



EMPLOYEE BENEFIT NOTICES

FY 2019/2020

Annual & New Hire

EMPLOYEE BENEFIT NOTICES

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MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from Oro Grande School District 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 Oro Grande School District (the “Plan Sponsor”) 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. The Plan Sponsor has determined that the prescription drug coverage offered by Anthem and Kaiser Permanente 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 Oro Grande School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Oro Grande School District 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 the Plan Sponsor 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

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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 the Plan Sponsor 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:	July 29, 2019
Name of Entity/Sender:	Oro Grande School District
Contact-Position/Office:	Human Resources
Address:	19900 National Trails Hwy Oro Grande, CA 92368
Phone Number:	760.243.5884

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CHIPRA/CHIP NOTICE

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, 2019 Contact your State for more information on eligibility -

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – 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://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

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<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: http://www.indianamedicaid.com</p> <p>Phone 1-800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus</p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/</p> <p>Phone: 603-271-5218</p> <p>Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>

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LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid

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<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: (855) 632-7633</p> <p>Lincoln: (402) 473-7000</p> <p>Omaha: (402) 595-1178</p>	<p>Website: http://www.eohhs.ri.gov/</p> <p>Phone: 855-697-4347</p>
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
<p>Medicaid Website: https://dhcnp.nv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
<p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>	<p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</p> <p>Phone: 1-800-562-3022 ext. 15473</p>
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: http://gethipptexas.com/</p> <p>Phone: 1-800-440-0493</p>	<p>Website: http://mywvhipp.com/</p> <p>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Medicaid Website: https://medicaid.utah.gov/</p> <p>CHIP Website: http://health.utah.gov/chip</p> <p>Phone: 1-877-543-7669</p>	<p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</p> <p>Phone: 1-800-362-3002</p>
VERMONT– Medicaid	WYOMING – Medicaid
<p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>	<p>Website: https://wyequalitycare.acs-inc.com/</p> <p>Phone: 307-777-7531</p>
VIRGINIA – Medicaid and CHIP	

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Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm	
Medicaid Phone: 1-800-432-5924	
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm	
CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

U.S. Department of Labor

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

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ANNUAL NOTICE OF WOMEN'S HEALTH AND CANCER RIGHTS ACT

Do you know that your plan, as required by the Women's Health and cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 760.243.5884 for more information.

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NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

PATIENT PROTECTION DISCLOSURES –

Anthem and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem and Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem at 800.888.8288 or www.anthem.com/ca , or Kaiser at 800.464.4000 or www.kp.org.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Anthem and Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem at 800.888.8288 or www.anthem.com/ca , or Kaiser at 800.464.4000 or www.kp.org.

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NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2017 for coverage starting January 1, 2019.

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Anthem at 800.888.8288 or www.anthem.com/ca, or Kaiser at 800.464.4000 or www.kp.org.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs

covered by the plan is no less than 60 percent of such costs.

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Part B: Information About Health Coverage Offered by Your Employer

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

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

- As your employer, we offer a health plan to:

3. Employer name Oro Grande School District	4. Employer Identification Number (EIN) 95-6002292
5. Employer address, 7. City, 8. State, 9. Zip Code 19900 National Trails Hwy, Oro Grande, CA 92368	6. Employer phone number 760.243.5884
10. Who can we contact about employee health coverage at this job? Human Resources	
11. Phone number (if different from above)	12. Email address

- All employees. Eligible employees are:

All Full-Time employees working at least 30 hours per week are eligible for employee benefits. You are eligible for benefits upon Date of Hire.

- Some employees. Eligible employees are:

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Your eligible dependents include your legally married spouse, Registered Domestic Partner, children (including stepchildren and adopted children) to age 26, regardless of full-time student status or marital status. Coverage may be available for a mentally or physically disabled child age 26 or older.

- We do not offer coverage.

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

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

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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 no later than 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have 30 days after the date of the event to request enrollment in your employer's plan:

- *Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.*
- *Your dependents become eligible for a state's premium assistance program.*

To take advantage of special enrollment rights, you must experience a qualifying event and provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact Human Resources at: 760.243.5884