# Benefit Summary for the Employees of

## City & Borough of Sitka

Effective Date:

July 1, 2019 to June 30, 2020

*This memorandum has been prepared to help you review the key factors that are associated with our benefit plans. This memorandum does not provide all of the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official contracts, the contracts shall prevail.*

## Your Benefits Plan

The City & Borough of Sitka is pleased to offer a comprehensive benefits program to our valued employees.

In the following pages, you will learn more about the benefits the City & Borough of Sitka offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

| Benefit | Carrier |
| --- | --- |
| Medical & Dental Insurance | Premera BlueCross of Alaska |
| Group and Voluntary Life / Accidental Death Dismemberment | USAble |

## Eligibility

Employees working 20 hours per week are eligible for benefits the 31st day of hire upon completion of the application for coverage.

Children are eligible for benefits up to age 26 regardless of dependent, student or marital status. Permanently disabled children over age 26 also qualify.

Legal spouses are eligible for benefits.

## When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period (30 days)
- During the annual open enrollment period
- Within 60 days of a qualified family-status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

## Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer and another change is permitted under the plan terms. Examples of these change in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must timely notify your HR Manager and complete the necessary forms. For more information refer to your benefits booklet.

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# MEDICAL

City & Borough of Sitka offers a PPO Plan through Premera BlueCross of Alaska. Highlights of the medical plan are listed below (showing member costs)

| | Premera BlueCross of Alaska PPO Plan 1011203 |
|---|---|
| **Annual Deductible** | |
| Per Person / Per Family<br>*Deductible applies unless otherwise noted* | $1,000 PCY / $3,000 PCY |
| **Annual Out-of-Pocket Maximum** | |
| Per Person / Per Family<br>*Includes the deductible, coinsurance and copays* | $2,000 PCY / $6,000 |
| **Professional Services** | |
| Office Visit | $30 copay preferred provider, 40% participating provider |
| Preventive Care Visit | Covered in full |
| Specialist Visit | $30 copay preferred provider, 40% participating provider |
| **Hospital/Facility** | |
| Inpatient Care | 20% after deductible |
| Outpatient Care | 20% after deductible |
| Emergency Room | $75 copay waived if admitted then 20% after deductible |
| **Mental Health Benefits** | |
| Inpatient Services | 20% after deductible |
| Outpatient Services | $30 copay |
| **Additional Services** | |
| Diagnostic X-Ray & Lab Tests | 20% after deductible |
| Complex Radiology | 20% after deductible |
| Urgent Care | $30 copay preferred provider, 40% participating provider |
| Spinal Manipulations | $30 copay 24 visits PCY |
| **Out-of-Network Benefits** | |
| Annual Deductible (Individual/Family) | $1,000 PCY SHARED WITH IN NETWORK / $3,000 PCY SHARED WITH IN NETWORK |
| Annual Out-of-Pocket Maximum (Individual/Family) | unlimited / unlimited |
| Coinsurance | 60% |
| Physician Office Visit | 60% after deductible |
| Preventive Care Visit | 60% after deductible |
| Emergency Room | $75 copay waived if admitted then 20% after deductible |

## OUT OF AREA BENEFITS

Services performed by non-preferred providers are subject to deductible and covered at 40%. Emergencies are always covered at the in-network level but balance billing may apply.

# PRESCRIPTION DRUGS

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which “tier” category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at www.premera.com

If you have a Maintenance Drug, one you take every day, week or month, take advantage of the Mail Order Programs with your medical plan. See your packet or go online for details.

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| Rx Formulary #B3 | Premera BlueCross of Alaska PPO Plan 1011203 |
|---|---|
| **Prescription Deductible** | |
| Per Individual | N/A |
| **Retail Prescription Drugs** | |
| Generic | $15 copay |
| Preferred Brand Name (Formulary) | $25 copay |
| Non-Preferred Brand Name (Non-Formulary | $50 copay |
| **Mail Order Prescription Drugs** | |
| Generic | $37 copay |
| Preferred Brand Name (Formulary) | $62 copay |
| Non-Preferred Brand Name (Non-Formulary | $125 copay |

## VISION

| | Premera BlueCross of Alaska Medical PPO 1011203 |
|---|---|
| **Routine Vision Exam** | |
| One per Calendar Year | $30 copay |
| **Vision Hardware** | |
| Up to $300 every 2 consecutive calendar years | Covered in Full |
| **Pediatric Vision Exam** | |
| One per Calendar Year Under Age 19 | $30 copay |
| **Pediatric Vision Hardware** | |
| Under Age 19 – One pair of glasses per Calendar Year (frames and lenses) or 12-month supply of contacts in lieu of glasses | Covered in Full |

## DENTAL

Refer to plan documents for treatment limitations

| | Premera BlueCross of Alaska Dental PPO 1011203 |
|---|---|
| **Deductible per Calendar Year** | |
| Individual / Family | $50 / $150 |
| **Diagnostic / Preventive** | |
| -Cleanings<br>-Emergency Exams<br>-Fluoride Treatment<br>-Sealants<br>-Space Maintainers<br>-X-rays | Deductible waived, member pays 0% |
| **Basic** | |
| -Emergency Treatment<br>-Fillings<br>-General Anesthesia<br>-Simple Oral Surgery<br>-Endodontics<br>-Periodontal Maintenance and Surgery | Deductible then member pays 20% |
| **Major** | |
| -Dentures<br>-Endodontics<br>-Full Mouth Debridement<br>-Inlays, Onlays<br>-Scaling<br>-Periodontal Surgery<br>-Crowns | Deductible then member pays 50% |
| **Annual Maximum** | |
| Per Individual | $2,000 per calendar year |

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## EMPLOYEE LIFE/AD&D INSURANCE - USABLE

If you, the employee, die, your beneficiary(ies) will be paid the Scheduled Life Benefit which is $2,000. If the death is the result of an accident, an additional $5,000 accidental death and dismemberment benefit will be paid. Spouses are covered for $1,000 life, and dependent children receive $500 of life. No AD&D is offered for dependents. Employee and dependent group life/AD&D is paid for by the City & Borough of Sitka. Coverage ceases upon termination of employment.

Please refer to plan documents for additional benefits, limitations and schedules.

## EMPLOYEE VOLUNTARY LIFE INSURANCE - USABLE

Employees may purchase additional life/AD&D coverage for themselves and their dependents.

Employees under age 69 may elect life coverage in $10,000 increments up to a guaranteed maximum of $120,000. With evidence of insurability, coverage may be increased to $500,000. Coverage may not exceed 5x your basic annual earnings.

Spouses may elect life in $10,000 increments up to a guaranteed maximum of $30,000, not to exceed 50% of employee coverage. Coverage up to $250,000 may be purchased with evidence of insurability. Children between the ages of 6 months and 26 years may elect $5,000 or $10,0000 of coverage.

Coverage terminates at retirement or at termination of employment but is portable.

Please refer to plan documents for additional benefits, limitations and schedules.

## MONTHLY EMPLOYEE PREMIUMS

Refer to the information provided by your Human Resource office for monthly premiums and applicable payroll deductions.

## CONTACT INFORMATION

Do you have questions and need help?

City & Borough of Sitka is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

| Carrier | Policy Numbers | Contact Information |
|---|---|---|
| Premera Blue Cross of Alaska | 1011203 | Customer Service 1-800-508-4722 |
| USAble | 50017264 | Customer Service 1-800-648-0271 |

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# Know where to go when you need care—and what it will cost.

## 4 OPTIONS FOR CARE

If you need care but your doctor isn't available, you have options. The exact cost of your visit or call depends on your plan and the care you get.

24-Hour NurseLine (Free)

Call the 24-Hour NurseLine to discuss your symptoms and get advice on where to go for care.

Virtual care with Teladoc® ($)

For conditions like flu symptoms, allergies, and ear infections, talk to a doctor by phone or video.*

Urgent care ($$)

Urgent care clinics offer care for illnesses like ear infections, flu symptoms, or sprains.**

Emergency room ($$$)

Go to the emergency room for life-threatening or severe conditions like severe abdominal pain, shortness of breath, sudden numbness, loss of consciousness, or broken bones.

Add these contacts in your mobile phone so care is always at your fingertips:

- 24-Hour NurseLine: The number is on the back of your Premera ID card.
- Teladoc: 855-332-4059; teladoc.com/premera

Teladoc is an independent company that arranges virtual medical care services on behalf of Premera Blue Cross.
Teladoc video consultations are available 7 a.m. to 9 p.m., 7 days a week
Teladoc operates subject to state regulation and may not be available in certain states.
**These examples are not meant to be used as medical advice.

PREMERA

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PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

# Premera has your ticket to great care

## MEDICAL TRANSPORTATION BENEFITS

When it's time to take care of your health, you deserve to get care—and at a reasonable cost. As a Premera member, you're covered with:

- **Medical Access Transportation** is there when you need medical care but don't have a doctor locally.
- **Elective Procedure Travel** provides significant savings and access to quality in-network facilities outside Alaska for approved non-emergent surgeries.

**Top reasons to travel**

Gain access to necessary medical care—within or outside Alaska.

Control your medical costs. The price of medical care may be lower outside Alaska, meaning your share of the costs may be lower, too.

Get reimbursed for approved travel expenses when you travel for a qualified medical procedure.

**Top procedures for travel**

You can travel for medical care inside Alaska if you don't have access to the right in-network providers.

People choose to travel outside Alaska for hundreds of inpatient and outpatient procedures. The top surgeries people travel for are:

- Knee replacement
- Hip replacement
- Shoulder surgery
- Lumpectomy
- Spine surgery

**When you're ready to pack your bags**

To-do list for travel inside Alaska:

- Go ahead and travel for your care.
- When you return, submit a Medical Access Travel Claim Form, receipts, and a statement of medical necessity from your provider. The form and instructions on how to submit it are on **premera.com**. To-do list for travel outside Alaska:

- Confirm with your provider that your surgery is medically necessary. Ask them for the procedure code.
- Call Premera Customer Service to get pre- approval. It's required before you travel for care outside Alaska. The number is on the back of your ID card.
- Once Premera approves both the surgery and the travel, you may book your transportation.
- When you return, submit an Elective Procedure Travel Claim Form and your receipts. The form and instructions on how to submit it are on **premera.com**.

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| | Medical Access Transportation | Elective Procedure Travel |
|---|---|---|
| **Pre-approval for travel needed*** | No—however, a doctor's statement attesting to the medical necessity of the services that required travel must be sent with the claim form. | Yes—based on the surgery and provider's contracting status with Premera. |
| **Travel within Alaska** | Yes | No |
| **Travel outside Alaska** | Yes—only to Seattle when that is the closest appropriate in-network provider. | Yes |
| **Travel companion included** | Yes—one companion is allowed for dependents under the age of 19. | Yes—one companion is allowed with a letter of medical necessity. |
| **Airfare** | Yes—one roundtrip by licensed commercial carrier from the location in Alaska where the illness or injury occurred to the closest in-network provider who can provide treatment. | Yes—one roundtrip by licensed commercial carrier. |
| **Car rental/ Taxi/Parking fees**** | No | Yes—between the airport, hotel, and medical facility. |
| **Mileage**** | No | Yes—for the member's personal automobile. |
| **Ferry/Train**** | Yes—roundtrip from the member's home community. | Yes—roundtrip from the member's home community. |
| **Lodging**** | No | Yes—at commercial hotels/motels for the member and a companion while traveling between home and the medical facility. |
| **Not covered** | Meals<br>Lodging<br>Transport by taxi, bus, private car, or rental car<br>Transportation for routine dental, vision, and hearing services<br>Travel expenses over IRS guidelines | Airline charges/fees for booking changes or first-class<br>Companions traveling separately from the member<br>International travel<br>Lodging at establishments other than a hotel or motel<br>Meals<br>Personal care items<br>Pet care, except for service animals<br>Phone service and long-distance calls<br>Reimbursement for mileage rewards<br>Reimbursement for frequent flier coupons<br>Reimbursement for travel before contacting Premera<br>Reimbursement for travel before receiving prior approval<br>Travel for ineligible medical procedures<br>Travel in a mobile home, RV, or travel trailer<br>Travel to providers outside the network<br>Travel expenses over IRS guidelines |

*Pre-approval for travel is separate from Prior Authorization required for certain medical procedures. If the procedure you are traveling for also requires Prior Authorization, then both a pre-approval for travel and a Prior Authorization would need to be obtained before you travel. Medical care is subject to your plan's copays, coinsurance, and deductible.
**Covered up to IRS guidelines.

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## IMPORTANT LEGAL NOTICES

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply: $1,000 deductible/individual and 20% in-network.

## NEWBORNS ACT DISCLOSURE - FEDERAL

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).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days 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 as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

## PATIENT PROTECTION MODEL DISCLOSURE

Premera Blue Cross allows 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 children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Premera Blue Cross 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 Customer Service at 800-508-4722.

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to Human Resources at 907-747-1816

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## Important Notice from City & Borough of Sitka 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 City & Borough of Sitka 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. **City & Borough of Sitka has determined that the prescription drug coverage offered by the Premera Blue Cross Blue Shield plan 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.**

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15$^{th}$to December 7$^{th}$.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City & Borough of Sitka coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

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If you do decide to join a Medicare drug plan and drop your current City & Borough of Sitka coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

## When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City & Borough of Sitka and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City & Borough of Sitka changes. You also may request a copy of this notice at any time.

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## For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

| | |
|---:|---|
| Date: | 06/01/2019 |
| Name of Entity/Sender: | Human Resources |
| Email Address: | hr@cityofsitka.org |
| Phone Number: | 907-747-1816 |

**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.

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If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | FLORIDA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 |
| **ALASKA – Medicaid** | **GEORGIA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid<br>Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid<br>Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ARKANSAS – Medicaid** | **INDIANA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **IOWA – Medicaid** |
| Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus<br>CHP+ Customer Service: 1-800-359-1991/<br>State Relay 711 | Website:<br>http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>Phone: 1-888-346-9562 |
| **KANSAS – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218<br>Hotline: NH Medicaid Service Center at 1-888-901-4999 |
| **KENTUCKY – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 | Medicaid Website:<br>http://www.state.nj.us/humanservices/<br>dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP<br>Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |

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| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
|---|---|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm<br>Phone: 1-800-692-7462 |
| **NEBRASKA – Medicaid** | **RHODE ISLAND – Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: (855) 632-7633<br>Lincoln: (402) 473-7000<br>Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/<br>Phone: 855-697-4347 |
| **NEVADA – Medicaid** | **SOUTH CAROLINA – Medicaid** |
| Medicaid Website: https://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **SOUTH DAKOTA - Medicaid** | **WASHINGTON – Medicaid** |
| | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program<br>Phone: 1-800-562-3022 ext. 15473 |
| **TEXAS – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **UTAH – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **VERMONT– Medicaid** | **WYOMING – Medicaid** |
| Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |

| LOUISIANA – Medicaid | NEW YORK – Medicaid |
|---|---|
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MAINE – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Website: https://dma.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH DAKOTA – Medicaid** |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-462-1120 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MINNESOTA – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp<br>Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MISSOURI – Medicaid** | **OREGON – Medicaid** |
| Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |

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To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 5-31-2020)

## 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 2019 for coverage starting as early as January 1, 2020.

### 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.[1]

**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.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or hr@cityofsitka.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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## 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.

| 3. Employer name<br>City & Borough of Sitka | 4. Employer Identification Number (EIN)<br>92-0041163 | |
|---|---|---|
| 5. Employer address<br>100 Lincoln Street | 6. Employer phone number<br>907-747-1816 | |
| 7. City<br>Sitka | 8. State<br>AK | 9. ZIP code<br>99835 |
| 10. Who can we contact about employee health coverage at this job?<br>Human Resources | | |
| 11. Phone number (if different from above) | 12. Email address<br>hr@cityofsitka.org | |

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

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    Active employees working more than 20 hours per week on the 31st day of employment

- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:

    Legal spouses
    Children under age 26, regardless of marriage status or permanently disabled children over age 26 including:
    - Naturally born children
    - Legally adopted children or those placed as a foster child
    - Stepchildren from a current marriage

[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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

• An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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