



**Mid-Missouri Educational Benefit Group  
Employee Benefits Plan  
July 1, 2021 to June 30, 2022  
Southern Boone County R-I**

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**Rules & Guidelines**

Deductible

*Medical deductible runs from July 1st to June 30th of each fiscal year; Dental deductible runs Jan 1-Dec 31. Vision runs date of service to date of service.*

Enrollment/Termination Periods

- New hires – refer to details under each benefit to determine when each benefit offered will be effective.
- Timely Enrollment - Enrollment forms must be completed, signed and returned to your employer within 30 days of your effective date of coverage.
- Special Enrollment/Qualifying Event - If you or your dependents experience a life event during the year such as marriage, birth, adoption or involuntary loss of coverage (spouse changing jobs, reaching dependent age limit on parents plan, divorce, etc), **you have 30 days from the life event date to enroll or cancel benefits.**
  - Date of coverage due to a special enrollment/qualifying event would take effect on the date of the event. **Enrollment forms must be completed, signed and returned to your employer within 30 days of the life event.**
  - For qualifying events due to involuntary loss of coverage, you can only enroll in medical/dental or vision if that benefit was lost as a result of the change. All other benefits would have to wait until the annual open enrollment to enroll in.
  - Failure to provide signed forms in a timely manner will result in benefits not being effective or termed until the annual open enrollment.
- Annual Open Enrollment Period – The annual open enrollment period is no later than the 30 days prior to your group's renewal date. All enrollment forms must be completed, signed and returned to your employer prior by the date specified.

Eligible Employees

*An eligible employee is one who works an average of 30 hours or more per week defined by your employer and the affordable care act after satisfying any new hire waiting period, as specified above.*

Eligible Dependents

*An eligible dependent would include your legally married spouse, dependent children of you or your spouse or dependent children for which you or your spouse have legal guardianship of and disabled children over the age limit. Refer to each benefit on the following pages to determine dependent age limit or other qualifying factors for each benefit.*

Coordination of Benefits – insured under more than one insurance plan

*If you, your spouse and/or your children will be electing medical coverage AND will be enrolled by another insurance plan (spouse's employers plan, individual plan, Medicaid, Medicare due to age, Medicare due to disability, Tri-Care, VA Benefits, etc), **it is your responsibility to notify both insurance plans about the other coverage to determine appropriate coordination of benefits.** Each plan has coordination of benefits rules it must follow. If you have questions about who pays primary and who pays secondary per family member, please review your plan document available on the carrier websites or by contacting member services (number on the back of your ID cards). If your other enrollment is Medicaid, please contact your local Social Security office with questions.*

*If the other enrollment is Medicare, please review "Which insurance pays first" on [www.medicare.gov](http://www.medicare.gov). There are different rules depending on the reason for the Medicare enrollment (due to reaching age 65, disability, etc) and the size of the employer.*

*If your other coverage changes at any time, it is your responsibility to notify both plans of this change. Failure to do so will result in delayed or denied claims.*

## **MEDICAL: Anthem BCBS**

Whichever plan you choose, you will be enrolled in that plan for the full plan year. You will not be able to change plans mid-year. Please review all options to determine which plan will be best for you and/or your family.

**Dependent age limit is to age 26 end of the calendar year.**

|  | <b>Option 1</b>  | <b>Option 2</b>  | <b>Option 3</b>  | <b>Option 4</b>  |
|--|--|--|--|--|
|  | <b>Traditional PPO</b>   | <b>High Deductible Health Plans (HDHP)</b>   |  |  |
|  | <b>PPO 1000</b>  | <b>HSA 2000<br/>(HDHP/HSA)</b>   | <b>HSA 2800<br/>(HDHP/HSA)</b>   | <b>HSA 4000<br/>(HDHP/HSA)</b>   |
| <b>Network</b><br>( <a href="http://www.anthem.com">www.anthem.com</a> ):  | All plans utilize Anthem's Blue Preferred Select provider network  |  |  |  |
|  | When in or around Columbia/St. Louis area: search <b>Blue Preferred Select</b> to receive in network benefits                |  |  |  |
|  | If traveling outside the Columbia/St. Louis area: search <b>National PPO (Blue Card PPO)</b> to receive in network benefits. |  |  |  |
|  | IMPORTANT: This Anthem network DOES NOT include BJC Hospital or affiliates in St. Louis, MO.                                 |  |  |  |
| Plan Year Deductible (Individual/Family)   | \$1,000/\$2,000  | \$2,000/\$4,000  | \$2,800/\$5,600  | \$4,000/\$8,000  |
| Embedded vs. Non-Embedded Deductible   | n/a  | Non-Embedded   | Embedded   | Embedded   |
| Coinsurance (member cost share)  | 20%  | 20%  | 20%  | 0%   |
| Out of Pocket Max (Individual/Family)  | \$6,000/\$12,000   | \$5,000/\$8,150  | \$5,000/\$8,900  | \$6,500/\$13,000   |
| Office Visit Co-pay  | \$30 (Primary) & \$50 (Specialist)   | n/a (to deductible)  | n/a (to deductible)  | n/a (to deductible)  |
| Live Health Online   | \$10   | Deductible (\$59 fee)  | Deductible (\$59 fee)  | Deductible (\$59 fee)  |
| Preventive Care  | <b>Covered in full, no cost to employee with in-network providers</b>  |  |  |  |
| Urgent Care Co-pay   | \$75   | n/a (to deductible)  | n/a (to deductible)  | n/a (to deductible)  |
| ER Co-pay  | n/a (to deductible)  | n/a (to deductible)  | n/a (to deductible)  | n/a (to deductible)  |
| <b>Rx Network:<br/>Anthem Essential<br/>Rx Network (4-Tier)</b>  | Copays apply to Out of Pocket, not deductible.<br><b>\$250 Plan year RX deductible applies to Tiers 2,3,4</b>                | HSA plans include <b>Preventive Rx</b> (includes many Rx's at no charge); Co-pays apply <i>after</i> deductible is met | HSA plans include <b>Preventive Rx</b> (includes many Rx's at no charge); Co-pays apply <i>after</i> deductible is met | HSA plans include <b>Preventive Rx</b> (includes many Rx's at no charge); Co-pays apply <i>after</i> deductible is met |
| Retail Prescription Co-pays: 30 day supply<br><i>Essentials Drug List 4-tier</i><br>( <a href="http://www.anthem.com">www.anthem.com</a> ) | \$15 (tier 1),<br>\$40 (tier 2),<br>\$75 (tier 3),<br>25% to \$300 max (tier 4)  | \$15 (tier 1),<br>\$40 (tier 2),<br>\$75 (tier 3),<br>25% to \$300 max (tier 4)  | \$15 (tier 1),<br>\$40 (tier 2),<br>\$75 (tier 3),<br>25% to \$300 max (tier 4)  | \$15 (tier 1),<br>\$40 (tier 2),<br>\$75 (tier 3),<br>25% to \$300 max (tier 4)  |
| Mail Order Prescription Co-pays: 90 day supply<br>Ingenio Rx<br>( <a href="http://www.anthem.com">www.anthem.com</a> )                     | \$10 (tier 1)<br>\$100 (tier 2)<br>\$225 (tier 3)<br>25% \$300 max* (tier 4)   | \$10 (tier 1)<br>\$100 (tier 2)<br>\$225 (tier 3)<br>25% \$300 max* (tier 4)   | \$10 (tier 1)<br>\$100 (tier 2)<br>\$225 (tier 3)<br>25% \$300 max* (tier 4)   | \$10 (tier 1)<br>\$100 (tier 2)<br>\$225 (tier 3)<br>25% \$300 max* (tier 4)   |

This is only intended to be a brief summary of benefits. If this summary differs from the Certificate of Coverage, the Certificate shall prevail.

| <b>Out of Network (Individual/Family)</b> |                   |                  |                  |                   |
|---|-------------------|------------------|------------------|-------------------|
| Plan Year Ded                             | \$2,000/\$4,000   | \$2,000/\$4,000  | \$2,800/\$5,600  | \$4,000/\$8,000   |
| Coinsurance (member cost share)           | 50%               | 40%              | 40%              | 30%               |
| Out of Pocket Max                         | \$10,000/\$30,000 | \$8,000/\$16,000 | \$8,000/\$16,000 | \$11,000/\$22,000 |

| <b>Option 1: Traditional Plan – PPO</b> |                  |                                     |                      |
|---|------------------|-------------------------------------|----------------------|
| <b>Monthly Premium</b>                  | <b>Full Rate</b> | <b>School District Contribution</b> | <b>Employee Cost</b> |
| Employee Only                           | <b>\$584.00</b>  | <b>\$584.00</b>                     | <b>\$0.00</b>        |
| Employee & Spouse                       | <b>\$1231.00</b> | <b>\$584.00</b>                     | <b>\$647.00</b>      |
| Employee & Child(ren)                   | <b>\$1112.00</b> | <b>\$584.00</b>                     | <b>\$528.00</b>      |
| Family                                  | <b>\$1701.00</b> | <b>\$584.00</b>                     | <b>\$1117.00</b>     |

| <b>Option 2: 2000 HSA (Non-Embedded)</b> |                  |                                     |                      |
|--|------------------|-------------------------------------|----------------------|
| <b>Monthly Premium</b>                   | <b>Full Rate</b> | <b>School District Contribution</b> | <b>Employee Cost</b> |
| Employee Only                            | <b>\$529.00</b>  | <b>\$529.00</b>                     | <b>\$0.00</b>        |
| Employee & Spouse                        | <b>\$1113.00</b> | <b>\$529.00</b>                     | <b>\$584.00</b>      |
| Employee & Child(ren)                    | <b>\$1007.00</b> | <b>\$529.00</b>                     | <b>\$478.00</b>      |
| Family                                   | <b>\$1540.00</b> | <b>\$529.00</b>                     | <b>\$1011.00</b>     |

| <b>Option 2: 2800 HSA (Embedded)</b> |                  |                                     |                      |
|--------------------------------------|------------------|-------------------------------------|----------------------|
| <b>Monthly Premium</b>               | <b>Full Rate</b> | <b>School District Contribution</b> | <b>Employee Cost</b> |
| Employee Only                        | <b>\$529.00</b>  | <b>\$529.00</b>                     | <b>\$0.00</b>        |
| Employee & Spouse                    | <b>\$1113.00</b> | <b>\$529.00</b>                     | <b>\$584.00</b>      |
| Employee & Child(ren)                | <b>\$1007.00</b> | <b>\$529.00</b>                     | <b>\$478.00</b>      |
| Family                               | <b>\$1540.00</b> | <b>\$529.00</b>                     | <b>\$1011.00</b>     |

| <b>Option 3: 4000 HSA (Embedded)</b> |                  |                                     |                      |
|--------------------------------------|------------------|-------------------------------------|----------------------|
| <b>Monthly Premium</b>               | <b>Full Rate</b> | <b>School District Contribution</b> | <b>Employee Cost</b> |
| Employee Only                        | <b>\$495.00</b>  | <b>\$495.00</b>                     | <b>\$0.00</b>        |
| Employee & Spouse                    | <b>\$1042.00</b> | <b>\$495.00</b>                     | <b>\$547.00</b>      |
| Employee & Child(ren)                | <b>\$942.00</b>  | <b>\$495.00</b>                     | <b>\$447.00</b>      |
| Family                               | <b>\$1440.00</b> | <b>\$495.00</b>                     | <b>\$945.00</b>      |

**If you elect HSA 2000, HSA 2800, or HSA 4000, the School District will contribute the following amounts into your HSA account:**

|                    | <b>Monthly Contributions from School District</b> | <b>Annual Contributions from School District</b> |
|--------------------|---|--|
| H.S.A. 2000 & 2800 | \$55.00   | <b>\$660.00</b>                                  |
| H.S.A. 4000        | \$89.00   | <b>\$1068.00</b>                                 |

*Contributions to the Health Savings Account can be used to pay for medical expenses not covered by insurance such as deductibles, prescription co-pays, dental and vision services. For 2021 you can contribute up to \$3,600 if you are enrolled as employee only or up to \$7,200 if enrolled as a family through payroll deductions. If you are 55 year or older you can contribute an extra \$1,000. These limits include both employer and employee contributions together. YOU CAN NOT CONTRIBUTE TO AN HSA and FSA in the same calendar year or more than one account in one family.*

This is only intended to be a brief summary of benefits. If this summary differs from the Certificate of Coverage, the Certificate shall prevail.

**\*Preventive Services**

Preventive care is defined as "care you receive to prevent illnesses or diseases". If you truly want these services applied as your free preventive visit, make sure you keep this visit and other medical care separate. If your provider bills the claim with a diagnosis code because you discussed other current conditions, received medication refills, or other ailments, this may no longer be considered preventive care and an office visit co-pay or coinsurance would apply.

**\*\*Out of Network**

Out of network benefits can be very misleading. Since the provider did not agree to be in the network, they also do not agree to the reduced cost for their services. The insurance carrier is still going to apply an "allowed amount" to any out of network claim (similar to if the provider was in network) and base the benefit level off this amount, not the total amount. Out of network providers can bill you for the full billed services minus any insurance payments. Anything above the allowed charges or insurance payment would be considered **BALANCE BILLING**. Balanced billed charges do not apply to your benefits, are not included in your "Out of Network Calendar Year Out of Pocket Maximum". There is no maximum to what the provider can charge for these out of network claims, which is why it is very important to make sure your providers are in network if you want the protection on your plan.

**Medical Prior Authorization/Pre-Certification of services**

Before obtaining outpatient or inpatient services including testing, please confirm that your provider has reviewed Anthem's medical policy or submitted a prior authorization of care to confirm the service meets medical necessity to be covered by the plan. Failure to confirm this information could result in denied claims.

**Voluntary Dental (Base Plan without Ortho): Anthem:**

Dependent age limit is the end of the calendar year in which the dependent turns age 26.

Please refer to attached dental benefit summary for details on plan.

| Plan A no Orthodontic                        | In Network | Out of Network |  |
|--|------------|----------------|--|
| Calendar Year Deductible (Individual/Family) | \$50/\$150 | \$50/\$150     | Applies to Basic & Major Procedures only   |
| Calendar Year Max                            | \$1,000    | \$1,000        |  |
| Unit I: Preventive Procedures                | 100%       | 100%           | Cleaning, Fluoride treatments, Oral Exams, Sealants, X-rays, etc.                                |
| Unit 2: Basic Procedures                     | 50%        | 50%            | Fillings, Perio Surgery, Periodontal Maintenance, Simple Extractions, Surgical Extractions, etc. |
| Unit 3: Major Procedures                     | 50%        | 50%            | Root Canals, Bridges, Dentures, Inlays, Onlays, Crowns, etc.                                     |
| Unit 4: Orthodontia                          | n/a        | n/a            | n/a  |

Network ([www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)): Anthem Dental Complete

*For any claim you estimate will be more than \$300, it is recommended to do a pre-determination of benefits to get an estimated cost of service prior to the service being performed. Contact your dental provider or Anthem's customer service to request this service.*

| Monthly Premium       | Employee Cost  |
|-----------------------|----------------|
| Employee Only         | <b>\$27.17</b> |
| Employee & Spouse     | <b>\$54.32</b> |
| Employee & Child(ren) | <b>\$59.77</b> |
| Family                | <b>\$89.66</b> |

**Voluntary Dental (Buy Up Plan with Ortho): Anthem:**

Dependent age limit is the end of the calendar year in which the dependent turns age 26.

Please refer to attached dental benefit summary for details on plan.

| <b>Plan B with Orthodontic</b>               | <b>In Network</b> | <b>Out of Network</b> |  |
|--|-------------------|-----------------------|--|
| Calendar Year Deductible (Individual/Family) | \$50/\$150        | \$50/\$150            | Applies to Basic & Major Procedures only   |
| Calendar Year Max                            | \$1,000           | \$1,000               |  |
| Unit 1: Preventive Procedures                | 100%              | 100%                  | Cleaning, Fluoride treatments, Oral Exams, Sealants, X-rays, etc.  |
| Unit 2: Basic Procedures                     | 80%               | 80%                   | Fillings, Perio Surgery, Periodontal Maintenance, Root Canal, Simple Extractions, Surgical Extractions, etc. |
| Unit 3: Major Procedures                     | 50%               | 50%                   | Bridges, Dentures, Inlays, Onlays, Crowns, etc.  |
| Unit 4: Orthodontia                          | 50%               | 50%                   | Lifetime max \$1000 per child  |

Network ([www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)): Anthem Dental Complete

*For any claim you estimate will be more than \$300, it is recommended to do a pre-determination of benefits to get an estimated cost of service prior to the service being performed. Contact your dental provider or Anthem's customer service to request this service.*

| <b>Monthly Premium</b> | <b>Employee Cost</b> |
|------------------------|----------------------|
| Employee Only          | <b>\$37.18</b>       |
| Employee & Spouse      | <b>\$74.38</b>       |
| Employee & Child(ren)  | <b>\$82.45</b>       |
| Family                 | <b>\$124.33</b>      |

**Voluntary Vision: Blue View Vision Network/Anthem**

Dependent age limit is the end of the calendar year in which the dependent turns age 26.

Please refer to attached vision benefit summary for details on plan.

| <b>Benefit</b>          | <b>Frequency</b> | <b>In-Network Member Cost</b>  |
|-------------------------|------------------|--|
| Vision Exam             | Every 12 months  | \$10 co-pay  |
| Lenses                  | Every 12 months  | \$20 co-pay for lenses (includes single, lined bifocal, lined trifocal).     |
| Frames                  | Every 24 months  | \$150 allowance for frames of your choice and 20% off the remaining balance. |
| Elective Contact Lenses | Every 12 months  | \$140 allowance for materials. 15% discount off the remaining balance.       |

Network ([www.anthem.com](http://www.anthem.com)): Blue View Vision Network

| <b>Monthly Premium</b> | <b>Employee Cost</b> |
|------------------------|----------------------|
| Employee Only          | <b>\$7.85</b>        |
| Employee & Spouse      | <b>\$13.74</b>       |
| Employee & Child(ren)  | <b>\$14.92</b>       |
| Family                 | <b>\$22.77</b>       |

**BASIC LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): Anthem**  
***(This benefit is provided to Active Full-Time employees only)***

Benefit Amount: **\$25,000 (Southern Boone has increased this benefit amount this year, up from \$10,000)**

Please make certain you keep updated beneficiary designations on file.

Benefits will reduce based on the following schedule: by 35% at age 65; 50% at age 70. All based of the original amount. Benefits end at retirement.

**VOLUNTARY LIFE: Anthem**

- **Employee benefit:** you can purchase an amount from \$20,000 to \$200,000 or 5X your annual earnings, in increments of \$20,000.
- **Legal Spouse:** if you elect coverage for yourself, you can purchase 50% of our coverage for your spouse to a max of \$100,000. Spouse benefit terms at age 70.
- **Child(ren) benefit:** if you elect coverage for yourself, you can purchase \$10,000 for your children. Dependent age limit is end of the calendar year in which the dependent turns 26. This will cover each of your children for one single premium. Employees currently enrolled in Voluntary Life may increase one level (\$20,000) without evidence of insurability (EOI).
- Anthem will Guarantee Issue \$5,000 - \$10,000 for Spouses enrolling for the first time. Guarantee Issue also applies to spouses currently enrolled in Voluntary Life, who increase up to 2 levels (\$5,000 or \$10,000) without EOI.

Refer to attached rate table to determine premium for benefit.

Benefits will reduce based on the following schedule: by 35% at age 65; 50% at age 70. Benefits end at retirement.

**FOR BASIC LIFE & VOLUNTARY LIFE**

**Conversion Rights** — if you terminate employment with the school district, you can elect to continue the Basic life and/or the Voluntary Life policy by applying for coverage and paying the first month's premium within 30 days of your termination.

**FOR VOLUNTARY LIFE ONLY**

**Portability Rights** —if you terminate employment with the school district, you can elect to continue the Voluntary life policy by applying for coverage and paying the first month's premium within 30 days of your termination.

**The following products of Short and Long Term Disability, Accident, Critical Illness & Hospital Indemnity are new product offerings for July, 2021. If minimum enrollment requirements are NOT MET, we will be unable to implement these products.**

**SHORT TERM DISABILITY (STD): Anthem **\*\*NEW\*\*****

**The benefit will pay 60% of your pre-disability income up to a \$1,000 max weekly benefit. Benefits will begin on the 15<sup>th</sup> day due to an accident or illness. You will receive this benefit for up to 13 weeks dependent on your accident or illness.**

The start of a disability and length of a disability is dependent on information provided from your provider. Pregnancy is considered as an illness and is subject to the pre-existing condition limitation.

*Pre-existing conditions* – any condition you are treated for during the 3 months prior to the effective date of coverage will not be a payable disability claim for the first 12 months on the plan.

|   |
|---|
| <b>Monthly Premium (Employee Paid):</b> |
| <b>Varies by age &amp; salary level</b> |

**LONG TERM DISABILITY (LTD): Anthem \*\*NEW\*\***

The benefit will pay 60% of your pre-disability income up to a max of \$6,000 monthly benefit after you are unable to work for 90 days and will continue to pay until you are no longer disabled or to Social Security Normal Retirement Age (SSNRA).

*Pre-existing conditions* – any condition you are treated for during the 12 months prior to the effective date of coverage will not be a payable disability claim for the first 24 months on the plan.

*Benefit Offset Notice* – if you receive any other income while out on disability (such as disability or retirement benefits from any source, sick leave, paid time off, etc), your long term disability benefit payout may be reduced. Please review the attached benefit summary and Anthem policy located at [www.anthem.com](http://www.anthem.com) if you have any questions.

|   |
|---|
| <b>Monthly Premium (Employee Paid):</b> |
| <b>Varies by age &amp; salary level</b> |

**CRITICAL ILLNESS: Anthem \*\*NEW\*\***

Benefits help pay in a lump sum on the first and second occurrence of the Critical Illness Conditions listed in the Benefits Summary. Employee can choose a lump sum amount of \$10,000 or \$20,000. Spouses are eligible for 50% of the Employee's Lump Sum Benefit. Children are eligible for a lump sum benefit of 50% of the Employee's lump sum benefit.

*Pre-existing conditions* – None.

|  |
|--|
| <b>Monthly Premium (Employee Paid):</b>                        |
| <b>Rates vary by issue age &amp; level of coverage elected</b> |

**ACCIDENT: Anthem \*\*NEW\*\***

This policy is available to you, your spouse and your children to help cover unexpected accidental situations. Benefit payments can help with medical deductibles and out of pocket expenses such as bills, groceries and childcare. See Benefit Summary for complete listing of benefit payments under "Features". This plan has Guaranteed Acceptance with no pre-existing limitation.

This policy includes an Accidental Death & Dismemberment (AD&D) benefit.

| Monthly Premium       | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$5.24        |
| Employee & Spouse     | \$8.17        |
| Employee & Child(ren) | \$8.51        |
| Family                | \$13.46       |

**HOSPITAL INDEMNITY: Anthem \*\*NEW\*\***

Benefits help pay out of pocket expenses related to hospital confinements due to illness or injury.

**Plan Benefit: \$500 per admission** (For any covered illness or injury, members receive the hospital plan benefit, the first day benefit, and then the daily confinement up to 31 days. If discharged and then readmitted within 90 days for the same injury or illness, a combined total days would apply)

*Pre-existing conditions* – None.

| Monthly Premium       | Employee Cost |
|-----------------------|---------------|
| Employee Only         | \$9.77        |
| Employee & Spouse     | \$20.28       |
| Employee & Child(ren) | \$15.14       |
| Family                | \$26.40       |

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## **IMPORTANT ANNUAL COMPLIANCE NOTICES**

### Medicare Part D Creditable Coverage Notice

*Please refer to the notice at the end of this packet if you or your dependent(s) enrolled on this medical plan are currently Medicare eligible or close to Medicare eligibility. This would affect whether or not you would be subject to any penalties if you delayed enrollment in Medicare Part D when you become Medicare eligible.*

### COBRA General Notice

*This plan offers COBRA coverage, which is a temporary extension of coverage under the plan if you or your dependents lose eligibility for various reasons. For list of reasons or to find out more information about COBRA, please refer to the notice at the end of this packet.*

### Marketplace Notice

*The Affordable Care Act (ACA) provides another way to purchase individual insurance through [www.healthcare.gov](http://www.healthcare.gov). Because this plan meets certain standards set by the ACA, neither you nor your dependents are eligible to purchase an individual plan through the Marketplace AND receive subsidies. For additional information, please refer to the New Health Insurance Marketplace Coverage Options and Your Health Coverage form at the end of this packet.*

### Women's Health and Cancer Rights Act

*Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information on this coverage, contact member services (number on the back of your ID card).*

### Newborn 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).*

### Medicaid and Children's Health Insurance Plan (CHIP)

*If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance, your employer must permit you to enroll in your employer plan (within 60 days of being determined eligible) if you are not already enrolled.*

## **IMPORTANT**

***It is very important to keep your employer informed of any changes in address or other personal information for you and/or your dependents including beneficiaries for life insurance. Failure to do so may result in not enrolling timely or not receiving pertinent information that pertains to your insurance coverage.***