EMPLOYEE BENEFITS
ENROLLMENT GUIDE
2020
Welcome to your 2020 Employee Benefits!

New Albany-Floyd County Schools recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your Human Resources Department at HR@nafcs.k12.in.us.

PLEASE NOTE: This booklet provides a summary of the benefits available but is not your Summary Plan Description (SPD). NAFCS reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.
Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier’s site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

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<thead>
<tr>
<th>NAFCS Carriers</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td><strong>Medical</strong></td>
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<tr>
<td>Humana</td>
<td><a href="http://www.humana.com">www.humana.com</a></td>
<td>1-800-448-6262</td>
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<tr>
<td><strong>Dental</strong></td>
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<tr>
<td>Delta Dental of Indiana</td>
<td><a href="http://www.deltadentalin.com">www.deltadentalin.com</a></td>
<td>1-800-524-0149</td>
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<tr>
<td><strong>Vision</strong></td>
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<tr>
<td>Humana</td>
<td><a href="http://www.humana.com">www.humana.com</a></td>
<td>1-877-877-1051</td>
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<td><strong>Basic Life and AD&amp;D</strong></td>
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<tr>
<td>Cigna</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
<td>1-800-362-4462</td>
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<td><strong>Voluntary Life and AD&amp;D</strong></td>
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<td>1-800-362-4462</td>
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<td><strong>Voluntary Worksite</strong></td>
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<tr>
<td>(Accident, Critical Illness, Cancer)</td>
<td><a href="http://www.coloniallife.com">www.coloniallife.com</a></td>
<td>1-800-325-4368</td>
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<tr>
<td>Colonial Life</td>
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<td><strong>EAP / Work-Life Services</strong></td>
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<tr>
<td>Humana</td>
<td><a href="http://www.humana.com/eap">www.humana.com/eap</a></td>
<td>1-866-440-6556</td>
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<tr>
<td><strong>Human Resources</strong></td>
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<tr>
<td>NAFCS</td>
<td><a href="http://www.nafcs.k12.in.us/staff-post/group-benefits">www.nafcs.k12.in.us/staff-post/group-benefits</a></td>
<td>1-812-542-2123</td>
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<tr>
<td>Sarah McNulty</td>
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Eligibility

New Albany-Floyd County Schools shares in the cost by paying for a portion of the employee’s health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

Who is eligible for Benefits

- For new employees, benefits begin on the date of hire or the first date of the month following the date of hire.
- Based on your job classification, all benefits may not be available to you.

Eligible Dependents

- A spouse whom you are legally married (including same-sex spouse, if legally married)
- A dependent child up to age 26, including biological and adopted children, stepchildren of your current marriage, including children of your same-sex spouse, and children for whom you are the legal guardian.
- Dependent children who cannot support themselves due to a physical or mental handicap that began before they reached age 26

Coverage for eligible dependents generally begins on the same day your coverage is effective. Additional carrier conditions may apply.

Please Note: If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may be reprocessed and become your responsibility. Providing false statements regarding Tobacco usage is against company policy. Anyone found providing false statements will be subject to discipline up to and including termination of employment.
Benefit Change in Status

New Albany-Floyd County Schools sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay for some or all of those benefits with pre-tax dollars.

Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. With the exception of HSA contribution elections, you will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event. Examples of qualifying events that may entitle you to make a mid-year change in your election during a Plan Year, include:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare

Employers do not have to permit any exceptions to the election irrevocability rule for cafeteria plans. Please consult your Plan Administrator for the specific qualifying events permitted by your plan.

You must notify your Human Resources Department within 31 days from the Status Change in order to make a change in your benefit selections.
Enrollment Instructions

To enroll in benefits, go to: www.plansource.com/login.

Enter your username and password.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.

Homepage: On the Homepage, click “Get Started” to begin.

Profile: First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Shop for Benefits: You can then begin shopping for benefits!

Educational material about the specific plan type is available at the top of the page.

Select Plan: To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan.

Click “Update Cart” to choose the plan.

Shopping Cart: The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout: To finalize your choices, click “Review and Checkout.” You must complete the checkout process in order to be enrolled in benefits.
Humana medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). You have a choice of four medical plans. To find a network provider, visit [www.humana.com](http://www.humana.com) or call 1.800.448.6262.

Get the most out of your Humana benefit plan, register online and take advantage of the easy-to-use tools and resources available to members.

<table>
<thead>
<tr>
<th>NPOS $500</th>
<th>CoverageFirst $1,500</th>
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<tr>
<td><strong>Up Front Benefit Allowance</strong></td>
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<td><strong>Deductible</strong> (Individual / Family)</td>
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<tr>
<td><strong>Out of Pocket Maximum</strong> (Individual / Family)</td>
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<tr>
<td><strong>Physician Office Visits</strong></td>
<td>$20 Copay</td>
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<tr>
<td>Primary Care / Specialist</td>
<td>$40 Copay</td>
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<tr>
<td><strong>Preventive Care</strong></td>
<td>Covered In Full</td>
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<tr>
<td><strong>Emergency Room Copay</strong></td>
<td>$200 Copay (waived if admitted)</td>
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<tr>
<td><strong>Urgent Care Copay</strong></td>
<td>$75 Copay</td>
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<tr>
<td><strong>Inpatient &amp; Outpatient Professional Services</strong></td>
<td>Deductible, 10%</td>
</tr>
<tr>
<td><strong>Outpatient Surgery Hospital / Alternative Care Facility</strong></td>
<td>Deductible, 10%</td>
</tr>
<tr>
<td><strong>Outpatient Therapy</strong></td>
<td>$40 Copay</td>
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**Prescription Drugs**

<p>| Retail 31 day supply | $15 / $35 / $55 / 25% with $150 max | Deductible, 40% | $15 / $35 / $55 / 25% with $150 max | Deductible, 40% |
| Mail Order 90 day supply | $30 / $70 / $110/ 25% with $150 max | N/A | $30 / $70 / $110/ 25% with $150 max | N/A |</p>
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<th>HDHP $2,800</th>
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<td>Out of Network</td>
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<tr>
<td>Deductible (Individual / Family)</td>
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<td>$5,600 / $11,200</td>
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<tr>
<td>Out of Pocket Maximum (Individual / Family)</td>
<td>$2,800 / $5,600</td>
<td>$11,200 / $22,400</td>
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<tr>
<td>Physician Office Visits Primary Care / Specialist</td>
<td>After Deductible, Covered in full</td>
<td>Deductible, 30%</td>
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<tr>
<td>Preventive Care</td>
<td>Covered in Full</td>
<td>Deductible, 30%</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>After Deductible, Covered in full</td>
<td>After In-Network Deductible, Covered in full</td>
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<tr>
<td>Urgent Care Copay</td>
<td>After Deductible, Covered in full</td>
<td>Deductible, 30%</td>
</tr>
<tr>
<td>Inpatient &amp; Outpatient Professional Services</td>
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<td>Outpatient Surgery Hospital / Alternative Care Facility</td>
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<td>Outpatient Therapy</td>
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<tr>
<td>Prescription Drugs</td>
<td>After Deductible, Covered in full</td>
<td>Deductible, 30%</td>
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Retail 31 day supply
Tier 1 / 2 / 3 / 4

Mail Order 90 day supply
Tier 1 / 2 / 3 / 4
As part of your Humana medical coverage, you also have access to a number of value added benefits offered through Humana.

**Employee Assistance Program (EAP)**

Humana’s EAP provides you and your family guidance and support to help balance work/life issues you may be facing. Call the EAP’s toll-free number to speak with a friendly, compassionate professional about issues such as: stress, depression or anxiety, and child rearing. Services and resources are convenient, confidential, and provided at no cost to you and members of your household. If necessary, EAP professionals can connect you with experts that can provide additional assistance.

**MyHumana**

When you enrol in a Humana medical plan, you have access to the member website, MyHumana at Humana.com. Here you’ll find a number of tools at your fingertips to help you make the most of your plan, manage your medical costs and stay on top of your health.

Getting started on the site is easy. Go to humana.com, click “Register” on the left side and follow the instructions. Once you’re in, you can view and print claims and a summary of your plan benefits, explore symptoms, treatments and tests, create and view your personal health record, take a health assessment, order new ID cards, and use planning tools to track your spending and estimate costs

**Go365™**

Offered as part of your health plan benefits through Humana, Go365 is a personalized wellness and rewards program available at no cost to you. Go365 makes getting healthier easier – and more fun – by connecting you to all the tools and resources you need for making healthy choices in your life. You can connect your compatible apps or fitness devices to earn points and rewards for all of your healthy activities. Once you complete a Health Assessment, activities will be suggested just for you based on your responses. These are simple, attainable things that can have a big impact on your overall health. You earn points for every activity you complete, whether it be tracking your steps, getting a flu shot or going for a bike ride. Earn points for going head-to-head with friends or coworkers and compete for most steps or pounds lost. Your whole family can join in, too. Kids can earn points for activities like playing on sports team or even going in for dental checkups. Get motivated and rewarded for having fun! The more points you earn, the more you move up in status and earn Go365 Bucks. You can redeem your Bucks in the Go365 Mall for e-gift cards, the latest fitness activity trackers and more. Plus, you can win surprise rewards or enter monthly jackpot drawings for even more chances to win prizes. To begin the journey to a healthier you, log on to www.go365.com and register today!
Physician Finder Plus®

Physician Finder Plus is Humana’s online provider look-up tool. To find a participating provider, visit Humana.com and click on “Search” under Find a doctor or pharmacy. You can search using your Member ID or use your coverage type and zip code. You will need to enter National Point of Service as the network. This service is also available on MyHumana and on the MyHumana app for your smart phone. If you need more assistance finding a network provider, call the Customer Service number on the back of your Human medical plan ID card.

Doctor On Demand

If you need immediate non-emergency medical care but can’t get in to see your primary doctor, you can consult a doctor 24/7 with Humana’s Doctor On Demand service. You will be connected with U.S. board-certified doctors who can help resolve many of your medical issues over the phone or through video consults. Doctors can diagnose a condition, recommend treatment and send a prescription directly to your pharmacy. Telemedicine is ideal when you need to see a doctor for minor illnesses such as colds, sore throats, flu symptoms, allergies, sinus infections, ear or eye problems or skin conditions. At a cost of $49 or less, it’s an easy and inexpensive alternative to an office visit – and no appointment is needed. Sign up by visiting doctorondemand.com/humana or download the Doctor on Demand mobile app available on the App Store and Google Play.
EAP and Work-Life Services

What is an EAP?
An Employee Assistance Program (EAP) offers short-term counseling to help you and members of your household manage everyday life issues. Consultants are available to assist you with:

- Everyday needs and life events
- Weight control
- Emotional issues
- Relationship concerns
- Family relationships
- Coping with a serious illness
- Sleeping difficulties
- Loss of a loved one
- Eating disorders
- Workplace concerns
- Smoking cessation

What is Work-Life?
Work-Life offers extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make your life easier. You can access information and self-search locators to find resources and providers that can help you with:

- Convenience services
- Housing options
- Child care
- Financing college
- Home ownership
- Caregiving from a distance
- Moving and relocation
- Finding colleges and universities
- Services and education for children with special needs
- Adoption, pregnancy and infertility
- Adjusting to retirement
- Locating services and care for older adults
- Pet care
- Finding schools
- Tutors and test prep
- Child development
- Recreational activities
- Consumer education
What is the Legal and Financial Program?
As part of the EAP, you also have access to a free 30-minute consultation with a local attorney or financial counselor on issues such as real estate, retirement planning, divorce and separation, budgeting/debt reconstruction, and trusts and estates. Further legal and tax preparation services are discounted 25 percent.

You can also take advantage of Identity Theft Services including a 60-minute consultation and a free kit to help you restore your identity if you are a victim of identity theft.

What if I’m just looking for information?
You can access many useful articles, tip sheets, and checklists by calling or signing in to the EAP and Work-Life website. Many helpful topics are available, including relationships, communication, life in the workplace, and emotional well-being.

What else does the website offer?
It includes dozens of locators that allow you to search for health and wellness information, child care providers, adoption services, schools and colleges, daily living needs, older adult care, and much more. The site also offers calculators that can help you with everything from mortgage payment calculations to how much to save for your children's college education.

Who can use EAP and Work-Life?
All employees as well as household family members.

Are these services confidential?
Yes. EAP and Work-Life are confidential according to law.

Who pays for these services?
Your company pays all costs when you and members of your household use the program. If additional assistance or services are needed, you will receive referrals that consider your preferences, medical plan, and financial circumstances. Please refer to your insurance plan booklet or your Human Resources department for specific information about your medical plan.

How do I access these services?
EAP and Work-Life are convenient, confidential and provided at no cost to you and members of your household. We’re here 24 hours, seven days a week, so call anytime.

Life made easier.

Call 1-866-440-6556 (TTY: 711) or visit us at Humana.com/eap
Username: eap3
Password: eap3

Services provided by Humana EAP and Work-Life Services.
Personal information about participants and members of their households remains confidential according to all applicable state and federal laws, unless disclosure is required by such laws.
It’s simple to get started with Go365™. Here’s how to get rewarded for your healthy behaviors.

1. Register now
Download the Go365 App or visit Go365.com to access your secure, password-protected Go365 account and program.

2. Take the next step
Three easy ways to start earning Points and get to Bronze Status:
- Complete at least one section of your Health Assessment
- Log a verified workout
- Get your biometric screening

Adult children are not eligible to earn Points or Bucks for Health Assessment completion or bonuses, biometric screening completion or for having in-range results.

3. Enjoy the rewards
Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall. Reward yourself with brands including:

![Brands logos](amazon.com, Target, Spafinder Wellness 365, fitbit)

Join the Go365 support community community.Go365.com

Register or sign in at Go365.com or on the App

Go365 is not an insurance product. Not available with all Humana health plans.
Adult children can only move a family into Bronze Status by completing a verified workout.
The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company’s website for additional terms and conditions.
EARNING POINTS in Go365

Take the stairs. Keep your blood pressure in check. Eat more salads. There are lots of things you can do to get healthier. With Go365®, you can earn Points for doing them.

**Activities**
These are things you do every day—like taking a walk or getting your flu shot—to be your healthiest.

**Recommended activities**
These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jump-start your health, and they’re worth more Points!

**Challenges**
Here’s your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!

**Earn more when you do more!**
The more Go365 activities you complete, the more Points you earn—and the higher your Status.

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Here’s how many Points you need to move up in Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Points Required</th>
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<tbody>
<tr>
<td>Blue</td>
<td>0</td>
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<tr>
<td>Bronze</td>
<td>5,000</td>
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<tr>
<td>Silver</td>
<td>8,000</td>
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<tr>
<td>Gold</td>
<td>10,000</td>
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<tr>
<td>Platinum</td>
<td>15,000</td>
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**3 ways to get to Bronze**
1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

Go365.com

Adult children can only move a family out of Blue Status by completing a verified workout.

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Learn more at Go365.com
Go365 is not an insurance product. Not available with all Humana health plans. This document is intended to provide a high-level overview of the primary Go365 account holder’s Points earning potential. All other member types should reference their Go365 account for eligible activities and Points. Recommended activities are not medical advice. Consult your physician. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Contact Go365’s Customer Care team by signing in to Go365.com and using the secure live chat feature on the bottom right of the screen or by calling the number on the back of your member ID card, and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.
HOTEL ROOM
OFFICE
YOUR LIVING ROOM
IS NOW YOUR
DOCTOR’S OFFICE

Humana.

Board-certified doctor ➔ $49 or less ➔ Download the app

The doctor will see you now

Skip the waiting. Doctor On Demand allows you to see a board-certified doctor in minutes, with video access from your mobile device or computer. It’s easy.

Doctor On Demand is the perfect option when your primary care doctor is unavailable and other healthcare options are closed. You may receive treatment 24 hours a day, seven days a week for many health issues including:

• Colds, flu and sore throat
• Upper respiratory infections
• Skin and eye problems
• Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

Doctor On Demand may treat members except children under the age of two for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

Video visits cost **$49 OR LESS** based on your medical plan.

Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

Behavioral health visits are not covered. Limitations on health care and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.

Four easy steps to get started
Download from the App Store or Google Play.

1. Download the app

2. Enter your health insurance information; select Humana and enter your group ID and member ID

3. Enter a payment method

4. See a doctor within minutes

GCHJWKFN 0317
Pick up the phone. A Humana nurse is calling to help you.

We could all use a little extra help. Maybe you're learning to manage your diabetes. Or perhaps you have a simple question about your health. A Personal Nurse® takes the time to understand your unique situation. They provide education specific to your health and healthy lifestyle tips. Personal Nurse is a phone-based service where you work one-on-one with a nurse, who is dedicated to helping you with your health. You can talk with your nurse about serious health issues, chronic conditions, medications and your overall well-being. You talk with the same nurse every time.

What does a Personal Nurse do?

• **Helps you understand and manage your health conditions.** The nurse will help you identify health goals, explore treatment options with you and guide you to resources so you can make informed decisions and take control of your health.

• **Advocates for you.** Your Personal Nurse will help you gain control of your health—not just manage your symptoms. The nurse will help you communicate with your caregivers and work with your doctor so you can make decisions with confidence.

• **Collaborates with you and your doctors as part of your care team.** The Personal Nurse service doesn't replace your doctor. Instead, your nurse will work with you to support you in following your doctor's treatment plan.

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THE NURSE WILL HELP YOU COMMUNICATE WITH YOUR CAREGIVERS AND WORK WITH YOUR DOCTOR SO YOU CAN MAKE DECISIONS WITH CONFIDENCE.
Health Savings Accounts

What is a High Deductible Health Plan

A HDHP is a plan with a certain annual deductible amount and a maximum out-of-pocket limit.

Sometimes referred to as consumer-driven health insurance, a HDHP still covers you for catastrophic illness and injury—what health insurance was originally intended to do.

Office visits and prescription drugs are subject to the deductible. This means you pay a Humana negotiated discount price instead of a fixed co-pay until you reach your deductible.

What is a Health Savings Account (HSA) and how does it work?

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings and your future.

It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses including medical, prescription drugs, dental, vision, certain premium expenses like COBRA and Medicare premiums, etc., both today and in the future.

The 2020 maximum annual contribution to an HSA is $3,550 for single coverage and $7,100 for family coverage (combined between yourself and “the company”). The IRS determines the contribution maximums annually. If you are age 55 or older, you can contribute an additional $1,000.

Advantages of an HSA

• Money you put into your account is deducted pretax therefore reducing your taxable income.
• Money that stays in your account earns tax-free interest.
• Money you pay from your account to pay for your qualified healthcare expenses is not taxed.
• Money rolls over from year-to-year – no “use it or lose it” restriction.

Who is eligible for an HSA?

• You must be enrolled in a qualified High Deductible Health Plan (HDHP).
• You cannot be covered by any other health plan that is not a qualified HDHP (certain exceptions). Disqualifying health plans include general-purpose health FSAs and HRAs provided by your employer or your spouse’s employer.
• You cannot be enrolled in Medicare or receiving Social Security.
• You cannot be claimed on another person’s tax return.
• You have not received VA medical benefits at any time over the past three months.

Basic Benefits of the High Deductible Health Plan

• Visits to any doctor or facility for covered service, just as usual.
• Your plan includes deductibles, coinsurance and a limit on what you pay out-of-pocket.
• Annual routine preventive care services are included in your plan. You generally do not pay for these services; not even an office visit co-pay.
• Certain Preventive Prescriptions are also included. On these the deductible is waived and you only pay the coinsurance.

When do I use my HSA?

After visiting a physician, facility, or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense. In addition, HSA dollars are available to pay for dental, vision and other expenses as well.

How does the HDHP Deductible Work?

Under the HDHP, your annual deductible and out-of-pocket maximum includes both medical and pharmacy expenses. All expenses are your responsibility until the deductible is reached (except qualified preventive care). For family coverage, expenses are your responsibility until the entire family deductible is satisfied. One or more persons may satisfy the family deductible.
Health Savings Accounts continued

How are benefits covered after the deductible is satisfied?

Once you have satisfied the in-network deductible, remaining qualified expenses are covered by the HDHP plan at 100 percent up to the out-of-pocket maximum.

How does the HDHP work if I go out-of-network?

Out-of-network coverage is covered. You must satisfy the out-of-network deductible then expenses are covered at the out-of-network coinsurance level.

Can ineligible expenses be reimbursed from an HSA?

Ineligible disbursements from an HSA are subject to a 20 percent penalty. Neither the trustee, bank, insurance company nor NAFCS are required to determine if a claim submitted for reimbursement is a qualifying medical expense.

The employee is responsible to include the amount withdrawn from an HSA for a non-qualifying medical expense is added to the account beneficiary’s income and subject to a 20 percent penalty. Where funds are distributed as a result of the account beneficiary’s death, disability, or after he or she is eligible for Medicare, the 20 percent penalty does not apply.

Why should I elect an HSA?

• Tax Benefits
  ✓ HSA contributions are excluded from federal income tax
  ✓ Interest earnings are tax-deferred
  ✓ Withdrawals for eligible expenses are exempt from federal income tax

• Unused money is held in an interest-bearing savings or investment account
• Lower employee contribution
• Company contribution

Long-Term Financial Benefits

• Save for future medical expenses
• Funds roll over year to year
• This is your account, you take it with you if your employment ends.

Choice

• You control and manage your healthcare expenses.
• You choose when to use your HSA dollars to pay for your healthcare expenses.
• You choose when to save your HSA dollars and pay healthcare expenses out of pocket.

Who will administer the HSA?

First Financial Bank administers the HSA bank accounts for NAFCS employees that are enrolled in the qualified High Deductible Health Plan.
Flexible Spending Accounts

What is a flexible spending account?
A flexible spending account (FSA) is an account in an employee’s name that reimburses the employee for qualified health care or dependent care expenses. It allows an employee to fund qualified expenses with pre-tax dollars deducted from the employee’s paychecks. The employee can receive cash reimbursement up to the total value of the account for covered expenses incurred during the benefit plan year and any applicable grace period.

“Use-it-or-lose-it” Rule
As required by the Internal Revenue Service (IRS), an FSA has a “use-it-or-lose-it” provision stating that any unused funds at the end of the plan year (plus any applicable grace period) will be forfeited. When electing an FSA during open enrollment, the employee must specify how much he or she would like to contribute to the FSA for the year. The goal is to choose an amount that will cover medical or dependent care expenses, but that is not so high that the money will be forfeited at the end of the year.

In addition, employers may allow participants to carry over up to $500 in unused funds into the next year. Similar to the grace period rule, this carry-over rule is strictly optional, and employers must choose to implement it. The carry-over provision is only available if the plan does not also incorporate the grace period rule.

Types of FSAs
There are two different types of FSAs: health care accounts and dependent care accounts. An employee can elect to have both types of accounts and contribute separate pre-tax dollars to each. These accounts are kept separate; for instance, an employee could not be reimbursed for dependent care expenses from his or her health care account.

Health Care Accounts
A health care FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. A health care FSA offered through a cafeteria plan must limit the amount of salary reduction contributions that employees can make.

The Affordable Care Act (ACA) revised the definition of “qualified medical expenses” for purposes of reimbursement from health care FSAs. Under the revised definition, qualified medical expenses include amounts paid for medicines or drugs only if the medicines or drugs are prescribed (determined without regard to whether the drugs are available without a prescription) or if they are insulin. This means that health care FSAs may not reimburse the cost of over-the-counter medications that do not have a prescription.

Examples of qualified medical expenses include deductibles and copayments for an individual’s health plan. Eye exams, eyeglasses, contact lenses, hearing exams, hearing aids, physical exams and smoking cessation programs are also covered. For a complete list of qualified medical expenses, visit the IRS website.

Dependent Care Accounts
The second type of FSA is a dependent care account. This account can be used to pay for care of dependent children under the age of 13 by a babysitter, day care center, or before- or after-school program. Care for a disabled spouse, parent or child over the age of 12 is also eligible for reimbursement.

Many of the same general rules that apply to health care FSAs also apply to dependent care accounts, such as the “use it or lose it” rule. However, there are some other important differences between the two types of accounts. For dependent care accounts:

- There is an annual limit as to how much an employee can contribute.
- The money in a dependent care account is not available until it has been deposited by the employee; and
- Dependent care expenses cannot be reimbursed until they are actually incurred. This can be an issue when child care centers “pre-bill” for services, and employees are required to pay in advance.

Contribution Limits
The 2020 maximum yearly contribution limits are as follows:

<table>
<thead>
<tr>
<th>FSA Type</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare FSA</td>
<td>$2,750</td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>$5,000</td>
</tr>
<tr>
<td>Limited Healthcare FSA</td>
<td>$2,750</td>
</tr>
</tbody>
</table>
Dental Insurance

With Delta Dental you have freedom of choice when selecting a dentist. To find a participating dentist in the Delta Premier network, visit www.deltadentalin.com or call 1.800.524.0149.

The dentist you select will determine the cost savings you receive when seeking care. You may choose any dentist, even if they do not participate in Delta Dental’s network.

Non-participating dentists are not contracted to accept Delta Dental negotiated fees as payment in full. If you choose a non-participating dentist, you will be responsible for any charges above Delta Dental’s negotiated fee. You may also be required to pay in full at the time of service and submit a claim form to Delta Dental for reimbursement. Then the benefit payment will be mailed to you directly.

<table>
<thead>
<tr>
<th></th>
<th>PPO Network</th>
<th>Premier Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$25 Single / $75 Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Benefit</strong></td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class I Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Routine exams, cleanings, X-rays, sealants and fluoride)</td>
<td>Covered in Full, deductible waived</td>
<td>Covered in Full, deductible waived</td>
<td>Covered in Full, deductible waived</td>
</tr>
<tr>
<td><strong>Class II Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Routine fillings, crowns, Endodontics, Periodontic, Relines and Repairs)</td>
<td>50%, subject to deductible</td>
<td>50%, subject to deductible</td>
<td>50%, subject to deductible</td>
</tr>
<tr>
<td><strong>Class III</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(dentures, bridges)</td>
<td>50%, subject to deductible</td>
<td>50%, subject to deductible</td>
<td>50%, subject to deductible</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(dependent children to the end of the month in which they turn 19)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>

To locate a participating provider visit www.deltadentalin.com or call 1.800.524.0149
New Albany-Floyd County Schools provides employees with vision coverage through Humana. The Humana Vision Plan provides rich, flexible vision plans covering exams and materials, making it more affordable to keep your eyes healthy. For more information or to locate a participating provider please visit www.humana.com or call 1.877.877.1051.

<table>
<thead>
<tr>
<th>Vision Insurance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vision Services</th>
<th>Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine eye exam (every 12 months)</strong></td>
<td>$10 copay</td>
<td>$30 allowance</td>
</tr>
<tr>
<td><strong>Diabetic Eye Care</strong></td>
<td>$0 Copay</td>
<td></td>
</tr>
<tr>
<td><em>(Exam, retinal imaging - up to 2 per year)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eyeglass Frames (every 24 months)</strong></td>
<td>$130 frame allowance, then 20% off remaining balance</td>
<td>$65 allowance</td>
</tr>
<tr>
<td><strong>Standard Plastic Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$15 Copay</td>
<td>$25 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>$40 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>$60 allowance</td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Polycarbonate (under age 19)</td>
<td>$0 Copay</td>
<td>No allowance on lens enhancements when obtained out-of-network</td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15 Copay</td>
<td>$15 Copay</td>
</tr>
<tr>
<td>Tint</td>
<td>$15 Copay</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses (every 12 months)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Conventional</td>
<td>$130 allowance, 15% off remaining balance</td>
<td>$105 allowance</td>
</tr>
<tr>
<td>Elective Disposable</td>
<td>$130 allowance (no additional discount)</td>
<td>$105 allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in Full</td>
<td>$210 allowance</td>
</tr>
</tbody>
</table>
Basic Life and AD&D Insurance

Basic Life and AD&D insurance provides a benefit in the event that you die or are injured in an accident. The AD&D portion of the insurance pays all or a portion of the full benefit based on the loss you suffer.

Voluntary Life and AD&D Insurance

In addition to the provided life insurance, you may also purchase additional life insurance coverage through Cigna for yourself, your spouse and your dependent children. Note: Guarantee issue only applies at time of initial eligibility.

<table>
<thead>
<tr>
<th>Voluntary Life and AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefit</td>
</tr>
<tr>
<td>Minimum of $10,000 to a maximum of $500,000</td>
</tr>
<tr>
<td>Guarantee Issue: $100,000</td>
</tr>
<tr>
<td>Spouse Benefit</td>
</tr>
<tr>
<td>Minimum of $10,000 to a maximum of $500,000</td>
</tr>
<tr>
<td>not to exceed 100% of the employee’s amount</td>
</tr>
<tr>
<td>Guarantee Issue: $25,000</td>
</tr>
<tr>
<td>Child Benefit</td>
</tr>
<tr>
<td>From 6 months to 26 years old $10,000.</td>
</tr>
<tr>
<td>From birth to 6 months - $1,000.</td>
</tr>
</tbody>
</table>

Short-Term Disability Insurance

Short-term disability insurance pays a portion of your earnings if you cannot work due to a non-work-related illness or injury. You must meet the definition of disability for benefits to be payable. At enrollment, you can choose various amounts of disability coverage. The maximum benefit cannot exceed 60% of your weekly earnings, and your premium is based on your current age and the amount of coverage you are eligible to buy.

Long-Term Disability Insurance

LTD insurance is designed to help you replace a portion of your monthly income if you are unable to work for an extended period of time due to illness or injury. The plan replaces a percentage of your salary, up to a maximum amount per month after you have been disabled for 120 days.
Cigna Value Added Benefits

Available with your Cigna insurance plans, the following programs can offer peace of mind – and savings – during a difficult time. These benefits are offered at no cost to you.

**Life Assistance Program (LAP)**

Cigna’s Life Assistance Program is available to help you and your family when you are faced with a challenge. The LAP works as a voluntary counseling program and offers information and support for many questions and issues you face in your day-to-day life. Some of the services available through the LAP include:

- 24-hour crisis intervention and phone consultations with behavioral health specialists
- Consultations and referrals for work-related issues
- An online resource library with a variety of health and emotional well-being content
- Cigna’s Health Rewards program

**Will Preparation**

Cigna provides you with access to a secure online website that allows you to create a customized will or other legal documents, such as a living will or power of attorney.

For more information, visit www.cignawillcenter.com or call 1.800.901.7534.

**Cigna Secure Travel**

If you experience an emergency while traveling, you can call Cigna Secure Travel®. Representatives are available 24 hours a day, 365 days a year whenever you travel more than 100 miles from home. Services include: pre-trip planning, travel assistance, and emergency assistance.

From the US and Canada, call 1.888.226.4567. From other locations, call collect 202.331.7635 or E-mail cigna@worldwideassistance.com

**Cignassurance® Program for Beneficiaries**

If the unexpected happens, the Cignassurance Program can help. This program provides financial, bereavement, and legal support for your loved ones during their time of need. As a beneficiary of your plan, they’ll get: free, confidential bereavement services over the phone, available 24/7, two free face-to-face counseling sessions with a Cigna Behavioral Health expert and two free phone calls with grief counselors, up to 30 minutes each of free legal consultation services, referrals to discounted, professional legal services, and access to a Cignassurance account – a free, interest-bearing account for proceeds over $5,000. This account keeps their insurance proceeds in a safe place and gives them time to deal with more pressing issues.
Voluntary Benefits

As a supplement to the benefits you already receive, NAFCS offers the following voluntary benefits through Colonial Life: Group Accident Insurance, Critical Care Insurance, and Cancer Insurance. You pay premiums for these coverages through payroll deductions. For additional information about these benefits, visit www.coloniallife.com or call 1.800.325.4368.

Group Accident Insurance

When an accident or injury happens, having a financial safety net in place to help cover unexpected costs like emergency care and rehab can be a lifesaver. Benefit amounts are preset and are not based on the medical expenses you are charged. You receive a lump sum payment specific to the injury or treatment you require.

Critical Care Insurance

Your medical plan provides comprehensive benefits for most illnesses, but you may still have to pay associated deductibles, coinsurance, copayments, and other charges. Colonial Critical Care Insurance helps you pay these out-of-pocket expenses not covered by your medical plan so you can focus on your treatment and recovery.

Cancer Insurance

In the unfortunate event you are diagnosed with cancer, having insurance protection in place can help with the cost of your treatment and other medical expenses not covered by your medical plan. Benefits are paid directly to you, regardless of any other insurance you have.
Retirement Benefits

NAFCS offers a 403(b) Retirement Plan to help you save for retirement. You can contribute pre-tax dollars up to the current IRS annual maximum of $19,500. If you are age 50 or older, you can make an additional catch-up contribution of $6,500.

You can choose from a variety of investment options that meet your personal investment goals. Call an Edward Jones Financial Agent to get started.

<table>
<thead>
<tr>
<th>Kevin Boehnlein</th>
<th>Todd Klinglesmith</th>
</tr>
</thead>
<tbody>
<tr>
<td>1401 Veterans Parkway, Suite 400</td>
<td>3833 Charlestown Road</td>
</tr>
<tr>
<td>Clarksville, IN 47130</td>
<td>New Albany, IN 47150</td>
</tr>
<tr>
<td>812.284.4963</td>
<td>812.949.0667</td>
</tr>
<tr>
<td>(FCHS, Georgetown, ASC, ESC, FSC)</td>
<td>(Grant Line, Prosser, Scribner)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bill Kaiser</th>
<th>Robert Ritz</th>
</tr>
</thead>
<tbody>
<tr>
<td>146 East Elm Street</td>
<td>2441 State Street, Suite B</td>
</tr>
<tr>
<td>New Albany, IN 47150</td>
<td>New Albany, IN 47150</td>
</tr>
<tr>
<td>812.944.5100</td>
<td>812.949.2198</td>
</tr>
<tr>
<td>(NAHS, Hazelwood, Slate Run)</td>
<td>(Green Valley, Mt. Tabor, Transportation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brad Rumple</th>
<th>Greg Nash</th>
</tr>
</thead>
<tbody>
<tr>
<td>710 Highlander Point Drive</td>
<td>133 East Sporting Street</td>
</tr>
<tr>
<td>Floyd Knobs, IN 47119</td>
<td>New Albany, IN 47150</td>
</tr>
<tr>
<td>912.923.6596</td>
<td>812.944.8312</td>
</tr>
<tr>
<td>(FKE, Greenville, Highland Hills)</td>
<td>(CANA, Fairmont, SEJ)</td>
</tr>
</tbody>
</table>

Enrollment Steps

New Hires:
1. New hires will contact one of the agents listed above and complete the enrollment application.
2. Complete a Salary Reduction Agreement to open your account.
3. Submit the Salary Reduction form to HR at the Central Administration Office.

Current Employees:
1. Complete a Salary Reduction Agreement to open your account.
2. Submit the Salary Reduction form to HR at the Central Administration Office.

Employees are allowed to make four (4) changes any time during the year.

With questions, contact:
Melissa Gream
1401 Human Resources Assistant
812.542.2119
mgream@nafcs.k12.in.us
Compliance Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP 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.askedsa.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 July 31, 2019. Contact your State for more information on eligibility –

<p>| ALABAMA – Medicaid | Website: <a href="http://myarhipp.com">http://myarhipp.com</a> | Phone: 1-855-MyARHIPP (855-692-7447) |
| ALASKA – Medicaid | Website: <a href="http://myakhipp.com">http://myakhipp.com</a> | Phone: 1-866-251-4861 |
| ARKANSAS – Medicaid | Website: <a href="http://dhhs.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhhs.alaska.gov/dpa/Pages/medicaid/default.aspx</a> |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+) | Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> |
| GEORGIA – Medicaid | Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> |
| INDIANA – Medicaid | Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> | Phone: 1-800-403-0864 |
| IOWA – Medicaid | Website: <a href="http://dhs.iowa.gov/ime/members/medicaid">http://dhs.iowa.gov/ime/members/medicaid</a> |
| KENTUCKY – Medicaid | Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> | Phone: 1-800-635-2570 |
| NEW JERSEY – Medicaid and CHIP | Medicaid Website: <a href="http://www.state.nj.us/humanservices/dminds/clients/medicaid">http://www.state.nj.us/humanservices/dminds/clients/medicaid</a> |
| NEW HAMPSHIRE – Medicaid | Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a> | Phone: 603-271-5218 |
| LOUISIANA – Medicaid | Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> | Phone: 1-888-695-2447 |
| NEW YORK – Medicaid | 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 |
| NORTH CAROLINA – Medicaid | Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> | Phone: 919-855-4100 |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>MISSOURI – Medicaid</td>
<td><a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
</tr>
<tr>
<td>OREGON – Medicaid</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347</td>
</tr>
<tr>
<td>MONTANA – Medicaid</td>
<td><a href="http://dphrs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphrs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-949-3084</td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>NEBRASKA – Medicaid</td>
<td><a href="https://www.ACCESSNebraska.ne.gov">https://www.ACCESSNebraska.ne.gov</a></td>
<td>(855) 632-7633</td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347</td>
</tr>
<tr>
<td>SOUTH DAKOTA - Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>UTAH – Medicaid and CHIP</td>
<td><a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
<td>1-800-543-7669</td>
</tr>
<tr>
<td>VERMONT – Medicaid</td>
<td><a href="https://www.greenmountaincare.org/">https://www.greenmountaincare.org/</a></td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>VIRGINIA – Medicaid and CHIP</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td>1-800-432-5924</td>
</tr>
</tbody>
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To see if any other states have added a premium assistance program since July 31, 2019, 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)
  - Phone: 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)
  - Phone: 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 and reference the OMB Control Number 1210-0137.
Continuation of Coverage under COBRA

Employers who employ 20 or more employees are subject to the continuation provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment for reasons other than gross misconduct, reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay or aren't required to pay for COBRA continuation coverage.

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

For more information about your rights and obligations under COBRA, you should review the Plan’s Summary Plan Description or contact Plan Administrator’s Name and Contact information.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent, because 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 or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or the Children’s Health Insurance Program (CHIP), or when you and/or your dependents gain eligibility for state premium assistance. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, contact the name, title, telephone number, and any additional contact information of the appropriate plan representative. If you would like more information on WHCRA benefits, call your plan administrator at phone number.

Women’s Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator at phone number.

Newborns’ and Mothers’ Health Protection Act

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

Grandfathered Status under Healthcare Reform

This group health plan OR health insurance issuer believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan or policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.
Producers Choice

Name of group health plan or health insurance issuer generally requires/permits the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

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

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

USERRA Health Insurance Protection

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don’t elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights to continue your coverage, contact the plan administrator.

Voluntary Wellness Program

Your wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If an HRA is part of the program include – “If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease)”.

If a biometric screening is part of the program include – “You will also be asked to complete a biometric screening, which will include a blood test for [be specific about the conditions for which blood will be tested]. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of indicate the incentive for specify criteria. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to indicate the additional incentives may be available for employees who participate in certain health-related activities if any or achieve certain health outcomes specify particular health outcomes to be achieved, if any. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your plan administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as services that may be offered. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and ABC Company may use aggregate information it collects to design a program based on identified health risks in the workplace, it will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Specify any other or additional confidentiality protections if applicable. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your plan administrator.

Wellness Plan Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 555-555-1234 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, considering your health status.