



# 2022-2023 Benefits Guide

Your Benefits. Your Choices. Your Health.

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# Welcome



Dear Employees,

As you know, our greatest asset as an employer is our extremely talented staff that jointly are responsible for the growth and development of our County over the last few years.

We have seen unprecedented growth and have reinvested this into having the correct tools, and enough of them, to ensure that we can continue to enjoy the levels of success that your hard work has produced. We value your contributions to our success and want to continue rewarding you with a highly competitive and comprehensive benefits package as we are committed to you ensuring your overall health and well-being. We, therefore, take pride in providing a benefits program for the coming year to fully meet your evolving needs.

Benefits are part of your total compensation with Hardee County BOCC and as of October 1, 2022, the County has again increased their contribution toward your medical premiums so that you do not have to take on the increase the insurance carrier has levied on us. We will continue to pay most of the employee costs; as well as offer additional contributions towards the spouse, children, and family premiums.

Hardee County BOCC offers one of the most competitive and comprehensive benefits packages in the market and allows you to have multiple benefit options to choose from. Our insurance advisors will be here to help you determine the best plan(s) for you and your family.

**Benefits offered this plan year:**

- Medical with UHC
- Dental with UHC
- Vision with UHC
- Voluntary Life & AD&D with The Standard
- Employee Assistance Program (EAP) with Optum
- Disability, Accident, Cancer, Hospital & Critical Illness with AFLAC
- Life Insurance with Liberty National Insurance

We truly appreciate you so stay healthy and safe!

Sincerely,

*Alicia Woodard*

Human Resources Director



# General Information and Contacts



## Medicare Part D

If you (and/or your dependent) have Medicare or will be eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see page 12 for details.

## Benefits Eligibility

If you are a full-time employee working 30 or more hours per week you are eligible to enroll in the benefits included in this guide. Coverage will begin on the first of the month following 30 days of employment and benefits end the last day of the month in which you are no longer employed. You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or domestic partner. Pre-tax savings may not apply to domestic partners and /or domestic partners children.
- Your natural, adopted or step-child (ren) to age 26 married or unmarried;
- To age 30 if:

Unmarried without dependents and a FL resident or a full or part-time student and

Not covered under any other health plan or policy and

Not entitled to coverage under Medicare

## When to Enroll

Open enrollment is held in August and coverage begins October 1st. The benefits you elect during open enrollment will be effective October 1st and will remain in effect through September 30th, unless you have a qualifying event.

## CONTACTS

Company/Provider	Coverage	Telephone	Website
UnitedHealthcare	Medical/Dental/Vision	866-414-1959	www.uhc.com.
The Standard	Life and AD&D	888-937-4783	www.standard.com
Optum	Employee Assistance Program (EAP)	888-887-4114	www.optum.com
AFLAC	Disability, Accident, Cancer, Hospital & Critical Illness Insurance	800-992-3522	www.aflac.com
Liberty National	Life Insurance	800-333-0637	https://libnat.net/
Albritton Insurance Agency Mark Cintron Courtney Graham	Insurance Brokers	863-773-4101	Albrittonins.com mcintron@albrittonins.com cgraham@albrittonins.com



# H.S.A. information



## Important Note

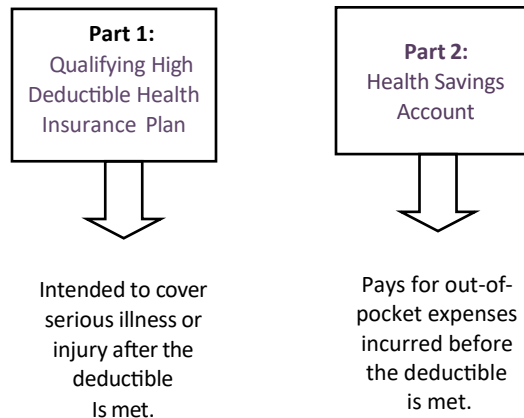
Our medical plan includes a Deductible and Co-insurance method of payment, which means that all benefits will be subject to the plan year deductible. Once that deductible is met, **you will be responsible for 10% of all charges for in-network services until you have met your annual out-of-pocket maximum**, at which point all benefits will be covered at 100%.

### WHAT IS A HEALTH SAVINGS ACCOUNT? (H.S.A.)

#### What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded with your tax-exempt dollars, by your employer, or both, to help pay for eligible medical expenses not covered by an insurance plan, including the deductible and coinsurance.

#### How does a HSA work?



#### What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan is a plan with a minimum annual deductible and a maximum out-of-pocket limit as listed below. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change.

Type of Coverage	Minimum Annual Deductible*	Maximum Annual Out-of-Pocket*
Individual	\$1,400	\$7,050
Family	\$2,800	\$14,100

\*2022 limits

#### What are the steps to using a HSA?

1. Your Employer funds the HSA account (see page 5). The employee can also contribute.
2. Employee seeks medical services.
3. Medical services are paid by the HDHP after the deductible is met. The employee will then pay co-insurance until the out-of-pocket maximum is fulfilled, at which time all eligible medical expenses will be covered by the Plan at 100%.
4. Employees may seek reimbursement from their HSA account for amounts paid toward their deductible and co-insurance.

Employees who enroll in the **UnitedHealthcare High Deductible Health Plan** are eligible to open an HSA through Optum Bank. Employees who open an Optum Bank HSA will receive a debit card from Optum Bank and funds will then be available as they are contributed (see the 2022 contributions on page 5). Should an employee leave his/her employment with Hardee County BOCC, the account remains the property of the employee.



# H.S.A. Information



## UNDERSTANDING A HEALTH SAVINGS ACCOUNT (H.S.A.)

### When do I use my HSA?

After visiting a physician, facility, or pharmacy your medical claim will be submitted to UnitedHealthcare 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 future medical expenses

### How much can I contribute to a HSA?

As noted by federal law for the 2022 calendar year, the annual contribution limits are: **\$3,650** for individual coverage or **\$7,300** for family coverage, which includes both the Employee and the Employer contribution. You are responsible for tracking all deposits to avoid going over the annual maximum limit.



Individuals age 55 or older may be eligible to make a catch-up contribution of \$1,000 in 2022.

Hardee County BOCC will be utilizing Optum Bank for the Health Savings Accounts (HSAs). If you are enrolling in the UnitedHealthcare High Deductible Health Plan (HSA), you may be eligible to establish and/or maintain your current HSA. In order for Hardee County BOCC to make contributions to your HSA, you will need to open an Optum Bank HSA (if you do not already have a HSA account with Optum).

Employees enrolled in the High Deductible Health Plan (HDHP) will receive an annual \$1,000 contribution and \$2,000 for SP-Ch-Family coverage from Hardee County BOCC. Contributions made by Hardee County BOCC are included in the maximum amount employees are allowed to contribute each plan year. Accordingly, employees must ensure that this amount is factored into their election so that they do not exceed the annual contribution limit (employee contributions to a HSA are made semi-monthly).

### Hardee County BOCC HSA Contributions will be made based on the following schedule:

Employee Only- \$1000 is contributed to their HSA card from October through February (\$200 payments each month).  
All other coverage- \$2000 is contributed to their HSA card from October through February (\$400 payments each month).

### Optum Bank Contact Information

800-791-9361 Fax: 800-765-6766

Optumbank.com

Email address: HSAGroup@optumbank.com



# Medical



## HSA CHOICE

### Want to search for a UHC provider?

Step 1: Go to [welcometouhc.com](http://welcometouhc.com) > **Benefits > Find a Doctor or Facility**

Step 2: Choose **Search for a health plan**

Step 3: Choose **Choice** to view providers in your network

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>*Annual Deductible</b>	<b>Individual: \$2,000; Family: \$4,000</b>	N/A
<b>Out-of-Pocket Maximum</b>	<b>Individual: \$5,000; Family: \$6,850</b>	N/A
<b>Coinsurance % (Member pays)</b>	10%	N/A
<b>Preventive Care</b> Adult Preventive Care Adult Annual Physical Exam Well-Child Care	Covered in Full Covered in Full Covered in Full	Not Covered Not Covered Not Covered
<b>Outpatient Care</b> Primary Care Office Visits Specialist Office Visits Virtual Visits (Primary Care)	10% coinsurance 10% coinsurance 10% coinsurance	Not Covered Not Covered Not Covered
<b>**Outpatient Labs &amp; X-Rays</b> Freestanding Labs Diagnostic Testing Center X-Rays Physician Office Imaging (CT/MRI's) Diagnostic Center Imaging (CT/MRI's)	**10% coinsurance for DPP 50% coinsurance for INN providers	Not Covered Not Covered Not Covered Not Covered
<b>Hospital Services</b> Inpatient Facility Care Outpatient Facility Surgery Physician IP/OP	10% coinsurance 10% coinsurance 10% coinsurance	Not Covered Not Covered Not Covered
<b>Emergency Care</b> Emergency Room Urgent Care Emergency Medical Transportation	10% coinsurance 10% coinsurance 10% coinsurance	10% coinsurance Not Covered 10% coinsurance
<b>Maternity Care</b> Office Visits Childbirth/delivery	Covered in Full 10% coinsurance	Not Covered Not Covered
<b>Mental Health</b> Inpatient Outpatient	10% coinsurance 10% coinsurance	10% coinsurance 10% coinsurance
<b>Prescription Drug Deductible</b> Generic Preferred /Non-Preferred Brand Preferred Brand Non-Preferred Brand Specialty Pref/Non-Preferred	\$10 \$35 \$70 Not Covered	Not Covered Not Covered Not Covered Not Covered
<b>Bi-Weekly Contributions</b> Employee Only Employee + Spouse Employee + Children Employee + Family Part-time Employees Retirees - <b>PAID MONTHLY</b>	\$12.50 \$253.16 \$92.82 \$314.72 \$211.02 \$844.09	

\*You are responsible for paying 100% of your medical expenses until you reach your deductible.

\*\*DPP (Designated Diagnostic Providers) provide the highest level of benefit to members. Contact UHC to confirm participating providers.

### Want to manage your meds?

You can look up your prescriptions using the Prescription Drug List (PDL)

Step 1: Go to [welcometouhc.com](http://welcometouhc.com) > **Benefits > Pharmacy Benefits**

Step 2: Select **Advantage** to view the medications that are covered under your plan



# Dental



Dental insurance pays for preventive care that can protect you and your family from the high cost of dental disease. It also helps pay for more extensive, costly and unexpected expenses such as fillings, crowns and root canals. You can visit any dentist but you benefit from the negotiated discounts on covered services choosing an in-network dentist. For specific plan information please refer to the UnitedHealthcare benefit summary.

	PASSIVE PPO	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Network</b>	Options PPO 30	
<b>Annual Deductible</b>	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
<b>Benefit Maximum</b>		
Annual	\$1,500	
Lifetime Ortho Max	\$1,000	
<b>Diagnostic &amp; Preventive Services</b> Prophylaxis (Cleanings); Oral Evaluations; Fluoride Treatments; X-rays; Sealants; Space Maintainers; Labs and Other Diagnostic Tests	100%	100%
<b>Basic Services</b> Restorations (Amalgam or Composite); Emergency Treatments/ General Services; Simple Extractions; Periodontics; Endodontics	80%	80%
<b>Major Services</b> Oral Surgery (incl. surgical extractions); Dentures and Removable Prosthetics ; Crowns, Inlays, Onlays, Fixed Partial Dentures (Bridges)	50%	50%
<b>Orthodontic Services</b> (Children only Up to Age 19 )	50%	50%
<b>Bi-Weekly Contributions</b>		
Employee Only	\$16.83	
Employee + Spouse	\$33.65	
Employee + Child(ren)	\$35.66	
Employee + Family	\$55.02	

- How to find a UHC Dental provider:**
- Step 1: Go to [myuhc.com](http://myuhc.com)
  - Step 2: Scroll down to **Find a Dentist**
  - Step 3: Click **Employer and Individual Plans**
  - Step 4: Enter your Zip code or address
  - Step 5: Select **National Options PPO 30**
  - Step 6: Select a **General Dentist or Specialist**
  - Step 7: Click Search





# Vision



Our eyes are constantly changing so it is important to have an annual eye examination. Vision insurance provides benefits for examinations and discounts on frames, lenses, and lens accessories. You can use any provider, but you will benefit from the negotiated discounts using an in-network provider and a higher coinsurance paid by UnitedHealthcare. For specific plan information please refer to the UnitedHealthcare benefit summary.

	<b>V1836</b>	
<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Exam Frequency</b>	12 Months	
<b>Exam Benefit</b>	\$10 copay	\$40 allowance
<b>Lenses Frequency</b>	12 Months	
<b>LENSES</b>		
Single Vision	\$15 copay	\$40 allowance
Lined Bi-focal	\$15 copay	\$60 allowance
Lined Tri-focal	\$15 copay	\$80 allowance
Lenticular	\$15 copay	\$80 allowance
<b>Frame Frequency</b>	24 Months	
<b>Frame Benefit</b>	\$130 allowance; 30% off balance over \$130	\$45 allowance
<b>Scratch Warranty</b>	\$10 copay	Not Covered
<b>UV Coating</b>	\$16 copay	Not Covered
<b>Tint (solid &amp; gradient)</b>	\$14 copay	Not Covered
<b>Photochromatic</b>	\$67 copay	Not Covered
<b>Standard polycarbonate</b>	\$33 copay (\$0 for dependent children)	Not Covered
<b>Contact Lens Frequency</b>	12 Months	
<b>ELECTIVE CONTACT LENSES</b>		
Covered Formulary Contacts	Up to 4 boxes	\$130 Allowance
Non-Formulary Contacts	\$130 Allowance	\$130 Allowance
Necessary Contact Lenses	Covered in Full	\$210 Allowance
<b>Bi-Weekly Contributions</b>		
Employee Only		\$3.07
Employee + Spouse		\$6.11
Employee + Child(ren)		\$5.80
Employee + Family		\$9.10

**How to find a UHC Vision provider:**

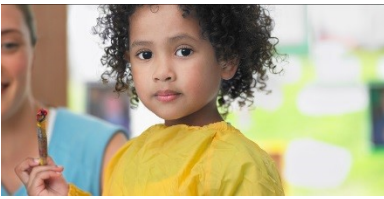
Step 1: Go to [myuhcvision.com](http://myuhcvision.com)

Step 2: Enter your Zip code or address

Step 3: Click Search







# Employer Paid Basic Life and AD&D



## Life and AD&D Insurance

Hardee County BOCC provides all benefit eligible employees with life and AD&D insurance through The Standard. Employees can also purchase additional voluntary life insurance on themselves as well as their spouse and children. Please refer to The Standard benefit summary for specific plan design information.

**\$10,000 County pays monthly premium**  
**\$5,000 (age 70 & over) County pays monthly premium**

- **Age Reduction:** Basic Life/AD&D benefits are reduced at age:  
70 to 50% of total benefit  
Coverage Terminates at Retirement or  
End of Employment
- **Accelerated Death Benefit:** If you are diagnosed with a terminal illness, you can receive up to 75% of your life insurance benefit. The remaining balance will then be paid to your beneficiaries upon your passing.
- **Waiver of Premium:** Your premiums may be waived if you:  
Become totally disabled while insured under the plan,  
Are under age 60, and  
Complete the waiting period of 180 days.

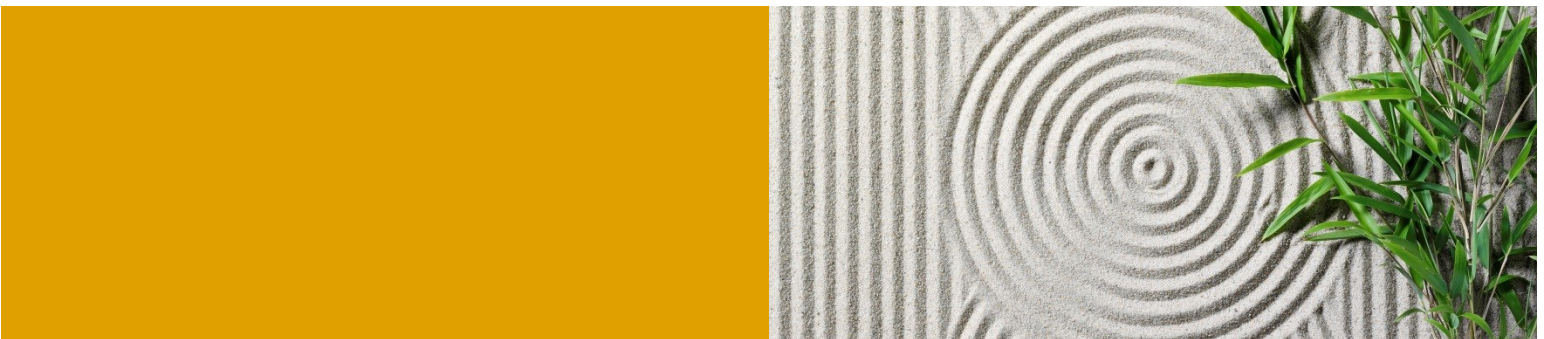
## Make Sure to Update Your Beneficiary Information

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit

You can name:

- One Person
- Two or more people
- The trustee of a trust you have set up
- Your estate

If you don't name a beneficiary, the death benefit will be paid to your estate.





# Voluntary Life and AD&D



## Voluntary Life and AD&D

Voluntary life and AD&D insurance is available through The Standard for employees of Hardee County BOCC. New hires can purchase up to the guaranteed issue amount (\$100,000) without medical underwriting. **After the new hire eligibility period employees will be subject to medical underwriting.** You can also purchase \$5,000 of coverage on your Spouse and/or \$2,000 of coverage on your children for \$1.00 per month. For specific plan information, please refer to The Standard benefit summary.

### How much life insurance do you need?

After a death in the family, there can be many unexpected expenses such as:

- Outstanding debt
- Burial expenses
- Medical bills
- Childrens education

### How much can you apply for?

- \$10,000—\$200,000 in increments of \$1,000

**Age Reduction:** Basic Life/AD&D benefits are reduced at age:

- 70 to 50% of your total benefit

**Waiver of Premium:** Your premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 60, and
- Complete a waiting period of 180 days

Age (as of last January 1st)	Rate per \$1,000
Under 30	\$0.09
30-34	\$0.09
35-39	\$0.14
40-44	\$0.22
45-49	\$0.36
50-54	\$0.54
55-59	\$0.80
60-64	\$1.32
65-69	\$2.39
70-74	\$3.38
75+	\$7.32



# Employee Assistance Program (EAP)



When life is throwing a lot at you, connect with someone who can help.

Experienced consultants are available 24/7 for support, guidance and resources to help you navigate small questions and big problems related to a range of issues, including:

- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Stress, anxiety and depression
- Elder care support
- Legal and financial concerns

EAP provides up to 5 sessions with an experienced consultant for each issue or problem at no cost to you, and the benefit renews each calendar year. We're here to help you and your family get the most out of life.

**Connect with your Employee Assistance Program.**  
**24/7. Confidential. No cost to you. Call 800-622-7276.**

**Contact Optum anytime you need help with life's concerns.**  
Your Employee Assistance Program



Scan the QR code and log on to  
[liveandworkwell.com](https://liveandworkwell.com)  
Access code: **hardee**



# Medicare Part D

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice to show whether or not you have maintained creditable coverage and therefore whether or not you are required to pay a higher premium (a penalty).**

## **Important Notice from Hardee County BOCC About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UnitedHealthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hardee County has determined that the prescription drug coverage offered through UnitedHealthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call 1-800-MEDICARE (1-800-633-4227)

For more information about this notice or your current prescription drug coverage contact:

Name of Entity/Sender: Hardee County BOCC

Contact-Position/Office: Alicia Woodard Human Resources Director

Address: 205 Hanchey Rd. Wauchula, FL 33873

Phone Number: 863-473-4758

# Marketplace Notice

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

## PART B: Information About Health Coverage Offered by Your Employer

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

3. Employer name: Hardee County BOCC	4. Employer Identification Number (EIN): 59-6000632	
5. Employer address: 205 Hanchey Rd.	6. Employer phone number: 863-773-2161	
7. City: Wauchula	8. State: FL	9. ZIP code: 33873
10. Who can we contact about employee health coverage at this job? Alicia Woodard		
11. Phone number: 863-473-4758	12. Email address: Alicia.woodard@hardeecounty.net	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

All Full-Time, non-seasonal employees after the applicable waiting period.

With respect to dependents, we do offer coverage. Eligible dependents are:

Legally married spouses

Domestic Partners. Pre-tax savings may not apply to domestic partners and /or domestic partners children.

Natural, adopted, foster or step child(ren)

Child(ren) for whom court appointed or legal guardianship has been awarded

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace.

The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.



# Disclosures

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

## QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain

information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

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 (including spouse) for up to 24 months while in the military. Even if you do not 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 for pre-existing conditions except for service-connected injuries or illnesses.

## MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health

parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B ] This benefit, known as "continuation coverage," applies if, for example,

dependent children become independent, spouses get divorced, or employees leave the employer.

## CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)<sup>2</sup>

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at



# Disclosures

[www.askebsa.dol.gov](http://www.askebsa.dol.gov) 1-866-444-EBSA.

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

ALABAMA: Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447  
ALASKA: Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>  
ARKANSAS: Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP  
(855-692-7447)  
CALIFORNIA: Medicaid  
Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)  
COLORADO: Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member 1-800-221-3943/ State Relay 711 CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442  
FLORIDA: Website: <https://www.flmedicaidprecovery.com/>  
[www.flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)

Phone: 1-877-357-3268  
GEORGIA: Medicaid  
A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: (678) 564-1162, Press 2

INDIANA: Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
Website: <https://www.in.gov/>

medicaid/ Phone 1-800-457-4584  
IOWA-Medicaid and CHIP (Hawki) Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/>  
Hawki Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

KANSAS: Medicaid  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
KENTUCKY: Medicaid  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA: Medicaid  
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  
MAINE: Medicaid  
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms> Phone: 1-800-977-6740. TTY: Maine relay 711  
MASSACHUSETTS: Medicaid and CHIP Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840

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

MISSOURI-Medicaid  
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005  
MONTANA: Medicaid  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

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

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

NEW HAMPSHIRE: Medicaid  
Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218  
NEW JERSEY: Medicaid and CHIP  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

NEW YORK: Medicaid  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831  
NORTH CAROLINA: Medicaid  
Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

NORTH DAKOTA: Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825  
OKLAHOMA: Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>

Phone: 1-888-699-3742  
OREGON: Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075  
PENNSYLVANIA: Medicaid  
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
RHODE ISLAND: Medicaid and CHIP  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311

SOUTH CAROLINA:  
<https://www.scdhhs.gov> Phone: 1-888-549-0820

SOUTH DAKOTA: Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059  
TEXAS: Medicaid  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

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

VERMONT: Medicaid  
<http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427  
VIRGINIA: Medicaid and CHIP  
Website: <https://www.coverva.org/en/famis-select> <https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-800-432-5924  
WASHINGTON: Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

WEST VIRGINIA: Medicaid and CHIP  
Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/> Medicaid

Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)  
WISCONSIN: Medicaid and CHIP  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002  
WYOMING: Medicaid  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> Phone: 1-800-251-1269  
To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:  
U.S. Department of Labor  
Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-EBSA (3272)  
U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4.  
**PAPERWORK REDUCTION ACT STATEMENT**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2023)



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.