

# 2016 Employee Benefits Guide

SUPPORTING ECONOMIC DEVELOPMENT • PROTECTING OUR ENVIRONMENT



## DUCKETT CREEK SANITARY DISTRICT



# Duckett Creek Sanitary District

## CONTACT INFORMATION

	<p><b><u>Medical</u></b></p> <p>*See number on the back of your card</p>
	<p><b><u>Dental, Life, Short Term &amp; Long Term Disability:</u></b></p> <p>1-800-986-3343 <a href="http://www.principal.com">www.principal.com</a></p>
	<p><b><u>Vision:</u></b></p> <p>1-800-432-4966 <a href="http://www.visionbenefits.com">www.visionbenefits.com</a></p>



If you have called the 800 number on your identification card and still need assistance regarding your benefits, please contact our benefit consultants below

Donna Clifton, Account Executive

314-692-5812 ~ [dclifton@cbiz.com](mailto:dclifton@cbiz.com)

Nicol Schmidt, Account Manager

314-692-5847 ~ [nschmidt@cbiz.com](mailto:nschmidt@cbiz.com)

## ENROLLING IN THE PLANS

See Human Resources for forms to complete for enrollment

## ELIGIBILITY

### **WHO CAN YOU ADD TO YOUR PLAN:**

Eligible: Employee currently working 30 or more hours per week and have satisfied a 30 day waiting period

Ineligible: Employees working under 30 hours per week

## FREQUENTLY ASKED QUESTIONS

### **ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?**

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 31 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

### **EXAMPLES OF QUALIFYING EVENTS?**

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- Gain or loss of Medicaid entitlement
- You become eligible for Medicare

# Duckett Creek Sanitary District

## Health Savings Account (HSA) - BASE

### Anthem H.S.A. Plan Summary (PPO - Blue Access Choice 5-Z)

Benefit/Service	In-Network	Out-of-Network
Deductible (single / family)	\$2,000/\$4,000 (non-embedded)	\$2,000/\$4,000 (non-embedded)
Coinsurance	100%	70%
Out of Pocket Max. (single/family)	\$3,000/\$6,000	\$6,000/\$12,000
Inpatient Hospital	100% after Ded.	70% after Ded.
Outpatient Hospital	100% after Ded.	70% after Ded.
Office Visit Copay (PCP /Specialist)	100% after Ded.	70% after Ded.
Emergency Room	100% after Ded.	70% after Ded.
Urgent Care	100% after Ded.	70% after Ded.
Prescription	After Ded:	50% with a minimum
<i>Retail</i>	\$10/\$30/\$50/25%	of \$45
<i>Mail Order</i>	\$10/\$75/\$150/25%	N/A
Lifetime Max Benefit	Unlimited	Unlimited

Type of Coverage	Employee Bi-Monthly Cost
Employee	\$0
Employee & Spouse	\$91.39
Employee & Child(ren)	\$78.93
Employee & Family	\$170.32

For those participating in the Qualified High Deductible Health Plan, Duckett Creek will contribute \$2,000 for individual coverage and \$4,000 for those with dependents. These contributions will be made once per quarter; \$500 for individual and \$1,000 for those covering dependents.

## Traditional PPO Plan - BUY UP

### Anthem Traditional Plan Summary (PPO-Blue Access Choice ID)

Benefit/Service	In-Network	Out-of-Network
Deductible	\$0/\$0	\$1,000/\$3,000
Coinsurance	100%	70%
Out of Pocket Max.	\$0/\$0	\$4,000/\$8,000
Inpatient Hospital	100% after Ded.	70% after Ded.
Outpatient Hospital	100% after Ded.	70% after Ded.
Office Visit Copay (PCP or Specialist)	\$20/\$40 copay	70% after Ded.
Emergency Room	\$200 copay	\$200 copay
Urgent Care	\$75 copay	70% after ded.
Prescription		50% with a minimum
<i>Retail</i>	\$10/\$25/\$45/25%	of \$45
<i>Mail Order</i>	\$10/\$65/\$135/25%	N/A
Lifetime Max Benefit	Unlimited	Unlimited

Type of Coverage	Employee Bi-Monthly Cost
Employee	\$0
Employee & Spouse	\$141.79
Employee & Child(ren)	\$122.46
Employee & Family	\$264.25

# Duckett Creek Sanitary District

## Three Convenient Ways to Manage Your Health Care

1. Download Anthem's free app - just search for Anthem Blue Cross and Blue Shield at the app store on your mobile device. Find doctors and urgent care centers, and get driving directions from wherever you are. You can also log in and view, email or fax an electronic version of your ID card.
2. Get to Anthem's mobile site by going to [www.anthem.com](http://www.anthem.com) on your smartphone - and you'll get many of the same features of their app.
3. Get the full [www.anthem.com](http://www.anthem.com) experience on the go - by using your tablet computer. Check your claims and benefits, use your health and wellness tools, get discounts on contact lenses and glasses. Coupons for health foods and much more.

To log in on your smartphone, you must be registered on Anthem's secure member site and have a username and password. If you are an Anthem member but haven't registered, go to [www.anthem.com](http://www.anthem.com) from your computer and click *Register Now*.

## Your Care Options and When to Use Them

### PRIMARY CARE

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

### CONVENIENCE CARE

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often

in malls or some retail stores, such as CVS Caremark, Walgreens, Walmart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower out-of-pocket cost than an urgent care center visit and are subject to primary care physician office visit copays and/or deductible/coinsurance.

Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center. We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.



## Convenience Care Center

### Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

To find an in-network Convenience Care Center near you, visit [anthem.com](http://anthem.com).

### URGENT CARE

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room. We do however, recommend that you seek routine medical care from your primary care physician whenever possible.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at [www.anthem.com](http://www.anthem.com).



#### Typical conditions that may be treated at an Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attacks
- Minor infections
- Vaccinations
- Small cuts
- Sore throats
- Rashes
- Preventive Screenings
- Back Pain or Strains

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

## LAB SERVICES

If you require lab work consider having these services performed at LabCorp and Quest Diagnostics. When coded as preventive, the cost will be covered 100%. If you choose to use a lab other than these, services associated with the cost of your lab work will apply to the out-of-network deductible and coinsurance.

## EMERGENCY ROOM

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to your or your loved one's bodily functions
- Serious dysfunction of any of your or your loved one's bodily organ or part

## EMERGENCY ROOM

Some examples of emergency conditions may include the following:

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injuries
- Sudden weakness or trouble walking
- Large open wounds
- Sudden change in vision
- Spinal injuries
- Difficulty breathing

This list only provides examples and is not intended as an exclusive list. If you believe you or your loved one is experiencing an emergency medical condition, you should go to the nearest emergency room or call 911, even if your symptoms are not described here.

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a Convenience Care Center or urgent care facility.

\*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

*Get the most out of your insurance by using in-network*



# Duckett Creek Sanitary District

## Health Savings Account (HSA)

A Health Savings Account (HSA) is type of health care plan that involves a tax advantaged savings plan paired with a qualified high deductible health plan. There are two components to an HSA plan: the *qualified high deductible health plan* (required) and the *health savings account* (optional but encouraged).

The *qualified high deductible health plan (QHDHP)* will be designed within the specific regulations established by the IRS. It will consist of the underlying insurance benefits and will include deductibles, co-insurance amounts and costs for various benefits including how prescription drugs are covered. It is important to note that the deductible must be completely satisfied before the plan pays any benefits.

The *health savings account (HSA)* is optional but is recommended that participants fund this account. Individuals who place money in this account will enjoy the following tax advantages:

- Funds that go into the HSA are payroll deducted before taxes are taken so the employee's taxable income is reduced. Generally, you can deposit enough money each year to fund your deductible. Individuals who are age 55 or older are also allowed to contribute extra money into their account.
- Any earnings or investment income in the HSA is not taxed. This bank account can grow tax free.
- Any funds used for qualified health care expenses are not taxed. Additionally, once an individual becomes Medicare eligible, those funds can be used for other items without being taxed.

The HSA is established in your name. It is your bank account and can be taken with you if you change employers. Any money deposited into the account is your money. HSA accounts do not include the "use it or lose it" provision you would see with a flex spending account. Keep in mind that you can only spend money that is actually in your account. If your health care

expenses are more than your HSA balance, you will have to pay the remaining cost in another manner such as cash, personal check, credit card, etc. Later, once you have accumulated the funds in your account, you can request reimbursement of what you've spent.

You can use your HSA funds for your spouse and dependents – even if they are not covered by your Qualified High Deductible Health Plan. You can use HSA funds to pay for qualified expenses of your spouse and tax eligible dependents.

You can use HSA funds for IRS-approved items such as...

- Doctor's office visits
- Hospitalization, urgent care, emergency room, etc.
- Dental services
- Eye exams, eyeglasses, contact lenses and solution, and laser surgery
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over the counter medications
- Physical therapy, speech therapy, and chiropractic expenses

### What is an HSA?

A savings account set up by either you or your company where you can either direct pre-tax payroll deductions or deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever – the HSA is in your name, just like a personal banking account.

### Why would I want an HSA?

Because you fund the HSA with pre-tax money, you are using tax-free funds for healthcare expenses you would normally pay for out-of-pocket using after-tax dollars. Your HSA contributions do NOT count toward your taxable income for federal taxes.



## What rules must I follow?

- You must be covered under a *Qualified High Deductible Health Plan (QHDHP)* in order to establish an HSA.
- You cannot establish an HSA if you also have a medical *flexible* spending account (FSA).
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent under someone else's tax return.

## What is the difference between Qualified High Deductible Health Plan and a traditional PPO Plan?

In a QHDHP, all services received, with the exception of preventive office visits, are applied to the deductible first. This would include office visits that are not preventive, emergency room visits, and prescription drugs. You will, however, still benefit from the discounts associated with using an in-network physician or facility.

## What else do I need to know?

- Contributions are based on a calendar year. For 2016, contribution limits are \$3,350 for Single and \$6,750 for Family coverage. You cannot put more than this amount in the account; you can put less. Individuals who are age 55 or older can also contribute an additional \$1,000 in catch up contributions per year.
- The contributions from your paycheck are tax-free, grow tax-free, and come out tax-free as long as you utilize the funds for approved services (medical, dental, vision and over-the-counter medically necessary items).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.

- If you use the money for non-qualified expenses, then the money becomes taxable and is subject to a 20% excise tax penalty (like in an IRA account).
- Once you turn 65, become disabled, or upon account holder's death, the account can be used for other purposes without paying the 20% penalty.
- The savings account can be established with a variety of banking institutions, so you can take advantage of payroll deductions on a pre-tax basis.

## This type of health plan may be right for you if.....

- You do not use a lot of medical services.
- You do not have a lot of prescription medications.
- You would like money in a savings account to pay for "Qualified Expenses" permitted under Federal Law. This includes most medical care, dental and vision services.
- You'd like a tax-advantaged savings account.
- You would like more control over your healthcare dollars.
- You would rather pay less in payroll deductions and you can afford the higher deductible.
- Please note: the deductible applies to all services with the exception of wellness.

**More information about approved items, plus additional details about the HSA, is available on the IRS Website at [www.irs.gov](http://www.irs.gov).**

**Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on the ineligible amount.**

\*See Page20 for a brief list of HSA Eligible Expenses

# Duckett Creek Sanitary District

*Enhance Your Smile with Dental Coverage*



PRINCIPAL Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Coinsurance</b>				
Diagnostic	100%	100%	100%	80%
Basic	90%	80%	80%	50%
Major	60%	50%	50%	25%
<b>Orthodontia (Adult &amp; Child)</b>	50% up to \$1,000  Lifetime Maximum	50% up to \$1,000  Lifetime Maximum	50% up to \$1,000  Lifetime Maximum	50% up to \$1,000  Lifetime Maximum
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000

## Employee Cost Per Bi-Monthly Pay Period

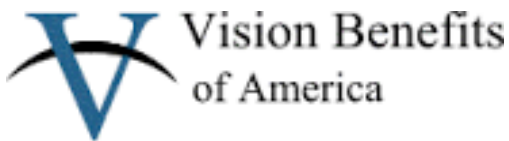
HIGH PLAN	
Employee	\$3.33
Employee & Spouse	\$11.66
Employee & Child(ren)	\$15.98
Employee & Family	\$25.82

LOW PLAN	
Employee	\$0
Employee & Spouse	\$4.95
Employee & Child(ren)	\$7.88
Employee & Family	\$13.77

## Dental Maximum Accumulation Benefit

Your dental benefits from Principal Life Insurance Company include the **Maximum Accumulation Plan**, which allows you to increase your maximum benefit each year when you regularly seek dental care. Increasing your maximum benefit by rolling over unused dollars means you could pay less out of pocket each year. If you stay under of \$500 in annual claims, you can earn up to \$250 per year (for a maximum of 4 years) that will be rolled over into the next calendar year. For example, let's say your annual maximum is \$1,000. If you incur \$499 or less (keeping your claims to a minimum), you will earn \$250 toward next year's annual maximum, making it a total of \$1,250 for the following year! However, if no dental claims were submitted, you will earn no credit toward the following year.

## *See Clearly with Vision Coverage*



Type of Coverage	Employee Cost Per Bi-Monthly Pay Period
Employee	\$0
Employee & Family	\$1.95

Benefit/Service	In-Network	Out-of-Network
Examination Co-pay	\$20	\$40
Frequency of Service:		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Basic Lenses:	\$20 Copy then:	
Single Vision	100%	\$40
Bifocal	100%	\$60
Trifocal	100%	\$80
Lenticular	100%	\$120
Frames:	100% up to \$50 Wholesale	\$50
Contacts:		
Necessary	UCR	\$320
Cosmetic	\$120	\$160

# Duckett Creek Sanitary District

## Principal Life and Accidental Death & Dismemberment (AD&D)

Duckett Creek Sanitary will provide Life and Accidental Death and Dismemberment coverage to our employees through Principal Financial. This protection will provide life insurance in the amount of \$15,000 for the employee only. This benefit amount also carries an equal benefit of Accidental Death and Dismemberment coverage. As a reminder, now is a good time to update your beneficiary information if necessary. Forms can be requested from Brenda Sanders.

## Principal Voluntary Life/AD&D

Duckett Creek Sanitary District will continue to offer you the opportunity to purchase additional life and accidental death and dismemberment (AD&D) insurance on yourself and your dependents through Principal. Employees must purchase voluntary life in order to purchase coverage for your spouse and dependent children. You will be required to complete an Evidence of Insurability form (EOI) and be approved for coverage by Principal if you did not previously elect coverage when initially eligible. If you have elected life insurance in the past and want to increase the amount, you can do so by \$10,000 without completing Evidence of Insurability. Any increases over \$10,000 will require medical underwriting. Your AD&D amount will equal your voluntary term life benefit amount.

Newly eligible employees, spouses, and/or children can purchase life insurance up to the guarantee issue amount without completing an EOI.

### **EMPLOYEE COVERAGE**

Employees may elect coverage in increments of \$10,000, up to a maximum of \$300,000. Guaranteed Issue for employees is \$100,000.

### **SPOUSE COVERAGE**

Spousal coverage is available in \$5,000 increments up to \$150,000 not to exceed 100% of the employee amount. Guaranteed Issue for spouses is \$25,000. Spouse rate is based upon spouse's age.

### **CHILDREN**

Dependent children coverage can be purchased in the amount of \$1,000 for children under the age of 14 and \$10,000 for children over 14 days old and under the age of 26 (if they are a full-time student). Any amount of coverage requested will not be in-force until approved by Principal Financial. Listed on the following page are the rates for Voluntary Life.

## Principal Voluntary Life/AD&D (cont'd)

Age Band	Employee Rate/\$10,000 of Coverage (Non-Smoker)	Employee Rate/\$10,000 of Coverage (Smoker)
<24	\$1.63	\$2.27
25-29	\$1.63	\$2.27
30-34	\$1.66	\$2.31
35-39	\$2.08	\$3.14
40-44	\$2.74	\$4.57
45-49	\$4.17	\$7.04
50-54	\$6.21	\$14.65
55-59	\$9.93	\$16.28
60-64	\$15.65	\$24.18
65-69	\$27.22	\$40.20

Age Band	Spouse Rate/\$5,000 of Coverage (Non-Smoker)	Spouse Rate/\$5,000 of Coverage (Smoker)
<24	\$.78	\$.78
25-29	\$.78	\$.78
30-34	\$.82	\$.82
35-39	\$1.05	\$1.05
40-44	\$1.42	\$1.42
45-49	\$2.13	\$2.13
50-54	\$8.21	\$8.21
55-59	\$4.77	\$4.77
60-64	\$8.07	\$8.07
65-69	\$13.65	\$13.65

## Critical Illness

This coverage offers protection for you and your family in the event of a heart attack, stroke, major organ transplant, permanent paralysis, end-stage renal failure and coronary artery bypass surgery. The rates for this coverage will vary by age. Additional information is available through Human Resources.

## Short Term Disability Insurance

Short Term Disability is provided for you by Duckett Creek Sanitary District through Principal Financial at **no cost**. It protects your income up to 11 weeks if you become sick or temporarily disabled. Following are some key components of the plan:

- ◆ Coverage begins after 14 days for an accident or illness
- ◆ 60% Salary Reimbursement to \$1500 per Week Maximum
- ◆ Maternity is treated like any other illness

## Long Term Disability Insurance

Long Term Disability is provided for you by Duckett Creek Sanitary District through Principal Financial at **no cost**. It protects your income to age 65 if you become totally disabled. Following are some key components of the plan:

- ◆ 90 Day Waiting Period Before Benefits Begin
- ◆ 50% Salary Reimbursement to \$6,000 per Month Maximum

# Duckett Creek Sanitary District

## ENROLLMENT WORKSHEET

Medical	Plan 1	Plan 2	Monthly Cost
Employee	\$	\$	
Employee & Spouse	\$	\$	
Employee & Child(ren)	\$	\$	
Family	\$	\$	

Dental			Monthly Cost
Employee	\$		
Employee & Spouse	\$		
Employee & Child(ren)	\$		
Family	\$		

Vision			Monthly Cost
Employee	\$		
Employee & Spouse	\$		
Employee & Child(ren)	\$		
Family	\$		

Health Savings Account (HSA)			Monthly Cost
If participating, what is your monthly contribution? (Yearly Maximums: Individual \$3,350; Family \$6,750 and if you are 55 or older, you can make "catch-up" contributions of an additional \$1,000 per year.)			

# 2016 Benefits Guide

## DEPENDENT PARTICIPATION DETAIL

Legal Name	SS#	Relationship	Gender	DOB	Medical Yes or No	Dental Yes or No	Vision Yes or No

## BENEFICIARY INFORMATION

<b>Basic Life Primary Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Basic Life Contingent Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Voluntary Life Primary Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Voluntary Life Contingent Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%

## MARKETPLACE OPTIONS

### HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

#### **General Information**

When key parts of the health care law took effect in 2014, there was 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 Marketplace and employment-based health coverage offered by Duckett Creek.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance which 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 which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1st through January 31st.

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

You may qualify to save money and lower your monthly premium. Savings 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 which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.

#### **More Information**

New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit [HealthCare.gov](http://HealthCare.gov) for more Marketplace information.



## MEDICAID 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](http://www.healthcare.gov).

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

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

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

**Following is a link to the latest form and states where you may be eligible for assistance paying your employer health premiums:** <http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf>

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-3272  
Menu Option 4, Ext 61565

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323

## IMPORTANT NOTICES

### SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact *Brenda Sanders*.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular co-pays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

### NOTICE OF PRIVACY PRACTICES

The Anthem Plan is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Brenda Sanders.

## MEDICARE PART D CREDITABLE COVERAGE

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plan provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

**Anthem has determined that the prescription drug coverage offered by Duckett Creek Sanitary District is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pay and is therefore considered Creditable Coverage. Because this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

Keep all Creditable Coverage notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the 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).

## GLOSSARY OF TERMS

**Coinsurance** – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays** – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible** – The amount of money you pay before service are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

**Emergency Room** – Services you receive from a hospital for any serious condition requiring immediate care.

**Lifetime Benefit Maximum** – All plans are required to have an unlimited lifetime maximum.

**Medically Necessary** – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

**Network Provider** - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum** – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out-of-pocket maximum.

**Preauthorization** – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

**Prescription Drugs** – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services** – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

**UCR (Usual, Customary and Reasonable)** – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care** – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

# 2016 Benefits Guide

## \*HSA ELIGIBLE EXPENSES

Below is a partial list of eligible expenses that can be reimbursed from a Section 125 Medical Account. Other out-of-pocket expenses may qualify.

Alcoholism treatment	Ambulance	Artificial limbs
Braces	Chiropractors	Coinsurance and co-payments
Contact lens solution	Contraceptives	Crutches
Deductible amounts	Dental expenses	Dentures
Dermatologists	Diagnostic expenses	Laboratory fees
Eyeglasses, including exam fee	Handicapped care and support	Nutrition counseling
Hearing devices and batteries	Hospital bills	Orthopedic shoes
Licensed osteopaths	Licensed practical nurses	Prescription drugs
Orthodontia	Obstetrical expenses	Psychologist expenses
Oxygen	Podiatrists	Smoking cessation programs
Prescribed vitamin supplements	Psychiatric care	Surgical expenses
Routine physical	Seeing-eye dog expenses	
Sterilization and reversals	Substance abuse treatment	