



2020 OPEN ENROLLMENT

Premera Blue Cross/USAble Life

City & Borough of Sitka

Important Notice:

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law. All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners and USI.



Table of Contents

A Message from Human Resources at City & Borough of Sitka	3
Eligibility	4
Medical Insurance	5
Dental Insurance.....	7
Vision Insurance	8
Note: Pediatric vision is covered at 100% every year for the exam and either glasses or contacts up to age 19.....	8
Life and AD&D	9
USABLE Voluntary Life.....	10
Customer Service Information.....	11
PREMERA NURSE LINE.....	13
REQUIRED NOTIFICATIONS.....	16
<i>PART B: Information About Health Coverage Offered by Your Employer</i>	Error! Bookmark not defined.

A Message from Human Resources at City & Borough of Sitka

At City & Borough of Sitka we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also access overviews of all mandatory and supplemental benefit plans available and offered through CBS (open enrollment dates vary): <http://www.cityofsitka.com/government/departments/hr/EmployeeForms.html>

Sincerely,

Human Resources Team



Eligibility

Eligible Employees:

You may enroll in the City & Borough of Sitka Employee Benefits Program if you are a Full-Time employee who is actively working 20 Hours.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

Newly hired employees and dependents will be effective in City & Borough of Sitka's benefits programs the next day following Thirty Days from date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 60 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance

City & Borough of Sitka is pleased to provide a Medical PPO through Premera BCBS of Alaska. Highlights of the medical plan are listed below.

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an in-network PPO provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider. To find a provider, visit www.premera.com Please see Carrier Benefit Summary for more information.

Premera BCBS of Alaska Heritage Plus PPO Plan \$1000/20%/ \$2000/\$30 1011203		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$1,000 PCY	\$1,000 PCY SHARED WITH IN NETWORK
Family	\$3,000 PCY	\$3,000 PCY SHARED WITH IN NETWORK
Coinsurance	80%	60% Participating, 40% Out of Network
Maximum Out-of-Pocket*		
Individual	\$2,000	Unlimited
Family	\$6,000	Unlimited
Physician Office Visit		
Primary Care	\$30 copay; Applies to OOP max	60% Participating, 40% Out of Network
Specialty Care	\$30 copay;	60% Participating, 40% Out of Network
Preventive Care		
Adult Periodic Exams	100%	60% Participating, 40% Out of Network
Well-Child Care	100%	60% Participating, 40% Out of Network
Diagnostic Services		
X-ray and Lab Tests	80% After Deductible	60% Participating, 40% Out of Network
Complex Radiology	80% After Deductible	60% Participating, 40% Out of Network
Urgent Care Facility	\$30 copay	60% Participating, 40% Out of Network
Emergency Room Facility Charges*	\$75 copay waived if admitted	\$75 copay waived if admitted
Inpatient Facility Charges	80% After Deductible	60% Participating, 40% Out of Network
Outpatient Facility and Surgical Charges	80% After Deductible	60% Participating, 40% Out of Network
Mental Health		
Inpatient	80% After Deductible	60% Participating, 40% Out of Network
Outpatient	\$30 copay	60% Participating, 40% Out of Network
Substance Abuse		
Inpatient	80% After Deductible	60% Participating, 40% Out of Network
Outpatient	\$30 copay	60% Participating, 40% Out of Network
Other Services		
Chiropractic	\$30 copay 24 VISIT PCY	60% Participating, 40% Out of Network, 24 visit pcy

Pharmacy		
Retail Pharmacy (30 Day Supply)		
Generic (Tier 1)	\$15 copay	\$15 copay
Preferred (Tier 2)	\$25 copay	\$25 copay
Non-Preferred (Tier 3)	\$50 copay	\$50 copay
Preferred Specialty (Tier 4)		
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	\$37 copay	\$37 copay
Preferred (Tier 2)	\$62 copay	\$62 copay
Non-Preferred (Tier 3)	\$125 copay	\$125 copay
Preferred Specialty (Tier 4)		

Employee Contributions – (every 2 nd payroll in month) – Medical, Pharmacy, Dental and Vision	
PPO Plan - Full Time	
Employee	\$113.80
Employee & Spouse	\$213.11
Employee & Child(ren)	\$206.00
Employee & Spouse & Child(ren) (Family)	\$305.30
PPO Plan - Part Time – Contact Payroll or Human Resources for Rates	
	Contact Payroll or Human Resources for Rates

Dental Insurance

City & Borough of Sitka offers a Dental PPO plan through Premera BCBS of Alaska for all employees. With the Dental PPO plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider

Benefit Coverage	Premera BCBS of Alaska Dental PPO 1011203	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person/Family PCY	\$2,000	\$2,000
Preventive	100%	100%
Basic	80% After Deductible	80% After Deductible
Major	50% After Deductible	50% After Deductible
Orthodontia		
Benefit Percentage	Not covered	Not covered

Vision Insurance

Premera BCBS of Alaska has a large network of Eye Care Providers. By seeing a preferred provider, you have the benefit of a low copayment for a vision exam and materials. You may also go to out-of-network providers, but you will need to pay for services and then submit a claim form for the reimbursed allowances. Please see the Premera BCBS of Alaska plan document for more information.

Benefit Coverage	Vision
Copay	
Routine Exams	\$30 copay
Materials	\$300 allotment every 2 calendar years
Lenses	
Single Vision Lenses	100% up to \$300
Bifocal Lenses	100% up to \$300
Trifocal Lenses	100% up to \$300
Frames	
Retail Equivalent	100% up to \$300, shared with Lenses
Contact Lenses	
Necessary / Prescribed	100% up to \$300
Elective	100% up to \$300 in lieu of glasses
Other Services	
Laser Corrective Surgery	N/A
Frequency	
Routine Exams	12 months
Lenses	24 months
Frames	24 months
Contact Lenses (Elective)	24 months

Note: Pediatric vision is covered at 100% every year for the exam and either glasses or contacts up to age 19.

Life and AD&D

City & Borough of Sitka provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through USAble Life to assist you and your family in the event of a loss. The life insurance policy will pay as follows:

Life and AD&D	
You	Paid for by City & Borough of Sitka
Benefit Maximum	\$2,000
Guaranteed Issue	\$2,000
Your Spouse	Paid for by Employee, Life Coverage Only
Benefit Maximum	\$1,000
Guaranteed Issue	\$1,000
Your Child (under age 26)	Paid for by Employee, Life Coverage Only
Benefit Maximum	\$500
Guaranteed Issue	\$500

The above benefits will begin to decrease at age 65.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life

City & Borough of Sitka provides company-paid Basic Life Insurance through USABLE Life to assist you and your family in the event of a loss. This year, USABLE is offering a one-time open enrollment period for voluntary life coverage to take effect July 1 2020.

All employees who previously declined coverage may come onto the plan up to \$50,000 without evidence of insurability (EOI).

All employees currently enrolled may increase their benefit by up to \$20,000 without EOI, not to exceed the \$120,000 guarantee issue (GI).

All employees who are newly hired and eligible or are within their first annual enrollment period may come onto the plan up to the full \$120,000 guarantee issue without evidence of insurability.

All employees who have been previously declined by USABLE due to medical conditions are not eligible.

The life insurance policy will pay as follows:

Voluntary Life	
You (under age 69)	Paid for by Employee
Benefit	\$10,000 increments up to maximum of \$500,000, not to exceed 5x your basic annual earnings. Amounts over the guarantee issue are subject to evidence of insurability.
Guaranteed Issue	\$120,000
Your Spouse (under age 69)	Paid for by Employee
Benefit	\$10,000 increments to a maximum of \$250,000. Amounts over guarantee issue are subject to evidence of insurability.
Guaranteed Issue	\$30,000
Your Child (under age 26)	Paid for by Employee
Benefit	\$1,000 for children from live birth to 6 months; or \$5,000 or \$10,000 for children 6 months to age 26.
Guaranteed Issue	\$1,000, \$5,000 or \$10,000

The above benefits will begin to decrease at age 65. Rates are based on employee age at application.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Customer Service Information

Have Questions? 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 at 866-468-7272 or via e-mail at BRCWest@usi.com. 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	Type of Coverage	Plan Name / Group Number	Contact Information
Premera BCBS of Alaska	Medical PPO	PPO Plan 1011203	www.premera.com 800-508-4722
Premera BCBS of Alaska	Dental PPO	Dental PPO 1011203	www.premera.com 800-508-4722
Premera BCBS of Alaska	Vision	Vision 1011203	www.premera.com 800-508-4722
USABLE Life	Life and AD&D, Voluntary Life and AD&D	Life and AD&D 50017264	www.usable.com 800-648-0271



**100 Lincoln St.
Sitka, Alaska 99835**

This brochure summarizes the benefit plans that are available to City and Borough of Sitka eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

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.



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association 037498 (10-01-2017)

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.

	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 Lodging Transport by taxi, bus, private car, or rental car Transportation for routine dental, vision, and hearing services Travel expenses over IRS guidelines	Airline charges/fees for booking changes or first-class Companions traveling separately from the member International travel Lodging at establishments other than a hotel or motel Meals Personal care items Pet care, except for service animals Phone service and long-distance calls Reimbursement for mileage rewards Reimbursement for frequent flier coupons Reimbursement for travel before contacting Premera Reimbursement for travel before receiving prior approval Travel for ineligible medical procedures Travel in a mobile home, RV, or travel trailer Travel to providers outside the network 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.

Premera Blue Cross Blue Shield of Alaska is an Independent Licensee of the Blue Cross Blue Shield Association
044279 (11-20-2017)

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 in-network deductibles and coinsurance apply: \$1,000/person deductible and 20% coinsurance.

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 the person listed at the end of this summary.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Human Resources
100 Lincoln St.
Sitka, Alaska 99835
907-747-1816
hr@cityofsitka.org

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 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.

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 15th to December 7th.

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 and Borough of Sitka coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

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.

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: 06/01/2020
Name of Entity/Sender: Human Resources
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.

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 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
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid

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

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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 ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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.

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.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?

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.

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

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.