



# BENEFIT GUIDE

Plan Year: July 1, 2020

Waconia Public Schools



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Waconia Public Schools strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that’s why we’ve put together this Benefit Guide.

This guide will outline all of the different benefits Waconia Public Schools offers, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to Human Resources.

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## WHO IS ELIGIBLE?

Please refer to your cost sheet and employee work agreement / terms and conditions of employment for further detail.

## HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during your enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## WHEN TO ENROLL

Please refer to your Human Resources department for your enrollment eligibility dates and times.

## HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

Marriage, divorce or legal separation

Birth or adoption of a child

Change in child's dependent status

Death of a spouse, child or other qualified dependent

Change in residence

Change in employment status or a change in coverage under another employer-sponsored plan

HEALTH INSURANCE

Most Waconia Public Schools employees can choose from three medical plans. All plan designs are open access plan designs with BlueCross BlueShield’s largest network. Below you will find a chart illustrating the premiums, followed by the plan options that will be available as of July 1, 2020.

	2020 Medical Rates: (Full premium indicated below. Please refer to your cost sheet for your portion)		
	\$0, Deductible \$20 Co-Pay Plan	\$500 Deductible Plan	\$1750 Deductible Plan with VEBA
Employee:	\$726.94	\$665.84	\$563.22
Employee + 1:	\$1,691.76	\$1,549.56	\$1,310.74
Family:	\$2,051.24	\$1,878.83	\$1,589.26

	\$0, Deductible \$20 Co-Pay Plan		\$500 Deductible Plan		\$1750 Deductible Plan with VEBA	
	Medical					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Single: \$0 Family: \$0	Single: \$200 Family: \$600	Single: \$500 Family: \$1,000	Single: \$500 Family: \$1,000	Single: \$1,750 Family: \$3,500	Single: \$1,750 Family: \$3,500
Plan- Year Out-of-Pocket Maximum	Single: \$750 Family: \$1,500	Single: \$1,500 Family: \$3,000	Single: \$750 Family: \$1,500	Single: \$750 Family: \$1,500	Single: \$3,000 for medical and Rx Family: \$6,000 for medical and Rx	Single: \$3,000 for medical and Rx Family: \$6,000 for medical and Rx
Preventative Care	100%	100%	100%	100%	100%	100%
Office Visits	\$20 copay	Deduct, 75% coins.	Deduct, 80% coins.	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins
Urgent Care	\$20 copay	Deduct, 75% coins.	Deduct, 80% coins	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins
Inpatient Hospital	100%	Deduct, 75% coins.	Deduct, 80% coins	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins
Outpatient Hospital	100%	Deduct, 75% coins.	Deduct, 80% coins	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins
Emergency	\$40 copay	\$40 copay	Deduct, 80% coins	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins
Durable Medical Equipment	100%	Deduct, 75% coins.	Deduct, 80% coins	Deduct, 80% coins	Deduct, 80% coins.	Deduct, 80% coins

	\$0, Deductible \$20 Co-Pay Plan		\$500 Deductible Plan		\$1750 Deductible Plan with VEBA	
	Pharmacy					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Pocket Rx Maximum	Single: \$300 Family: \$500	Single: \$300 Family: \$500	Single: \$300 Family: \$500	Single: \$300 Family: \$500	Single: \$3,000 for medical and Rx Family: \$6,000 for medical and Rx	Single: \$3,000 for medical and Rx Family: \$6,000 for medical and Rx
Preferred Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Preferred Brand	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay	\$35 copay
Non-preferred	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay
Mail Order: Preferred Generic Preferred Brand Non-Preferred	\$30 copay \$50 copay \$80 copay	No coverage No coverage No coverage	\$30 copay \$50 copay \$80 copay	No coverage No coverage No coverage	\$40 copay \$70 copay \$100 copay	No coverage No coverage No coverage
Specialty Pharmacy	Please see covered drug list	No coverage	Please see covered drug list	No coverage	Please see covered drug list	No coverage

## HRA / VEBA

Health Reimbursement Arrangements (HRAs) are a great way to save money and budget for qualified medical expenses. To help mitigate your healthcare costs Waconia Public Schools will be contributing money into your HRA/VEBA account to those who enroll in the eligible health plan. Please refer to your cost sheets for compensation information.

For any questions or concerns with your account, please contact Further, email [customersolutions@helloofurther.com](mailto:customersolutions@helloofurther.com) or (651) 662-5065 or the Customer Service Line: (800) 231-0214. Further also has an app that you can download to see account balances or claim activity, however, should you wish to fax information please do so using the following numbers (651)662-7247 or (866) 231-0214.

Customer services hours are Monday-Friday 7:00 a.m. to 8:00 p.m. (central time)

## WHAT ARE THE BENEFITS OF AN HRA/VEBA?

There are many benefits of using an HRA/VEBAs, including the following:

**It saves you money.** Your employer contributes to your HRA/VEBA account to help you with out of pocket expenses. Please refer to your cost sheet and employment work agreement / terms and conditions of employment for District contribution.

**It rolls over.** Funds rollover from year to year so you don't have to worry about forfeitures

**It can be used for just about anything**—HRA/VEBA accounts can be used to pay for out of pocket expenses for medical, dental and vision.

**The IRS expanded the eligible expenses list due to COVID-19** HRA / VEBA can now be used to purchase over-the-counter medical products, including those needed in quarantine and social distancing, and feminine hygiene products, without a prescription from a physician. This change occurred on March 27, 2020 as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that Congress passed. This means you can use both your HRA or medical FSA to pay for these items or be reimbursed without an RX from a doctor. This change is made effective retroactive to January 1, 2020. Therefore, individuals who previously purchased OTC medicines or menstrual products can request reimbursement for these items if they saved their store receipts. As with all FSA or HRA expenses, receipts are required for reimbursement.

## DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

2020 Dental Rates: (Full premium indicated below. Please refer to your cost sheet for your portion of the premium)	
Employee:	\$32.55
Employee +1:	\$66.15
Family:	\$120.75

Plan Benefit Highlights			
Network(s)	Delta Dental PPO	Delta Dental Premier	Non-Participating
Calendar Year Plan Max (Per person)	\$1,000		
Lifetime Ortho Maximum (per eligible covered person)	\$1,000		
Deductible (Per person per plan year)	\$25 / person <i>No deductible for diagnostic and preventive services or orthodontics</i>		
Eligible Dependents	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventative*	100%	100%	100%
Basic Services*	80%	80%	80%
Endodontics*	80%	80%	80%
Periodontics*	80%	80%	80%
Oral Surgery*	80%	80%	80%
Major Restorative*	80%	80%	80%
Prosthetic Repairs & Adjustments*	80%	80%	80%
Prosthetics*	80%	80%	80%
Orthodontics*	50%	50%	50%

*\*For a more detailed outline of services covered, please refer to your plan summary*

## VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. A vision benefit can help you maintain your vision as well as detect various health problems.

Waconia Public Schools provides an employee-paid supplemental vision benefit through EyeMed which provides employees and their family vision coverage for vision related costs such as frames & lenses and/or contact lenses. For more details on what is covered, please refer to your plan summary. This plan is materials only, you can use your health insurance plan for your eye exam.

	2020 Vision Rates
Employee:	\$6.22
Employee + Spouse:	\$11.81
Employee + Children:	\$12.44
Family:	\$18.28

Plan Benefit Highlights		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
<b>Frames:</b> Any available frame at provider locations	\$0 Copay; \$150 Allowance, 20% off balance over \$150	Up to \$105
<b>Standard Plastic Lenses:</b> <ul style="list-style-type: none"> <li>- Single Vision</li> <li>- Bifocal</li> <li>- Trifocal</li> <li>- Lenticular</li> <li>- Standard Progressive Lens</li> <li>- Premium Progressive Lens</li> </ul>	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay See Fixed Premium Progressive price list	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50 Up to \$50
<b>Lens Options:</b> <ul style="list-style-type: none"> <li>- UV Treatment</li> <li>- Tint (Solid and Gradient)</li> <li>- Standard Plastic Scratch Coating</li> <li>- Standard Polycarbonate (Adults)</li> <li>- Standard Polycarbonate (Children under 19)</li> <li>- Standard Anti-Reflective Coating</li> <li>- Polarized</li> <li>- Photocromatic/Transitions Plastic</li> <li>- Premium Anti-Reflective</li> <li>- Other Add-Ons</li> </ul>	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price \$75 See Fixed Premium Anti-Reflective Coating list 20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A



Vision Care Services Continued...		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
<b>Contact Lenses:</b> (In Lieu of Glasses) <ul style="list-style-type: none"> <li>- Conventional</li> <li>- Disposable</li> </ul>	\$0 Copay; \$150 Allowance, 15% off balance over \$150 \$0 Copay; \$150 Allowance, plus balance over \$150	Up to \$150 Up to \$150
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency:</b> <ul style="list-style-type: none"> <li>- Lenses or Contact Lenses</li> <li>- Frame</li> </ul>	Once every 12 months Once every 24 months	N/A

Vision Care Services Continued...		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
<b>Amplifon Hearing Health Care:</b>	Hearing Health Care from Amplifon Hearing Health Care Network members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency:</b> <ul style="list-style-type: none"> <li>- Lenses or Contact Lenses</li> <li>- Frame</li> </ul>	Once every 12 months Once every 24 months	N/A

## GROUP LIFE AND AD&amp;D

Life insurance can help provide for your loved ones if something were to happen to you. Waconia Public Schools provides basic life and accidental death and dismemberment (AD&D) for benefit eligible employees and their dependents through Cigna.

Waconia Public Schools pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Basic Life and AD&D Insurance:

Basic Life and AD&D Insurance	
Maximum Benefit:	Please refer to your cost sheet for further detail.
Guarantee Issue:	Please refer to your cost sheet for further detail.
Reduction Schedule:	None
Accelerated Death:	75% (Cigna terms this Terminal Illness)
Age Reduction:	None
Conversion:	Included
Portability:	Not Included
Waiver of Premium:	Included

## VOLUNTARY LIFE INSURANCE

While Waconia Public Schools offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

**Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage**

Age	<20	20-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
Rate	\$.044	\$.069	\$.085	\$.122	\$.183	\$.291	\$.469	\$.0719	\$1.218	\$2.311	\$4.365	\$8.672	\$15.987	\$26.084	\$39.595

Child(ren) Rate: \$0.20

*\*Please note, spouses can only be covered to age 70*

Voluntary Life	Employee Life
Employee	\$10,000 increments up to \$500,000
Minimum Purchase	\$10,000
Maximum Purchase	\$500,000
Guarantee Issue	\$100,000

*In order to elect coverage for your spouse and/or your child(ren), you must elect life insurance for yourself.*

	Spouse Life
Rate Based On	Employee's Age
Minimum Purchase	\$5,000
Maximum Purchase	\$250,000
Guarantee Issue	\$50,000
Limits	Cannot exceed 50% of EE benefit
	Dependent Child Life
Minimum Purchase	\$1,000
Maximum Purchase	\$10,000 (\$500 for Child less than 6 Months Old)

Conversion	Included
Portability	Included – EE, Spouse and Child(ren)

## VOLUNTARY AD&amp;D INSURANCE

While Waconia Public Schools offers basic accident insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Depending on your needs, you may want to consider buying supplemental coverage.

Voluntary Life/AD&D	Employee AD&D
Employee	\$10,000 increments up to \$500,000
Employee Rate	\$0.025 per \$1,000

	Family AD&D
Spouse	If spouse is not insured: 10% of EE's election If spouse is insured: 15% of EE's election, max of \$10,000
Dependent Children	If child(ren) are not insured: 60% of EE's election If child(ren) is insured: 50% of EE's election, subject to \$250,000 max
Family Rate	\$0.04 per \$1,000

Schedule of Covered Losses	
Covered Loss	Benefit
- Loss of Life	100%
- Loss of Two or More Hands or Feet	100%
- Loss of Sight of Both Eyes	100%
- Loss of One Hand or One Foot and Sight in One Eye	100%
- Loss of Speech	100%
- Loss of Speech and Hearing (in both ears)	100%
- Quadriplegia	100%
- Paraplegia	75%
- Uniplegia	25%
- Coma (see plan document for further detail)	1%
- Loss of One Hand or Foot	50%
- Loss of Sight in One Eye	50%
- Loss of Speech	50%
- Loss of Hearing (in both ears)	50%
- Loss of all Four Fingers of the Same Hand	25%
- Loss of Thumb or Index Finger of the Same Hand	25%
- Loss of all the Toes of the Same Foot	20%

DISABILITY INCOME BENEFITS

Waconia Public Schools provides benefit eligible employees with long-term disability income benefits for eligible employees. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Waconia Public Schools, we want to do everything we can to protect you and your family. That is why Waconia Public Schools purchases this coverage for its employees.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please refer to your employment work agreement / terms and conditions of employment for more detailed information regarding your coverage.

Long-Term Disability Highlights																			
Disability Percentage	66.67%																		
Maximum Disability Benefit	Please refer to you cost sheet																		
Elimination Period	90 days																		
Own Occupation Definition	24 months of your Own Occupation																		
Benefit Duration	<div><div>The later of the Employee’s SSNRA or the Maximum Benefit Period listed below.</div><table><tr><th><u>Age When Disability Begins</u></th><th><u>Maximum Benefit Period</u></th></tr><tr><td>Age 62 or under</td><td>The Employee’s 65<sup>th</sup> birthday or the date the 42<sup>nd</sup> Monthly Benefit is payable, if later.</td></tr><tr><td>Age 63</td><td>The date of the 36<sup>th</sup> monthly benefit is payable</td></tr><tr><td>Age 64</td><td>The date of the 30<sup>th</sup> monthly benefit is payable</td></tr><tr><td>Age 65</td><td>The date of the 24<sup>th</sup> monthly benefit is payable</td></tr><tr><td>Age 66</td><td>The date of the 21<sup>st</sup> monthly benefit is payable</td></tr><tr><td>Age 67</td><td>The date of the 18<sup>th</sup> monthly benefit is payable</td></tr><tr><td>Age 68</td><td>The date of the 15<sup>th</sup> monthly benefit is payable</td></tr><tr><td>Age 69 or older</td><td>The date of the 12<sup>th</sup> monthly benefit is payable</td></tr></table></div>	<u>Age When Disability Begins</u>	<u>Maximum Benefit Period</u>	Age 62 or under	The Employee’s 65 <sup>th</sup> birthday or the date the 42 <sup>nd</sup> Monthly Benefit is payable, if later.	Age 63	The date of the 36 <sup>th</sup> monthly benefit is payable	Age 64	The date of the 30 <sup>th</sup> monthly benefit is payable	Age 65	The date of the 24 <sup>th</sup> monthly benefit is payable	Age 66	The date of the 21 <sup>st</sup> monthly benefit is payable	Age 67	The date of the 18 <sup>th</sup> monthly benefit is payable	Age 68	The date of the 15 <sup>th</sup> monthly benefit is payable	Age 69 or older	The date of the 12 <sup>th</sup> monthly benefit is payable
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Age 69 or older	The date of the 12 <sup>th</sup> monthly benefit is payable																		

Long-term Disability Highlights Continued...	
Work Site or Reasonable Accommodation	Included
Earnings Definition	Covered Earnings means an Employee's annual wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.
Taxable	Yes
COLA	Included – 3%
Pre-Existing Limitations	3/12
Partial Disability, Residual Disability, Waiver of Premium	Included

### **Employee Assistance Program (EAP)**

Personal issues, planning for life events or simply managing daily life can affect your work. Waconia Public Schools understands that life and work can take unexpected turns. With the help of Sand Creek, Waconia Public Schools provides support, resources and information at no charge to you and your dependents.

100% confidential

24 hours a day / 365 days a year

Up to 4 face-to-face confidential sessions per issue per year with a counselor

Assistance with Financial and Legal Concerns (some services may require a fee or a discounted fee)

On-line resources and tools

Chat sessions with expert moderators

Research hundreds of personal health topics, search for childcare, elder care, schools, attorneys or financial planners.

Unlimited telephonic consultations – (800) 451-1834

<http://sandcreekeap.com/work-life-wellness-login>

## FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That's why Waconia Public Schools offers an employer-sponsored flexible spending account (FSA).

### WHAT ARE THE BENEFITS OF AN FSA?

**It saves you money.** Allows you put aside money tax-free that can be used for qualified medical expenses.

**It saved you money, It's a tax-saver and flexible.** Allows you to put aside money tax-free that can be used for qualified medical expenses. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

**The IRS expanded the eligible expenses list due to COVID-19** FSA can now be used to purchase over-the-counter medical products, and feminine hygiene products, without a prescription from a physician. This change occurred on March 27, 2020 as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that Congress passed. This change is made effective retroactive to January 1, 2020.

In most cases, you cannot stockpile money in your FSA. **If you do not use it, you lose it.** However, with Waconia Public Schools, you will have 90 days to submit claims to be paid for the plan year balance (September 30th). With that in mind, you should only contribute the amount of money you expect to pay out of pocket that year. The maximum amount you may contribute each year is \$2,750. Should you have any remaining funds in your account at the end of the year that you were unable to spend up to \$500 will roll-over into the following year.

### WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

### HOW DO I ENROLL?

Fill out the FSA Enrollment Form during your Enrollment.

### FSA CASE STUDY

FSAs provide you with an important tax advantage that can help you pay for health care expenses on a pre-tax basis. Due to the personal tax savings you incur, your spendable income will increase. Example: *Bob and Jane live in Texas and have a combined annual gross income of \$45,000. They are married and file their income taxes jointly. Since Bob and Jane expect to spend \$3,000 in eligible medical expenses in the next plan year, they decide to direct a total of \$2,750 into their FSAs. The table demonstrates their savings.*

	Without FSA	With FSA
Gross income	\$45,000	\$45,000
FSA contributions	\$0	(-\$2,750)
Gross income	\$45,000	\$42,250
Estimated taxes	(-\$5,532)*	(-\$4,993)*
After-tax earnings	\$39,468	\$37,257
Eligible out-of-pocket expenses	(-\$3,000)	(-\$250)
Remaining spendable income	\$36,468	\$37,007
Spendable income increase	--	\$539

\* conservative federal and state tax savings, your savings will vary based on your specific situation



Omada

Waconia Public Schools pays for the full cost of this benefit for participants who qualify to participate in the Omada program.

Omada	
What is Omada	Omada is a scalable intensive behavioral counseling program focused on reducing risk for type 2 diabetes and heart disease. Participants get all the support and tools they need, including an interactive program, wireless scale and health coach.
How to know if Omada is for you	Take the 1-Minute Risk Screener.
How to Apply	Immediately after completing the 1-Minute Risk Screener, complete the 5-10-minute application. In 1-2 days, you will receive an email letting you know if you qualify to join Omada.
What to expect while participating in Omada	<p>Participants focus on unique challenge areas while working with a professional health coach. Participants are matched with a small supportive peer group who will go through the program together.</p> <p>Receive a wireless smart scale to track progress.</p> <p>Each week, there are lessons and simple rules for better eating, fitness, sleep and stress management.</p>

## FEDERAL NOTICES

### WOMEN'S HEALTH AND CANCER RIGHTS

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### NEWBORN AND MOTHERS' HEALTH PROTECTION ACT

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998.

This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas.

Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.

If you would like more information on WHCRA benefits, call your Plan Administrator.

## SPECIAL ENROLLMENT PROVISION

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** ). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for 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 you or your dependents' determination of eligibility for such assistance.

## 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](http://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](http://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](http://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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <a href="#">x</a>	Website: <a href="http://flmedicaidtplecovery.com/hipp/">http://flmedicaidtplecovery.com/hipp/</a> Phone: 1-877-357-3268

<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIP (855-692-7447)	<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b> Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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