2022-2023 BENEFITS GUIDE

M3 INSURANCE

A Message from your Employer

Our employees are our most valuable asset.

The Sevastopol School District is dedicated and committed to providing you and your family with a valuable benefit package. That is why we partner with M3 Insurance to evaluate different insurance options that are available, while also combating the rising cost of health care.

Your medical benefits will remain with Prevea360. In the Brown, Door and Kewaunee counties, the main providers in network include, but are not limited to: St. Vincent, St. Mary, and Door County Medical Center.

Sevastopol School District offers the choice of a $1,000 Single / $2,000 Family HMO plan with 100% coinsurance, which is our base plan, or the option to buy-up to a $1,000 Single / $2,000 Family POS plan with 100% coinsurance, which allows for out-of-network coverage.

The dental plan with Delta Dental and the vision insurance through Superior Vision both remain unchanged.

The open enrollment period will be from May 2, 2022 – May 13, 2022. This open enrollment is your opportunity to make changes to your insurance elections outside of a qualifying event. You may add or delete dependents, or come on to the insurance plan if you have waived in the past. If you are waiving coverage, you must complete the enrollment form indicating waiver of coverage.

This booklet is intended to provide information regarding the various benefit plan options you have for the 2022-23 plan year. We invite you to use this tool to learn about the options you have so you can make the most informed decisions regarding the insurance coverage for you and your family.

BENEFIT RESOURCES

COVERAGE	CARRIER	CONTACT INFORMATION
Medical	Prevea360	1.877.230.7555 www.prevea360.com
Dental	Delta Dental	1.800.236.3712 www.deltadentalwi.com
Vision	Superior Vision	1.800.507.3800 www.superiorvision.com
Group Long Term Disability	The Standard	1.888.937.4783 www.standard.com
Group Term Life	The Standard	1.888.937.4783 www.standard.com

This guide summarizes the key features of the Sevastopol District benefit plans. This guide is not a plan document or summary plan description for any benefit plan, and it does not amend the plan documents or summary plan descriptions in any way. Please refer to the plan documents for exact terms and conditions of coverage. If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. Sevastopol School District and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between Sevastopol School District and any individual, or an obligation by Sevastopol School District to maintain any particular benefit program, practice or policy or make any benefit payment.

This guide will help you get to know your benefits and your choices for the 2022/2023 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

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BENEFIT HIGHLIGHTS

MEDICAL PLANS

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Sevastopol School District provides eligible employees the choice of 2 medical plans administered by Prevea360.

- The HMO Plan has lower premiums compared to the POS Plan. With the HMO Plan, you are only covered if you received services at an In-Network provider. If you go Out-of-Network without a referral, there will not be any coverage.

- The POS Plan has a higher premium than the HMO plan and allows members access to In-Network and Out-of-Network providers. With the POS plan, there is a separate Out-of-Network deductible, coinsurance and out of pocket limit.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Prevea360 Network. Find a participating health care provider in your area by going to: Prevea360.com/doctors

Refer to the Summary of Benefits and Coverages (SBCs) for detailed medical plan coverage information.

WHO IS ELIGIBLE FOR BENEFITS

- All full-time employees and part-time bus drivers

- Your spouse

- Your biological children, stepchildren, legally adopted children (effective from the date placed for adoption), and foster children up to age 26.

TERMS TO KNOW

Annual Deductible
The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Copay
The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

Annual Out-of-Pocket Maximum
The most you'll have to pay out of your pocket in a calendar year for covered services.

Coinsurance
The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

MEDICAL PLAN

OPTION 1: HMO COPAY PLAN

You have two medical plan options to choose from. Your first option is an HMO. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage with this plan. Below is a high level overview of your benefit options.

PREVEA360	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	$1,000	N/A
Family	$2,000	N/A
Deductible and Coinsurance Limit		
Single	$1,000	N/A
Family	$2,000	N/A
Out-of-Pocket Maximum		
Single	$6,850	N/A
Family	$13,700	N/A
Coinsurance	100%	N/A
Dependent Eligibility	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Not Covered
Primary Care Office Visit	$20 Copay	Not Covered
Specialty Care Office Visit	$20 Copay	Not Covered
Partnered Health Location Visit	$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	$20 Copay	
Emergency Care	$200 Copay (Copay waived if admitted)	
RETAIL PRESCRIPTION DRUGS		
Tier 1	$20 Copay	Not Covered
Tier 2	$40 Copay	Not Covered
Tier 3	$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered

$0 Preventive Rx List and Prevea Partnered Health Included

Please reference page (155) for premium information.

MEDICAL PLAN *(continued)*

OPTION 2: POS COPAY PLAN

Your second option is a Point of Service (POS) plan. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. Out of network services will be processed at the out of network coverage level noted below. Below is a high level overview of your benefit options.

PREVEA360	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	$1,000	$1,500
Family	$2,000	$3,000
Deductible and Coinsurance Limit		
Single	$1,000	$2,750
Family	$2,000	$5,500
Out-of-Pocket Maximum		
Single	$6,850	$2,750
Family	$13,700	$5,500
Coinsurance	100%	80%
Dependent Eligibility	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventive Services	Covered in Full	Deductible & Coinsurance
Primary Care Office Visit	$20 Copay	Deductible & Coinsurance
Specialty Care Office Visit	$20 Copay	Deductible & Coinsurance
Partnered Health Location Visit	$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
URGENT CARE & ER SERVICES		
Urgent Care	$20 Copay	
Emergency Care	$200 Copay (Copay waived if admitted)	
RETAIL PRESCRIPTION DRUGS		
Tier 1	$20 Copay	50% Coinsurance
Tier 2	$40 Copay	50% Coinsurance
Tier 3	$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered

$0 Preventive Rx List and Prevea Partnered Health Included

Please reference page (15) for premium information.

Choose the Right Health Care Setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

Type of care		*Wait time*	*Member Cost*
	**Prevea Virtual Care** Telephonic visit with a licensed physician allowing you to receive care, and if needed, prescriptions. **When to go** • Colds or flu • Sinus infections • Headaches or sore throats • Allergies	**1 hour or less** during office hours, otherwise first thing the next morning	**$0 Copay**
	**Partnered Health Clinics** Sevastopol School District has partnered with Door County Medical Center and Prevea Health for various health care services available to you for a minimal fee. **When to go** • Preventive care • Allergies • Skin Infections • Refer to pages 8–11 for additional details	**Based on type of care** Standard urgent or clinical care wait times	**$5 Copay**
	**Urgent care** Urgent care centers are often open in the evenings and on weekends. **When to go** • Sprains and strains / Minor broken bones or cuts • Mild asthma attacks • Sore throats	**20 to 30 minutes** Approximate wait time	**$20 Copay**
	**Clinical care** (your doctor's office) Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions. **When to go** • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life	**1 week or more** Approximate wait time for an appointment	**$20 Copay** *Primary Care* **$20 Copay** *Specialist*
	**Emergency room** (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours **When to go** • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones	**3 to 12 hours** Approximate wait time for non-critical cases	**$200 Copay** *(copay waived if admitted)*

Virtual Care

Stay home and get treated for common conditions in under an hour!

Virtual Care visits are $35 for high deductible health plans, $0 for copay plans.

What types of conditions are treated?

- COVID-19 (Coronavirus)
- Upper respiratory infections
- Cold, Sinus Infection or Influenza
- Yeast infections
- Seasonal Allergies
- Pink eye/conjunctivitis
- Acid reflux/GERD
- And more

Three steps to get you from feeling blah to ahh.

1. Complete an Online Health Interview
2. Prevea Health Provider Review
3. Prescription
   (If part of your treatment plan)

Start Virtual Care 24/7
Visit **prevea.com/virtual-care**

PREVEA360 health plan
centered around you

Partnered Health

Through Prevea360 health plan, you have access to various health care services for a minimal fee. Appointments for urgent care, primary care (family medicine, internal medicine and pediatrics) and physical and occupational therapy are available at all Door County Medical Center and Prevea Health locations* where those services are offered with a $5 co-pay.**

PRIMARY CARE SERVICES FOR:	PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:
• Preventive care such as physical exams, well-child exams, health screenings and sports physicals • Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection • Routine medical care for children, adults and elderly including medication management • Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems • Minor office procedures such as skin lesion removal/biopsy, stitches • Cardiovascular disease prevention • Nicotine cessation • Basic mental health including anxiety and depression • Immunizations including flu shots *(see back page)* • Labs *(see back page)*	• Blood flow restriction therapy • Ergonomic assessments • Gait assessment • Injury assessment and consultation • Injury prevention • Manual therapy • Muscle, bone or joint pain • Pre- and post-surgical therapy • Posture and body mechanics training • Range-of-motion, flexibility, balance and strength training • Spinal stabilization instruction

URGENT CARE SERVICES FOR:

- Allergies
- Bites and stings
- Burns and sunburn
- Coughs and colds
- Ear pain
- Flu
- Headache
- Injuries and musculoskeletal care
- Minor lacerations and repair
- Pink eye/stye
- Sinus infections
- Skin infections
- Sore throats
- UTI/bladder infection

PREVEA360 health plan

Door County Medical Center
IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

PREVEA health

LABS The following labs are available at no additional cost to you as the patient.** Labs not listed will be billed to your personal health insurance.	IMMUNIZATIONS The following immunizations are available at no additional cost to you as the patient.** Immunizations not listed will be billed to your personal health insurance.
• ALT/SGPT • Antibiotic sensitivity*** • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA*** • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture*** • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA*** • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture*** • Urine dip • Urine microalbumin • Urine pregnancy test	• Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diptheria and pertussis, adult and pediatric • Varicella

The Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance.

No referral needed. **Visit prevea.com/PartneredHealthDCMC to schedule an appointment.**

** HSHS St. Clare Memorial Hospital Prevea Health Centers and non-Prevea health centers are excluded.*
*** HDHP members do not have a co-pay. Visits and immunizations are billed to your personal health insurance at a discounted rate. Labs are billed at $20.*
**** HDHP members will receive a bill from a Prevea-partnered HSHS hospital if those services were performed at an HSHS hospital facility.*

Partnered Health

Locations

Door County Medical Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
Door County Medical Center Sturgeon Bay Rehab 1300 Egg Harbor Road, Sturgeon Bay					x
Door County Rehab Services - Algoma 1510 Fremont St, Algoma					x
Door County Rehab Services – Sister Bay 2311 Meadow Wood Dr., Sister Bay					x
Door County Medical Center 323 S. 18th Ave, Sturgeon Bay	x	x	x	x	
Door County Medical Center Fish Creek Clinic 3711 Highway 42 Fish Creek		x		x	
Door County Medical Center Washington Island Clinic 910 Main Road Washington Island		x			
Door County Medical Center Algoma Clinic 815 Jefferson Street Algoma		x			
Prevea Eastern Wisconsin Health Centers	**Urgent Care**	**Family Medicine**	**Internal Medicine**	**Pediatrics**	**PT and OT**
HSHS St. Mary's Hospital Medical Center Inside Prevea Regional Orthopedic Center 1726 Shawano Ave., Green Bay					x
Prevea Allouez Health Center 1821 S. Webster Ave., Green Bay			x	x	x
Prevea Ashwaubenon Health Center 2502 S. Ashland Ave., Green Bay	x	x			x
Prevea East De Pere Health Center 3860 Monroe Road, De Pere	x	x	x	x	x
Prevea East Mason Health Center 3021 Voyager Drive, Green Bay	x	x	x	x	x
Prevea Health 2700 E. Enterprise Ave., Appleton					
Prevea Howard Health Center 2793 Lineville Road, Green Bay	x	x	x	x	x
Prevea Kewaunee Health Center 1020 Marquette Drive, Kewaunee	x	x			
Prevea Kohler Health Center 950 Woodlake Road, Kohler	x	x	x		x
Prevea Lawrence Drive Health Center 1601 Lawrence Drive, De Pere	x				x
Prevea Luxemburg Health Center 101 School Creek Trail, Luxemburg		x			x
Prevea Manitowoc Health Center 4810 Expo Drive, Manitowoc	x	x			
Prevea Marinette Health Center 1409 Cleveland Ave., Marinette		x			x
Prevea Oconto Falls Health Center 853 S. Main St., Oconto Falls			x		x
Prevea Oconto Health Center 620 Smith Ave., Oconto		x	x		x
Prevea Oostburg Health Center 15 S. 10th St., Suite A, Oostburg		x	x		

Door County Medical Center
IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

PREVEA health

Prevea Plymouth Health Center 825 Walton Drive, Plymouth	x	x			x
Prevea Pulaski Health Center 940 S. St. Augustine St., Pulaski	x	x			x
Prevea Seymour Health Center 958 Foote St., Seymour		x			
Prevea Shawano Ave. Health Center 1727 Shawano Ave., Green Bay					x
Prevea Shawano Health Center 1300 East Green Bay St., Shawano	x	x	x	x	
Prevea Sheboygan Health Center 1411 N. Taylor Drive, Sheboygan	x	x	x		
Prevea Sheboygan Health Center 1526 N. Taylor Drive, Sheboygan					x
Prevea Sheboygan Health Center 1703 N. Taylor Drive, Sheboygan		x			
Prevea Sheboygan Medical Office Building 3113 Saemann Ave., Sheboygan		x			x
Prevea Sheboygan Health Center 1703 N. Taylor Drive, Sheboygan		x			
Prevea St. Mary's Health Center 1715 Dousman St., Green Bay			x	x	
Prevea Therapy 2920 Superior Ave., Sheboygan					x
Prevea Therapy - Inside Manitowoc-Two Rivers YMCA 205 Maritime Drive, Manitowoc					x
Prevea Washington Street Health Center 102 N. Washington St., Green Bay	x	x			
Prevea West De Pere Health Center 1686 Eisenhower Road, De Pere		x		x	
Prevea Western Wisconsin Health Centers	**Urgent Care**	**Family Medicine**	**Internal Medicine**	**Pediatrics**	**PT and OT**
Prevea Altoona Medical Office Building 3119 Woodman Drive, Altoona	x	x	x	x	
Prevea Augusta Health Center 207 W. Lincoln St., Suite 1, Augusta		x			
Prevea Chippewa Falls Health Center 2509 County Hwy I, Chippewa Falls	x	x	x	x	x
Prevea Cornell Health Center 320 N. 7th St., Entrance on 6th St., Cornell		x	x		
Prevea Health 3085 Meadowlark Lane, Altoona					x
Prevea Health Center 1109 W. Clairemont Ave., Eau Claire					x
Prevea Health Family Medicine 617 W. Clairemont Ave., Eau Claire		x			
Prevea Ladysmith Health Center 1101 Lake Ave. West, Ladysmith		x			
Prevea Menomonie Health Center 2919 Stout Road, Menomonie	x	x		x	x
Prevea Mondovi Health Center 250 State Road 37, Mondovi		x			x
Prevea Rice Lake Health Center 1051 West Ave., Rice Lake	x	x		x	x
Prevea Therapy 400 West 9th St. North, Ladysmith					x

DENTAL PLAN

Healthy teeth and gums are an important part of maintaining your overall health. That's why Sevastopol School District offers a dental plan administered by Delta Dental.

DELTA DENTAL	BENEFIT HIGHLIGHTS	
Calendar Year Deductible	Single: $0	Family: $0
Preventive Care	100%	
BASIC & MAJOR SERVICES		
Fillings	100%	
Endodontics / Periodontics	100%	
Extractions and other Oral Surgery	100%	
Crowns, Inlays, Onlays	100%	
Bridges and Dentures	100%	
Repairs & Adjustments to Bridges & Dentures	100%	
Implants	100%	
Orthodontia	50%	
Orthodontic Lifetime Maximum	$2,000	
Individual Calendar Year Maximum	$1,300	

For additional information, refer to the Benefit Summaries provided by Delta Dental.

Please reference page (15) for premium information.

DELTA DENTAL

Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

how to enroll

1. Go to **www.deltadentalwi.com**.
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.

**Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

For additional Delta Dental open enrollment resources, visit:
https://www.deltadentalwi.com/s/dental-enrollment-resources

VISION PLAN

SUPERIOR VISION	IN-NETWORK	OUT-OF-NETWORK
Frequency Limitations		
Eye Examination	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frame	Once Every 24 Months	
Contact Lenses	Once Every 12 Months	
Copayment	***Exam***	***Materials***
	$10	$25
VISION BENEFIT		
Vision Examination	Covered in Full	Up to $35
Frames Up To	$125 Retail Allowance	Up to $70
LENS BENEFIT		***Retail Value***
Single Vision	Covered in Full	$25
Bifocal	Covered in Full	$40
Trifocal	Covered in Full	$45
CONTACT LENS BENEFIT		
Medically Necessary w/Preauthorization	Covered in Full	Up to $150
Elective	$150 Retail Allowance	Up to $125
In lieu of Spectacle Lenses	Yes	Yes

For additional information, refer to the Benefit Summary provided by Superior Vision.

Please reference page (15) for premium information.

PREMIUM CONTRIBUTIONS

MEDICAL *PLAN OPTION 1*	HMO COPAY PLAN *MONTHLY FULL RATE*	 *EMPLOYER RATE*	 *EMPLOYEE RATE*
Employee	$634.69	$558.53	$76.16
Family	$1,414.09	$1,244.40	$169.69

MEDICAL *PLAN OPTION 2*	POS COPAY PLAN *MONTHLY FULL RATE*	 *EMPLOYER RATE*	 *EMPLOYEE RATE*
Employee	$809.58	$558.53	$251.05
Family	$1,803.74	$1,244.40	$559.34

DENTAL	*MONTHLY FULL RATE*	*EMPLOYER RATE*	*EMPLOYEE RATE*
Employee Only	$60.93	$53.62	$7.31
Family	$157.36	$138.48	$18.88

VISION	*MONTHLY FULL RATE*	*EMPLOYER RATE*	*EMPLOYEE RATE*
Employee Only	$5.29	$4.66	$0.63
Family	$14.30	$12.58	$1.72

PROTECTION PLANS

Group Long Term Disability (LTD) insurance and Life insurance from Standard Insurance Company help provide financial protection for your family in case of a covered disability or death.

The cost of this insurance is paid by Sevastopol School District.

You are eligible for this insurance if you are a regular employee of Sevastopol School District, and actively working at least 20 hours each week. You are not eligible if you are a temporary or seasonal employee.

Contact Human Resources for a detailed explanation of Long-Term Disability and Life benefits, including any limitations or exclusions that might apply.

LONG TERM DISABILITY: PROVIDED BY STANDARD INSURANCE COMPANY

Premium	Sevastopol School District pays this premium at 100%
Elimination Period	60 days
Length of Benefit	Security Normal Retirement Age
Amount of Benefit	90% of Monthly Earnings to a Maximum of $9,450

NOTE: *LTD may include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.*

GROUP TERM LIFE

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a payment if you pass away while employed by Sevastopol School District. As an eligible employee, you are covered for Basic Life at no cost to you.

Specific details of the plan are covered in the Employee Life Benefit Plan Certificate.

Group Term Life: Provided By Standard Insurance Company

Premium	Sevastopol School District pays this premium at 100%
Base Term Life Insurance Benefit	$10,000

Other Features and Services with The Standard

- Employee Assistance Program
- Reasonable Accommodation Benefit
- Travel Assistance
- Return to Work Incentive
- Life Services Toolkit
- Waiver of Premium while LTD benefits are payable

Employee Benefit Enrollment Procedures

In compliance with the Affordable Care Act (ACA), Sevastopol School District will hold an annual open enrollment at which time employees will be able to make changes to, or apply for, medical benefit coverage for the next calendar year. Enrollment for employee benefit insurance coverage is subject to the requirements of the specific summary plan document, agreements between the vendor and Sevastopol School District vendor requirements. To accommodate these requirements the following procedures will be followed regarding new employee and current employee enrollment.

New Employees

New employees are eligible for benefits upon date of hire. Eligibility for benefits will be in accordance with the definition under each summary plan document. If the new employee declines coverage for self, spouse and/or eligible dependents, the employee may apply for coverage for self, spouse and/or eligible dependents at the next open enrollment period, if applicable, except in the case of a qualifying event that permits earlier enrollment.

Current Employees

Following initial employment, current employees may change or apply for medical, dental, and vision coverage annually during the open enrollment period for the next calendar year, except in the case of an event that permits changes during the calendar year in accordance with the specific summary plan document.

Qualifying Events

Examples of qualifying events under HIPAA Special Enrollment and Section 125:

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents change: birth, adoption or placement for adoption, death of dependent child, newly eligible dependents due to plan design change.
  - Note: HIPAA allows the employee who may have elected employee only coverage initially to not only add a new dependent, but also allows the employee to add the spouse at the time the new dependent is added.
  - HIPAA does not require all eligible dependents (i.e., other dependent children) be added.
  - Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).

Changes to plan elections may be made under Section 125 rules under the following circumstances (in addition to the HIPAA special enrollment events):

- Dependent status change: dependent no longer satisfies rule for eligibility as a dependent such as attainment of age.
- Employment status: commencement or termination of employment, commencement of or return from leave of absence, change from part-time to full-time status or vise versa.
- Judgment decree or order requiring coverage: QMSCO.
- Other additional circumstances as allowed under section 125.

Employee Benefit Enrollment Procedures

Please note the following time limits:

- For a child to be enrolled as the date of birth or adoption date, you must submit the enrollment form to the Business Office within 30 days of the birth or adoption date along with a copy of the birth certificate.
- For a spouse to be enrolled as of the date of marriage, you must submit the enrollment form to the Business Office within 30 days of the date of marriage.

Forms to be completed if making changes:

- The Employee Enrollment Form must be completed to change plans or individual/dependent coverage levels in the medical/dental plans. This form must also be completed if you are waiving coverage.

What Forms MUST be completed?

- You must complete a new enrollment form reflecting the changes to be made to your insurance coverage.
- Some examples include:
  - Adding a newborn baby or adopted child
  - Adding a spouse due to marriage
  - Removing a spouse and/or children due to a divorce
  - Removing a child who reaches age 26
  - Removing a spouse who reaches age 65
  - Loss of coverage

Where do I find these forms?

- Contact the Business Office for all forms.

Who do I contact with questions?

- Contact the Business Office with any questions you may have.

Other Information:

- Plan Administrators cannot authorize any changes to your health and/or dental insurance coverage. All insurance changes must be made by the Business office.

***Open Enrollment Procedure 2022/2023:** Please complete the separate enrollment form. Submitting this form constitutes as a digital signature.

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF 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 towards 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).

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.

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

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

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

HIPAA NOTICE OF 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.

Effective Date of Notice: 7/1/2022

Who will follow this notice:

This notice describes the health information practices of Sevastopol School District (the "Plan") and that of any third party that receives medical information from or for us to assist us in providing your flexible spending benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Sevastopol School District ("Plan Sponsor") for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medial information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Human Resources. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an "accounting of disclosures," where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Human Resources.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Human Resources. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Human Resources.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Human Resources.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Human Resources.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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 this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator 920-743-6282 x1102

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sevastopol School District 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. Sevastopol School District has determined that the prescription drug coverage offered by Prevea360 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.

CMS Form 10182-CC **Updated April 1, 2011**

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Sevastopol School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Sevastopol School District coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

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 Sevastopol School District 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 Human Resources 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 Sevastopol School District changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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).

CMS Form 10182-CC **Updated April 1, 2011**

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURNACE 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 are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"[1] standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can 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.

1
An 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.

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MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Sevastopol School District
Employer Identification Number (EIN): 39-6004393
Employer Address: 4550 State Hwy 57, Sturgeon Bay, WI 54235
Employer Phone Number: 920-743-6282
Who can we contact about employee health coverage at this job? Business Manager, 920-743-6282 X1102

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.

- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.

- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – 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

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website:
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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 Health Insurance Buy-In Program
(HIBI): https://www.colorado.gov/pacific/hcpf/health- insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid
A HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
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: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
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
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

CHIP (continued)

NEW JERSEY – Medicaid and CHIP
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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website:
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/ Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, 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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.