

EVERY STUDENT.
EVERY DAY.



Benefit Enrollment Guide

2023



Table of Contents

A Message from HR at Montezuma-Cortez School District RE-1	3
Eligibility	4
Medical Insurance	5
Prescription Drug Coverage	6
Finding an Anthem Provider.....	7
Sydney Health Web and Mobile Registration	8
2023 Employee Medical Cost	9
Dental Insurance	11
Vision Insurance	13
Health Savings Account.....	14
Flexible Spending Account	15
How to Access your FSA Money	16
Basic Life and AD&D	17
Voluntary Life and AD&D	18
Voluntary Disability.....	19
Critical Illness.....	20
Hospital Indemnity	21
REQUIRED NOTIFICATIONS	24

A Message from HR at Montezuma-Cortez School District RE-1



At Montezuma-Cortez School District RE-1 we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so 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.

Sincerely,

Cynthia Eldredge

Eligibility

Eligible Employees:

You may enroll in the Montezuma-Cortez School District RE-1 Employee Benefits Program if you are an employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse 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, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

The effective date for your benefits is January 1, 2023. All newly hired employees and their dependents will be eligible to enroll in Montezuma-Cortez School District RE-1's benefits programs the first of the month after 30 days of employment. All elections made during open enrollment, or your initial eligibility as a new hire, are irrevocable for the duration of the plan year unless you experience a change in family status.

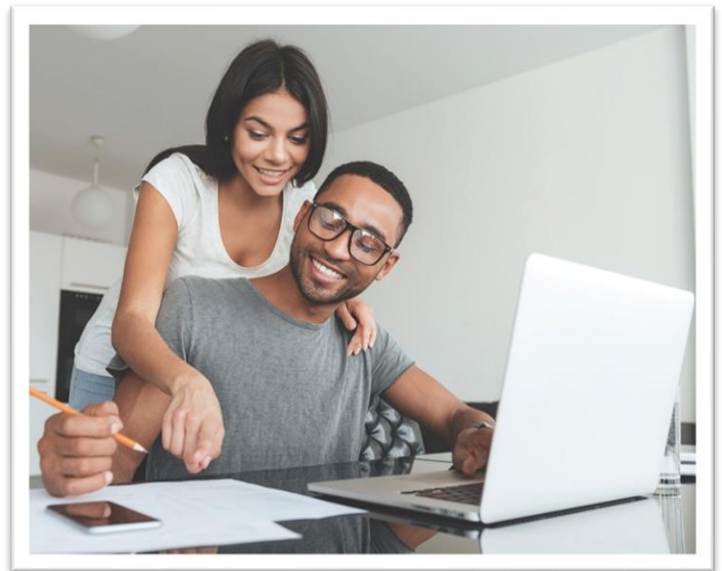
Family Status Change:

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 some 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 30 days of the event date.** The only exception is if you have a change in **Medicare or Medicaid Eligibility, which gives you a 60-day window to make a change.** Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact Human Resources to make these changes.

Montezuma-Cortez School
District RE-1's plan year begins
on 01/01/2023 and ends
12/31/2023



Medical Insurance

Montezuma-Cortez School District is proud to offer our employees three different medical plans options to choose from, including a high deductible health plan that is HSA qualified and two traditional copay plans. All plans include both in and out-of-network coverage, but you will see the greatest benefit and savings by remaining in the network.

The district has selected Anthem as our medical insurance provider. This coverage will begin January 1, 2023. Although there will not be any changes to the plan designs being offered, employees will need to ensure that they are seeking care in the Anthem BlueClassic PPO network. Information about how to find a provider, and other services that Anthem offers, can be found in the following pages

	Anthem PPO Plan A – HDHP w/HSA		Anthem PPO Plan B		Anthem PPO Plan C	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance	100%	100%	80%	70%	80%	70%
Maximum Out-of-Pocket*						
Individual	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Physician Office Visit						
Primary Care / Specialist	Ded. then 0%	Ded. then 0%	\$40 copay	70% After Deductible	\$30 copay	70% After Deductible
Preventive Care						
Adult and Pediatric Wellness Exams	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived - \$1,000 maximum then 70% after deductible	100% Deductible Waived	100% Deductible Waived
Diagnostic Services						
X-ray and Lab Tests	Ded. then 0%	Ded. then 0%	Ded. then 20%	Ded. then 30%	Ded. then 20%	Ded. then 30%
Complex Radiology	Ded. then 0%	Ded. then 0%	Ded. then 20%	Ded. then 30%	Ded. then 20%	Ded. then 30%
Urgent Care Facility	Ded. then 0%	Ded. then 0%	\$40 copay	Ded. then 30%	\$30 copay	Ded. then 30%
Emergency Room Facility Charges*	Ded. then 0%	Ded. then 0%	Ded. then 20%	Ded. then 20%	Ded. then 20%	Ded. then 20%
Inpatient Facility Charges	Ded. then 0%	Ded. then 0%	Ded. then 20%	Ded. then 30%	Ded. then 20%	Ded. then 30%
Outpatient Facility and Surgical Charges	Ded. then 0%	Ded. then 0%	Ded. then 20%	Ded. then 30%	Ded. then 20%	Ded. then 30%

Prescription Drug Coverage

Anthem's pharmacy, IngenioRx will provide prescription drug coverage for the employees of Montezuma-Cortez School District on their National Direct Formulary. This is the largest, most inclusive drug list that is offered by Anthem/IngenioRx.

	Anthem PPO Plan A – HDHPw/HSA		Anthem PPO Plan B		Anthem PPO Plan C	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)						
Generic (Tier 1)	Ded. then 0%	Ded. then 0%	\$10 copay	N/A	\$5 copay	N/A
Preferred (Tier 2)	Ded. then 0%	Ded. then 0%	\$25 copay	N/A	\$20 copay	N/A
Non-Preferred (Tier 3)	Ded. then 0%	Ded. then 0%	\$45 copay	N/A	\$40 copay	N/A
Preferred Specialty (Tier 4)	N/A	N/A	N/A	N/A	N/A	N/A
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	Ded. then 0%	Ded. then 0%	\$15 copay	N/A	\$15 copay	N/A
Preferred (Tier 2)	Ded. then 0%	Ded. then 0%	\$35 copay	N/A	\$35 copay	N/A
Non-Preferred (Tier 3)	Ded. then 0%	Ded. then 0%	\$55 copay	N/A	\$55 copay	N/A
Preferred Specialty (Tier 4)	N/A	N/A	N/A	N/A	N/A	N/A

Your prescription drug coverage is important to your health. With pharmacy benefits from Anthem, powered by IngenioRx, it's easier for you to track and manage your prescriptions — all in one convenient place. You can do things like refill and renew prescriptions, find a pharmacy, and check the cost of a drug.

To get started, log in to [anthem.com](https://www.anthem.com), go to **My Plans**, and then go to **Pharmacy**. You can also use the **SydneySM Health** mobile app.



The All Prescriptions page

This page is like a digital version of your home medicine cabinet. It provides real-time information about your prescriptions, including dosage, days' supply, and last fill date. You can view your prescription history, check the number of refills left, and ask to switch eligible prescriptions to IngenioRx Home Delivery Pharmacy.



No-hassle refills and renewals

Refills and renewals are at your fingertips when you choose IngenioRx Home Delivery Pharmacy or IngenioRx Specialty Pharmacy. You can check order status, receive notices and alerts about shipping status and other information needing attention, and manage your payments and account balances. With IngenioRx home delivery, you can also turn on automatic refills and renewals.



Find ways to save

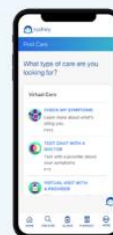
When you need prescriptions, you can use our Price a Medication tool to check prices before you buy. We'll let you know if a generic drug will save you money or if home delivery makes more sense than getting prescriptions at your retail pharmacy. We'll help you understand your options, to make informed choices for you and your family. We'll also let you know if there is a coupon available for your preferred brand prescriptions.



Stay in touch — the way you choose

Whether you prefer a call, email, or text when it's time for a refill or when you are due for a health screening, you decide how we contact you. You can opt in or out of alerts and also set your payment preferences.

Log on to [anthem.com](https://www.anthem.com), scan the QR code, or download the Sydney Health app to see what your plan can do for you.

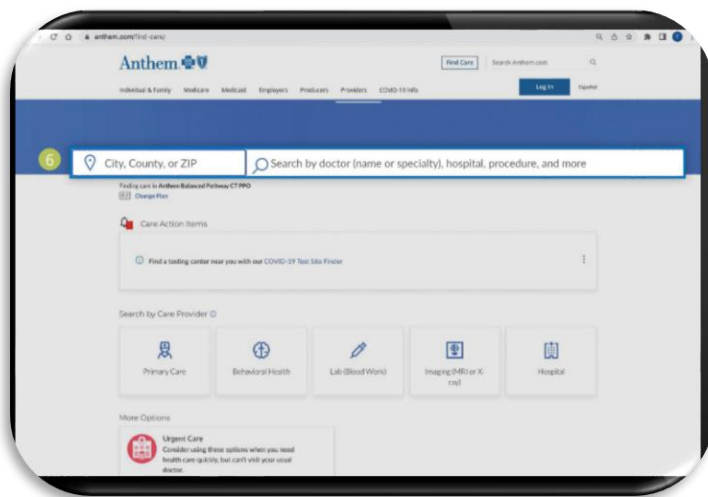


Finding an Anthem Provider

Accessing the care that you need, when and where you need it, matters. That's why Anthem has made it easy for you to find care doctors and hospitals in their network.

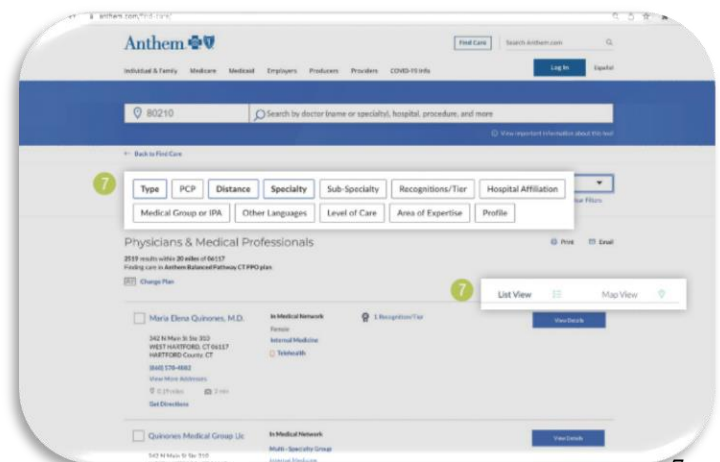
Follow these steps to find a care provider in your plan:

- 1 Go to **anthem.com** and select **Find Care**.
- 2 Choose the **Guests** box.
- 3 Answer the questions regarding the type of care you need, the state you need care in, and the type of plan you want to search under. In this case, it would be: **Medical Plan or Network**.
- 4 Select **Colorado** (even if this is not the state where you currently reside, the state should reflect **where your company is headquartered**). Your local doctors will appear when you enter your ZIP code in Step 6.
- 5 Select the plan or network, then choose **Continue**.



- 6 Enter your city, county, or ZIP code. You also can search by doctor, hospital, or procedure, as well as using other care-related terms.

- 7 View your search results. You can further filter your results by selecting the relevant boxes or browsing by list or map views.



Sydney Health Web and Mobile Registration

Sydney Health Makes health care easier. With Sydney health, you can find everything you need to know about your medical, pharmacy, vision in one place. you can access your benefit information, find a doctor, even track your fitness. Register on anthem.com or the Sydney mobile app to quickly access information about your plan. You will need to have your member ID card handy to register.

Simple experience

Our **simple experience** makes it easy to find what you need — with one-click access to benefits info, Member Services, LiveHealth Online and wellness resources. And you can use the interactive chat to get answers quickly.

My Health Dashboard

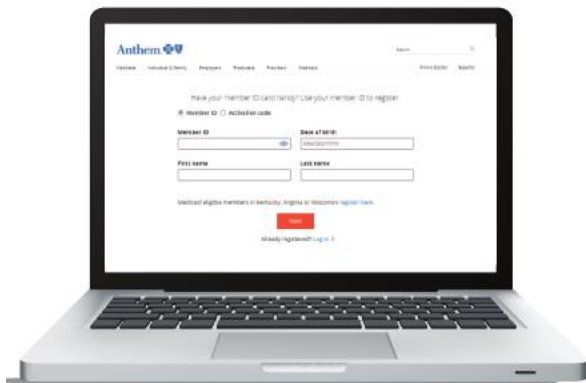
My Health Dashboard is your hub for personalized health and wellness. Find programs that interest you, build an action plan to help you meet your health goals, sync your fitness tracker and earn points for your progress.

Personalized Match

Personalized Match helps you find a doctor in your plan who's right for you. You'll get results carefully matched with your unique needs, preferences and plan details.

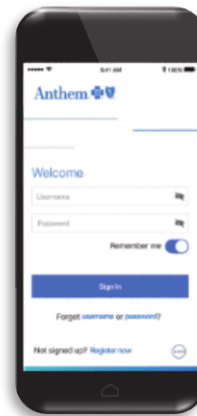
From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration



From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration



With just one click, you can:

- Find care and check costs
- See all benefits
- View claims
- View and use digital ID cards
- Use the interactive chat feature to get answers quickly
- Sync your favorite fitness tracker



2023 Employee Medical Cost

Montezuma-Cortez School District is happy to announce that there will be no increase to the monthly cost for all three of the plans. The below amounts will be deducted from your paycheck pre-tax unless specifically requested.

Monthly Employee Cost			
	Anthem PPO Plan A – HDHP/HSA	Anthem PPO Plan B	Anthem PPO Plan C
Employee	\$0.00	\$21.00	\$93.00
Employee + Spouse	\$480.00	\$552.50	\$632.00
Employee + Child(ren)	\$400.00	\$497.50	\$570.00
Employee + Family	\$815.00	\$962.50	\$1153.00



Anthem Health Guide



A caring team to help guide you

Anthem Health Guide is a concierge service for your health and health care



Health care benefits can seem complicated or confusing at times. To make the most of your benefits, you need to understand them. That is why you have a team of concierge-level customer service experts — ready to answer questions, advocate for your health and explain how to use your benefits. You can call a health guide or chat from your mobile device using our Sydney Health app.

Anthem health guides are here to help

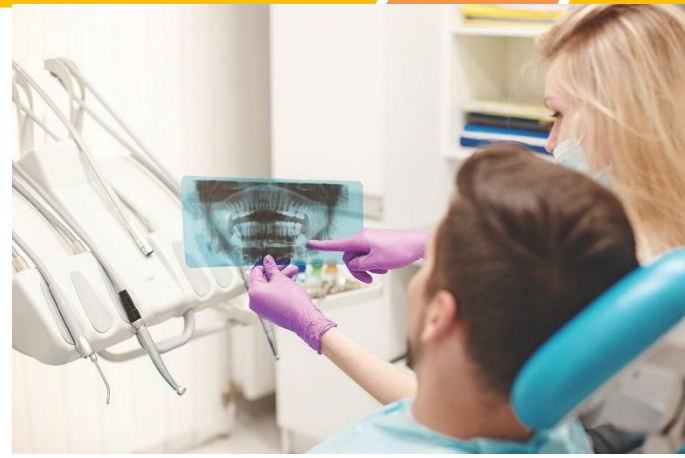
Health guides are team members hand-picked for their kindness and understanding, their ability to listen and find a solution, all while also helping you feel less overwhelmed. They are experts at:

- **One-call resolution.** Our guides use advanced technology to see your whole health care picture while talking to you or advocating for you. They understand you are busy and may not have time for multiple conversations so they find the solution in the first call. Health guides take a comprehensive and personal approach, not only to help with your immediate needs but also anticipate future questions.
- **Advocating for you.** Health guides bring knowledge and experience to help make sure you are receiving the care you need. They will help break down barriers and eliminate “homework” for you, like calling providers about billing discrepancies, so you can focus on your health. If you need help finding a provider, guides can match you with an in-network provider that suits your needs. They can also help you save money by comparing costs for care at different hospitals and save on your prescription drugs, by switching to generic from brand-name, if available.
- **Coordinating care for better health.** Many people see more than one doctor. Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you, when possible. They also have in-depth knowledge about the programs and preventive care services that are part of your benefits, and they work closely with nurses, health coaches and social workers to provide support uniquely suited to you.

Anthem Health Guide is here to give you personalized help when you need it most. That way you can focus on what is most important: your health.

Dental Insurance

Montezuma-Cortez School District is excited to offer dental through Anthem beginning 1/1/2023. Staying healthy includes obtaining quality dental care for you and your family. With Anthem's PPO dental plan, you are free to see whatever provider you choose. You are covered at the highest level if you select dental care through the network, but also have the option to obtain care outside the network at a higher cost to you (you may be balanced billed). More information on how to find an in-network provider can be found on the following page



	Anthem	
	In-Network	Out-of-Network
Annual Deductible (per calendar year)	\$50 individual / \$150 family	
Annual Maximum (per calendar year)	\$1,500 per person	
Diagnostic and Preventive (includes exams, cleanings & x-rays)	100% deductible waived	80% deductible waived
Basic Services (Includes fillings, simple extractions, periodontics & oral surgery)	80%	80%
Major Services (Crowns, inlays/onlays & dentures)	50%	50%
Ortho	50% to \$1,500 Lifetime Max	50% to \$1,500 Lifetime Max
	Dental Monthly Rates	
Employee	\$34.80	
Employee & Spouse	\$75.21	
Employee & Child(ren)	\$66.41	
Employee & Family	\$106.97	

Dental Insurance – Finding an Anthem Dentist

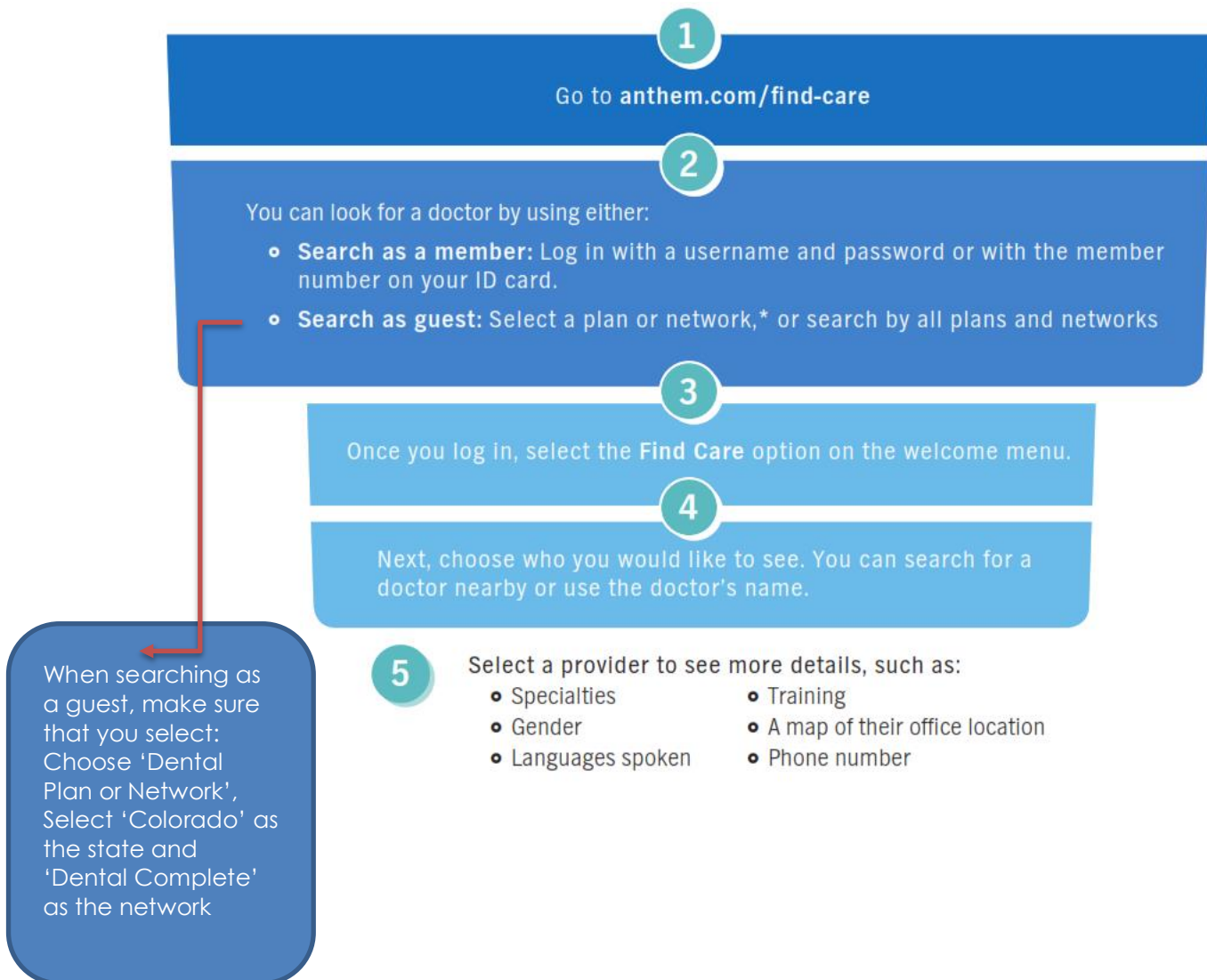
Are you looking for a doctor?

It's easy to find one online

The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a doctor outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.



How to find a doctor near you:



Health information that goes where you go

The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

Vision Insurance

Montezuma-Cortez School District offers voluntary vision coverage with Sun Life to help you pay for your routine vision services and supplies. You can elect vision coverage for yourself and your eligible dependents. You can see any vision provider you choose, but you will enjoy significant savings when you use our offered vision provider. Once enrolled, you may use the Sun Life website to access additional information. To find an in-network eye doctor, go to vsp.com. Please see the full plan document for additional details.



Provisions		Sun Life In-Network – VSP Choice Network
Exams		\$10 copay
Frames		\$25 copay - Up to \$150 and 20% off balance \$80 frame allowance at Costco
Lenses		\$25 copay – Single, Lined Bifocal or Lined Trifocal
Contact Lenses		In Lieu of Glasses
<ul style="list-style-type: none"> ▪ Exam ▪ Contacts 		Up to \$60 for a contact lens exam \$150 allowance; 15% savings off the balance
Frequency		Covered every 12 months from the last date of service
		Vision Monthly Cost
Employee		\$6.99
Employee & Spouse		\$13.87
Employee & Child(ren)		\$15.22
Employee & Family		\$21.90

Health Savings Account

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. Montezuma-Cortez School District will be using Rocky Mountain Reserve for HSA administration beginning January 1, 2023

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

MAXIMUM ANNUAL ELECTION	
Individual	\$3,650
Family	\$7,300
Over 55 Catch-up Contribution	\$1,000

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

Accessing HSA Funds

You own and control the funds in your HSA. The money you contribute to your HSA is federally tax-deductible, whether you itemize deductions. Your funds can be conveniently accessed by a debit card to pay for medical expenses.

- It conveniently helps the participant with cash flow
- The card pays directly to the provider at the point of sale
- It adds a convenience to accessing participant funds



Flexible Spending Account

Montezuma-Cortez School District will have partnered with Rocky Mountain Reserve to administer FSA services beginning January 1, 2023. An FSA is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

MAXIMUM ANNUAL ELECTION	
Health Care FSA	\$3,050
Limited Purpose FSA	\$3,050
Dependent Care FSA	\$2,500 Married Filing Separately: \$5,000 Married Filing Jointly

Healthcare/Limited Purpose FSA

The **healthcare FSA** account allows you to fund your out-of-pocket medical, dental, and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of \$.23 per dollar because you do not pay Federal Income Tax or PICA tax on your contributions.

The **limited purpose FSA** account is the only FSA that is compatible with a High Deductible Health Plan (HDHP). With a limited purpose FSA, you can set aside monies to cover eligible dental and vision expenses only. This will allow you to take advantage of the tax savings to cover dental and vision, without having to use up the money in your health savings account (HSA).

Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis.

The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number.

You may contribute up to a maximum of \$5,000 each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- For a complete list of FSA eligible expenses go to www.rockymountainreserve.com/whats-covered



How to Access your FSA Money

Pay for Expenses with a Debit Card

- Easy to use- the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Restricted by merchant code (MCC) to healthcare-related merchants where MasterCard is accepted.
- It pays directly at the point of sale - No waiting for reimbursement!
- You can use it to pay for online mail-order prescriptions.
- You must save all receipts and be prepared to provide receipts if they are requested

Make sure that you save all receipts for purchases made with the benefit card!

Please remember to keep receipts for all purchases made with the Benefit Card. Per IRS regulations, Rocky Mountain Reserve may request itemizes receipts to verify the eligibility of the purchase made with the card.

No Receipt Retailers

Some retailers have installed an inventory information approval system for most medical expenses and receipts will not be requested.

Below is a sample of some of the retailers who have installed the inventory information approval system:

1-800 Contacts
Albertsons
City Market

Costco
CVS
Drugstore.com

King Soopers
Kroger
Rite Aid

Safeway
Sam's Club
Target



Submit Claims for Reimbursement

Submit Claims Through a Mobile Application

Take a picture of your receipt and submit it with your reimbursement request through the mobile application. You can also look up your account balance and recent transactions. Claims submitted through the mobile application receive **high priority**. To download the mobile application: **Search for "RMR Benefits"**



Submit Claims Through a Web Portal

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through <https://www.rockymountainreserve.com>. Claims submitted through the web portal receive **high priority**.



Submit Claims Manually

Participants may also file requests for reimbursement directly to RMR through fax, mail, or email.
Fax: 866.557.0109 **E-mail:** claims@rmrbenefits.com **Mail:** PO Box 631458 Littleton, CO 80163



Claims are paid by direct deposit or check.



Online & Mobile Access

www.rockymountainreserve.com

To Create Your Online Account:

1

Go to
www.rockymountainreserve.com

2

Click on "Login/Register" in the top right-hand corner

3

Click on "Employee Registration"

4

Username will be the name you use to log in for the web portal and mobile application.

5

The password must contain at least 3 of these: special character, number, upper or lower case letter

6

For Employee ID Use SS# or other assigned Employee ID.

7

For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

With Online Access You Can:

- View balance
- View transaction history
- Download statements
- Submit claims and upload receipts
- View debit card receipt requests and upload receipts



Basic Life and AD&D

Montezuma-Cortez School District RE-1 provides basic life and accidental death and dismemberment benefits to eligible employees. The life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The accidental death and dismemberment benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. This benefit is paid for 100% by the district, so all eligible employees are automatically enrolled.

Sun Life Assurance Company All Employees

You:	1.5X Annual Salary
Benefit Max	\$50,000
Minimum Benefit	\$20,000
Your Spouse:	\$1,000
Your Child:	\$1,000

Important Reminder!

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



Voluntary Life and AD&D

Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Montezuma-Cortez School District provides employees the opportunity to purchase additional Life/AD&D insurance through Anthem if you are interested in additional coverage. Your contributions will depend on your age and the amount of coverage you elect.

- **Employee Voluntary Life:** Increments of \$10,000 not to exceed 5 x annual salary up to a maximum of \$500,000. The minimum benefit is \$10,000. The guaranteed issue \$100,000
- **Spouse Voluntary Life:** Increments of \$5,000, with a minimum of \$5,000, and the maximum is 50% of the employee's benefit up to \$250,000. The guaranteed issue is \$30,000.
- **Child(ren) Voluntary Life:** Increments of \$5,000, The maximum benefit is \$10,000. Coverage for children up to age 26.

What is the guaranteed issue?

The guaranteed issue is the amount of life/ad&d insurance that you can elect for yourself or dependents with out completing health questions

The table below will help you calculate your monthly premium by using the rate that corresponds to the age that you will be on January 1, 2023. These rates show the cost per \$1,000 of benefit. The cost for AD&D is the same for employees and dependents, no matter The age. If a 37-year-old employee elects \$100,000 in Life/AD&D for themselves and \$30,000 for their spouse. They would use the \$.080 rate to calculate the life premium and \$.041 to calculate the AD&D premium. The calculation is shown in the box to the right.

Life Per \$1,000	Employee and Spouse
Under 25	\$0.065
25-29	\$0.060
30-34	\$0.080
35-39	\$0.107
40-44	\$0.164
45-49	\$0.252
50-54	\$0.397
55-59	\$0.618
60-64	\$0.902
65-69	\$1.490
70-74	\$3.429
75-99	\$8.317
Child Life	\$0.207

AD&D Per \$1,000	
EE / SP AD&D	\$0.041
Child AD&D	\$0.041

Employee Premium:

$$.080 \times 100 = \8.00

$$.041 \times 100 = \4.10

$\$12.10/\text{month}$

Spouse Premium:

$$.080 \times 30 = \3.00

$$.041 \times 30 = \1.23

$\$4.23/\text{month}$

Total Monthly Cost: \$16.33

Voluntary Disability

Voluntary **short-term disability insurance** replaces a portion of your weekly income during the initial weeks of a disability. There is a **15-day waiting period** from the start date of your disability to when the benefits begin to pay, you can use any accumulated amount of PTO during the waiting period. You will then receive 60% of your weekly salary to a maximum of \$1,000.

Rates Per \$10 of Weekly Benefit

Under 20	\$0.462
20-24	\$0.462
25-29	\$0.488
30-34	\$0.490
35-39	\$0.460
40-44	\$0.478
45-49	\$0.519
50-54	\$0.598
55-59	\$0.714
60-64	\$0.837
65-69	\$0.938
70-74	\$1.220
75+	\$1.586

Employee Benefit:

Annual Salary/52 x .60

Example using \$40,000 annual salary for age 37

1. $40,000/52 = \$769.23 \times .60 = \461.54
2. Rounding up to the next \$10 = \$470
3. $\$470 \times .460/10 = \21.62 monthly cost

Total Monthly Cost: \$21.62

Total Weekly Benefit: \$470

Voluntary **long-term disability benefits** begin **90 days after the date of the disability** and will pick up right as the short-term disability plan ends. The long-term disability plan covers **60% of your monthly income** not to exceed a maximum monthly benefit of **\$6,000**. This benefit will remain in place until you are able to return to work or you reach the normal social security retirement age.

LTD Rates Per \$100 Covered Payroll

Under 25	\$0.180
25-29	\$0.312
30-34	\$0.519
35-39	\$0.711
40-44	\$0.997
45-49	\$1.242
50-54	\$1.525
55-59	\$1.696
60-64	\$1.781
65-69	\$1.870
70-74	\$1.964
Over 74	\$2.062

Employee Benefit:

Annual Salary/12 x .60

Example using \$40,000 annual salary for age 37

1. $\$40,000/12 = \$3,333.33 \times .60 = \$2,000$
Premium is calculated by total salary and not benefit. Below is how you would calculate your premium.
2. $\$40,000/12 \times .711/100 = \21.62 monthly cost

Total Monthly Cost: \$23.70

Total Monthly Benefit: \$2,000

Critical Illness

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs. Critical illnesses include strokes, heart attacks, Parkinson's disease, and cancer. You may elect coverage for yourself, as well as your spouse and eligible dependents. You must elect coverage for yourself for any of your dependents to be covered.

Coverage Guidelines			
	Minimum	Maximum	Guarantee Issue
For you	\$10,000	\$30,000	\$30,000
Spouse	\$5,000	50% of employee's CI Principal Sum, up to \$15,000	\$15,000
Children	\$5,000	50% of employee's CI Principal Sum, up to \$15,000	\$15,000

Benefit Category	
Condition	% Of CI Principal Sum
Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's, Advanced Multiple Sclerosis	100%
Coronary Artery Bypass,	25%
Major Organ Transplant, End Stage Renal Failure, Coma, Paralysis, Loss of Hearing, Loss of Vision, Loss of Speech	100%
Cancer (Invasive), Benign Brain Tumor	100%
Skin Cancer Benefit	25%

Hospital Indemnity

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery. Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That is where hospital Indemnity coverage can help. If you are admitted to a hospital for a covered sickness or injury, which includes Childbirth, you will receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

	Low Plan	High Plan
Hospital confinement first day	\$500	\$1,000
Hospital confinement daily benefit	\$100	\$150
First-day hospital confinement annual maximum	1 day	1 day
Daily hospital confinement annual maximum	31 days	31 days
Pregnancy waiting period	None	None
Monthly Cost		
Employee	\$8.61	\$15.25
Employee + Spouse	\$17.87	\$31.69
Employee + Child(ren)	\$13.33	\$23.55
Employee + Family	\$23.26	\$41.45

Accident

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries. Anthem has two accident plans available for you to choose from based on so you can ensure you have the right protection.

	Low Plan 24 Hour	High Plan 24 Hour
Emergency room	\$150	\$200
Hospital admission	\$500	\$1,000
Ambulance <i>(ground)</i>	\$300	\$300
Urgent care	\$150	\$150
X-ray	\$50	\$100
Physical therapy <i>(up to 10 visits/within 90 days)</i>	\$25	\$25
Concussion	\$200	\$200
Laceration <i>(2 to 6 inches)</i>	\$200	\$200
Employee Monthly Cost		
Employee	\$5.75	\$7.27
Employee + Spouse	\$9.02	\$11.27
Employee + Child(ren)	\$9.80	\$11.80
Employee + Family	\$15.32	\$18.62

Contact Information

USI Mobile App

Montezuma-Cortez School District RE-1 is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Download in the App Store or Google Play Store and enter code **Y87572** in the app to access your benefit highlights.

Have Questions? Need Help?

Montezuma-Cortez School District RE-1 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 855-874-0742 or via e-mail at BRCMT@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 Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Anthem	800-331-1476	www.anthem.com
Dental PPO	Anthem	800-331-1476	www.anthem.com
Vision	Sun Life	800-877-7193	www.VSP.com
Health Savings Account	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Life and AD&D	Sun Life	877-431-7379	www.sunlife.com/us
Voluntary Life and Disability	Anthem	800-331-1476	www.anthem.com
Voluntary Worksite	Anthem	800-331-1476	www.anthem.com
Employee Assistance Program (EAP)	Anthem	800-865-1044	www.anthemeap.com
FSA and HSA	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com

This brochure summarizes the benefit plans that are available to Montezuma-Cortez School District RE-1 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.

REQUIRED NOTIFICATIONS

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.

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 30 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 30 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:

Cynthia Eldredge
400 North Elm Street
Cortez, Colorado United States 81321
970-565-7282 Ext.1135
cynthia.eldredge@cortez.k12.co.us
«Notice of Privacy Practices»

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- 01/01/2023
- Cynthia Eldredge, 970-565-7282 ext 1135

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Montezuma Cortez School District 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 Montezuma Cortez School District 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. Montezuma Cortez School District has determined that the prescription drug coverage offered 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 coverage will not be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

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 [Insert Name of Entity] 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 (Cynthia Eldredge at 970-565-7282 ext 1135)

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 changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB 0938-0990

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).

Cynthia Eldredge
400 North Elm Street
Cortez, Colorado United States 81321
970-565-7282 Ext.1135
cynthia.eldredge@cortez.k12.co.us

CMS Form 10182-CC

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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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p>GEORGIA – Medicaid</p> <p>GA 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</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>INDIANA – Medicaid</p> <p>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: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp 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</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>
<p>KENTUCKY – Medicaid</p> <p>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: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>MAINE – Medicaid</p>	<p>NEW HAMPSHIRE – Medicaid</p>

<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345, ext 5218</p>
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>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</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>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</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>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)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 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
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

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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 1/31/2023)