to join a Medicare drug plan and drop your current St. Mary's County Government Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

Annual Notices

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 St. Mary's County Government 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) if 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

For further information contact the Human Resources Department. 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 St. Mary's County Government changes. You also may request a copy of this notice at any time.

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 whether or not you are required to pay a higher premium (a penalty).

COORDINATION OF BENEFITS (COB)

All medical and dental plans contain a "non-duplication of benefits," or Coordination of Benefits (COB), clause. Under the COB provision, to determine which plan pays benefits first (the "primary" plan), the general rules below apply:

- The plan under which the person is covered as an employee is primary.
- CHAMPUS and Medicare are normally secondary.
- Qualified children are covered first under the plan of the parent whose birthday (month and day) falls earlier in the year (insurance companies call this "the Birthday Rule").
- If the parents are divorced or separated, the plan of the parent with custody pays first; the plan of the custodial parent's spouse pays second; the plan of the parent who does not have custody pays third.
- The plan that covers an active employee and qualified children pays first; the plan that covers a laid-off or retiree employee and dependents pays second.
- Contact your health plan's Member Services department to confirm your plan's specific COB rules.

FAMILY & MEDICAL LEAVE (FMLA)

Employees may be eligible for leave under the Family Medical Leave Act (FMLA) if they have been employed for at least 12 months and have worked at least 1,250 hours during the 12 months immediately preceding the start of the leave.

Go to the bswift library or to www.dol.gov/whd/fmla for additional information.

Annual Notices

NEW 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, this notice provides basic information about the new 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 9.96% of your household income for the year 2026, 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

How Can I Get More Information?

For more information about health coverage offered by your employer, contact your Benefits Team at 301-475-4200, extension 1100. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit

<http://www.marylandhealthconnection.gov> you

can also access help through the Maryland Health Connection customer service center by calling 855-642-8572 or 855-642-8573.

¹An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. www.irs.gov/affordable-care-act and search on Employers for more information.

Annual Notices

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Please see bswift for more information.

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.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communications
- Ask the Plan to limit the information the Plan shares
- Get a list of those with whom the Plan has shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

THE PLAN'S USES AND DISCLOSURES

The Plan may use and share your information to:

- Help manage the health care treatment you receive
- Help administer and review the operation of the Plan
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Annual Notices

Privacy Contact for Questions about the Plan's Health Information Privacy Practices:

St. Mary's County Government c/o Health Plan Privacy Official 23115 Leonardtown Drive
PO Box 653
Leonardtown, MD 20650
(301) 475-4200, extension 1100

INTRODUCTION

The health plans sponsored by St. Mary's County Government (referred to in this Notice as the "Health Plans" or just the Plan) may use or disclose health information about participants and their covered dependents as required for purposes of administering the Health Plans. Some of these functions are handled directly by St. Mary's County Government, while other functions are performed by other service providers under contract with the Health Plans or by insurance carriers.

This Notice applies to each Health Plan sponsored by St. Mary's County Government. However, for any benefits that are provided through insurance contracts, you will receive a separate notice, similar to this one, from the insurer and only that notice will apply to the insurer's uses or disclosures of your health information.

The Plan is required by law to maintain the privacy of certain health information about you and to provide you this Notice of the Plan's legal duties and privacy practices with respect to that protected health information. This Notice also provides details regarding certain rights you may have under federal law regarding medical information about you that is maintained by the Plan. The Plan is required by law to abide by the terms of this Notice while it is in effect. **This Notice is effective beginning February 16, 2026** and will remain in effect until it is revised.

If the Plan's health information privacy practices, policies and/or procedures are changed so that any part of this Notice is no longer accurate, the Plan will revise this Privacy Notice. A copy of any revised Privacy Notice will be available upon request to the Privacy Contact Person indicated later in this Notice. Also, if required under applicable law, the Plan will automatically provide a copy of any revised notice to employees who participate in the Plan. The Plan reserves the right to apply any changes in its health information policies and/or procedures retroactively to all health information maintained by the Plan, including information that the Plan received or created before those policies/procedures were revised.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- The Plan will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.

Annual Notices

Ask the Plan to correct health and claims records

- You can ask the Plan to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask the Plan to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Plan will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask the Plan to limit what it uses or shares

- You can ask the Plan not to use or share certain health information for treatment, payment, or the Plan's operations.
- The Plan is not required to agree to your request and may say "no" if it would negatively affect the administration of the Plan.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times the Plan has shared your health information for 6 years prior to the date you ask, who received it, and why.
- The Plan will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Plan to make). The Plan will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- The Plan will make sure the person has this authority and can act for you before taking any action.

File a complaint if you feel your rights are violated

- You can complain if you feel the Plan has violated your rights by contacting the Plan using the Privacy Contact information on page 35.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- St. Mary's County Government will not retaliate against you for filing a complaint.

Annual Notices

YOUR CHOICES

For certain health information, you can tell the Plan your choices about what it may share. If you have a clear preference for how the Plan shares your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell the Plan your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. The Plan may also share your information when needed to lessen a serious and imminent threat to health or safety, as permitted by law.

In these cases, the Plan will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

THE PLAN'S USES AND DISCLOSURES

How does the Plan typically share use or share your health information?

The Plan typically uses or shares your health information in the following ways, including for treatment, payment and health care operations, except where 42 CFR Part 2 ("Part 2") imposes stricter rules regarding substance use disorder (SUD) information. See the discussion of the special rules that apply to certain SUD records below as we will not disclose your SUD information subject to Part 2 without your written consent, except as expressly permitted by Part 2.

Pay for your health services

The Plan can use and disclose your health information to pay for your health services.

Example: The Plan processes your health care claims to coordinate payment to providers or to reimburse you for eligible expenses you have paid.

Health care operations

- The Plan may use or disclose PHI for purposes that are related to the operation of the Plan including utilization review programs, quality assurance reviews, insurance or reinsurance contract renewals and other functions that are appropriate for purposes of administering the Plan.
- The Plan is not allowed to use genetic information to decide whether to offer you coverage or the price of that coverage.

Example: The Plan may use health information about you to offer wellness program services for you.

Annual Notices

Help manage the health care treatment you receive

The Plan may use your health information and share it with professionals who are treating you.

Example: A doctor sends the Plan information about your diagnosis and treatment plan so we can arrange additional services.

Administer your plan

The Plan may disclose your health information to the plan sponsor for plan administration.

Example: A business associate for the Plan may provide certain statistics to the plan sponsor to explain the costs of the Plan.

How else can we use or share your information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law, including those described in the discussion of the special rules that apply to certain SUD records below, before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hip_aa/understanding/consumers/index.html.

Help with public health and safety issues

The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

The Plan can use or share your information for health research.

Comply with the law

The Plan will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- The Plan can share health information about you with organ procurement organizations.
- The Plan can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Annual Notices

Address Workers' Compensation, law enforcement, and other government requests

The Plan can use or share information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

The Plan can share health information about you in response to a court or administrative order, or in response to a subpoena.

THE PLAN'S RESPONSIBILITIES

- The Plan is required by law to maintain the privacy and security of your protected health information in the manner required by applicable law, including the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and information subject to more stringent protections under other applicable law such as Part 2 relating to SUD diagnosis, treatment, or referral.
- The Plan will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- The Plan must follow the duties and privacy practices described in this notice (as may be amended from time to time) and give you a copy of it.
- The Plan will not use or share your information other than as described here unless you authorize the Plan, in writing, to use or share your information for another purpose. If you tell us we can use information for some other purpose, you may change your mind at any time. Let the Plan know in writing if you change your mind.
- **Please note that protected health information shared with entities not bound by HIPAA (e.g., law enforcement, etc.) may be re-disclosed and lose federal protection. That is, if the Plan shares your health information (as permitted by HIPAA) with a recipient that is not subject to HIPAA, your health information may be re-disclosed by that recipient and may no longer be protected by federal privacy laws.**

Example: If you authorize the disclosure of your health information to a third party in connection with a legal action, that information may not be protected under HIPAA once shared with the third party.

For more information see: www.hhs.gov/ocr/privacy/hip_aa/understanding/consumers/noticcep_p.html.

Annual Notices

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) INFORMATION UNDER 42 CFR PART 2 ("PART 2")

The Plan may receive SUD treatment information from providers or programs covered by 42 CFR Part 2 (42 USC 290dd-2) (a "Part 2 Program"), other HIPAA covered entities (that are not Part 2 Programs), or the business associates of HIPAA covered entities. Part 2 provides stricter confidentiality protections than HIPAA. For example, we may only receive SUD treatment information that is subject to Part 2 if you consent to the disclosure or as otherwise permitted by law.

When we lawfully receive such information, we will only use and disclose it (or testimony relating the content of such records) as follows:

- You provide the Plan with your written consent for the use or disclosure.
- A court order entered after notice and an opportunity to be heard and that meets the requirements of Part 2 authorizes the disclosure.
- The disclosure is permitted without your consent by Part 2 regulations (such as in the case of medical emergencies, to public health authorities in certain cases where the records have been de-identified, or for scientific research, audit or evaluation in certain cases, etc.).
- The Plan received SUD information about you from a Part 2 Program, other HIPAA covered entity or HIPAA business associate through your consent to uses and disclosures of your SUD records for purposes of treatment, payment or health care operations and the Plan uses or further discloses your SUD records for any of the purposes permitted by HIPAA as described elsewhere in this Notice. Note that in this circumstance the consent through which the Plan received your SUD records was limited to treatment, payment and health care operations but Part 2 rules permit the Plan to more broadly redisclose those records for any purpose permitted by HIPAA.

In no event, however, will the Plan use or disclose your SUD records subject to Part 2 (or testimony that describes the information contained in such records), in any civil, criminal, administrative, or legislative proceedings against you, unless (a) you provide written consent or (b) unless we are required to do so pursuant to a court order after you (or the holder of the record) are provided notice of the court order and the opportunity to be heard in the manner required by applicable law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Information disclosed pursuant to Part 2 or HIPAA may be subject to redisclosure and may no longer be protected by federal law.