



# **Employee Benefits Guide**

*2018 Plan Year*



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## REFERENCE

Coverage	Vendor	Website / Phone
Medical Benefits	CareFirst Administrators	<a href="http://www.cfablue.com">www.cfablue.com</a> (877)889-2478
Dental Benefits	Guardian	<a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a> (888) 600-1600
Vision Benefits	VSP	<a href="http://www.vsp.com/choice">www.vsp.com/choice</a> (800) 877-7195
Life, AD&D and Disability Insurance	Lincoln	<a href="http://www.lfg.com">www.lfg.com</a> (800) 423-2765
Employee Assistance Program	ComPsych	<a href="http://www.Lincoln4benefits.com">www.Lincoln4benefits.com</a> (888) 682-4824
Travel Assistance Services	TravelConnect (MEDEX)	(800) 527-0218 Provide ID No. 322541
Flexible Spending Accounts	TASC	<a href="http://www.tasconline.com/mytasc">www.tasconline.com/mytasc</a> (800) 422-4661

# WELCOME TO NPCA'S 2018 ANNUAL BENEFITS OPEN ENROLLMENT!

National Parks Conservation Association remains committed to offering a comprehensive and competitive benefits package to our employees. A comprehensive benefits package means you should have choices. Just as your own unique talents to the organization, you have your own unique coverage needs. By offering you choices, you will be able to find the combination of coverage that's right for you, your family and your goals.

We recognize the importance of medical benefits to our employees and their families - and that's why National Parks Conservation Association is committed to helping you manage your health care and associated costs.

Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

If you are a benefits eligible employee working at least 20 hours per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for coverage: spouse and dependent children, domestic partners (please see HR for eligibility requirements).

Options selected during open enrollment then remain in place until December 31, 2018.

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. Qualified changes in status include birth of a child, adoption, marriage, death, divorce, a court order requiring provision of insurance to a dependent, loss of coverage (if you or your spouse/dependents are covered under another plan and then lose that coverage), Medicare eligibility, going from part-time to full-time, move or transfer out of the plan's service area, or a reduction in hours that makes you ineligible for coverage. If you want to make changes to your elections due to a qualifying event, you have 30 days from the event date to notify Human Resources and complete and turn in the appropriate paperwork. Otherwise, you will have to wait until the next annual enrollment to make any changes to your benefit elections.

## HOW TO ENROLL:

The first step is to review your available benefits outlined in this guide.

Next, log on to the ADP portal (<https://workforcenow.adp.com>).

Click "Open Enrollment" to begin. For more detailed instructions, see the Open Enrollment Instructions sent by HR.

### What's my ADP user login?

Your user login is your first initial and your last name @NPCA.org

Example of user login: SJohnson@NPCA

Click "Open Enrollment" to begin.

# MEDICAL BENEFITS

## Medical and Prescription Drugs

NPCA's Medical plans are designed to provide you and your family with access to high quality health care. Two plans - Standard and High - are available and the plans are administered by CareFirst Administrators.

The Medical plans cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. You can access your account online at [www.cfableue.com](http://www.cfableue.com). On this site, you will be able to find providers, look up your claims or order replacement ID cards. If you would like to speak to a CFA representative, call (877)889-2478 or use the phone number on the back of your medical ID card.

	Standard		High	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible:</b>				
- Employee Only	\$150	\$750	\$150	\$500
- Employee + Child(ren) - Employee + Spouse - Employee + Family	\$300	\$1,500	\$300	\$1,000
<b>Out of Pocket Maximum:</b>				
- Employee Only	\$1,650	\$5,750	\$1,650	\$2,000
- Employee + Child(ren) - Employee + Spouse - Employee + Family	\$3,300	\$11,500	\$3,300	\$4,000
<b>Coinsurance:</b>	80%	60%	90%	75%
<b>Preventive Services:</b>				
- Well Child Exam	Covered 100%	Covered 100%	Covered 100%	Covered 100%
- Adult Physical	Covered 100%	Deductible then 40%	Covered 100%	Deductible then 25%
<b>Office Visits for Illness:</b>				
- Primary Care Physician	\$25 copay	Deductible then 40%	\$30 copay	Deductible then 25%
- Specialist	\$25 copay	Deductible then 40%	\$30 copay	Deductible then 25%
- Diagnostic Lab & X-ray	Deductible then 20%	Deductible then 40%	Deductible then 10%	Deductible then 25%
<b>Hospitalization:</b>				
- Inpatient Facility Services	\$300 copay then 20% after deductible	\$300 copay then 40% after deductible	\$150 copay then 10% after deductible	\$150 copay then 25% after deductible
- Outpatient Facility Services	Deductible then 20%	Deductible then 40%	Deductible then 10%	Deductible then 25%
<b>Emergency Services:</b>				
- Emergency Room	Deductible then 20%	Deductible then 20%	100% after deductible	100% after deductible
- Ambulance	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 25%
- Urgent Care Center	\$25 Copay	Deductible then 40%	\$30 copay	Deductible then 25%
<b>Prescription Drugs</b>				
Generic Drugs - \$12 copay				
Preferred Brand Name Drugs - \$35 copay				
Non-Preferred Brand Name Drugs - \$50 copay				
Mail Order - 90-day supply \$24/\$70/\$95				

*Should there be any discrepancies between the above summary and the actual plan contract(s), the Plan contract(s) supersedes this summary.*



## EMPLOYEE CONTRIBUTIONS

Effective January 1, 2018, the employee contributions for eligible employees are:

### Your 2018 Medical Insurance Costs

Standard Plan				
	Monthly Rates			Bi-Monthly Deduction
	Total Cost	NPCA Pays	You Pay	You Pay
Employee Only	\$555.66	\$508.66	\$47.00	\$23.50
Employee & Child(ren)	\$1,000.17	\$830.17	\$170.00	\$85.00
Employee & Spouse	\$1,305.78	\$1,084.78	\$221.00	\$110.50
Employee & Family	\$1,750.31	\$1,459.31	\$291.00	\$145.50
High Plan				
	Monthly Rates			Bi-Monthly Deduction
	Total Cost	NPCA Pays	You Pay	You Pay
Employee Only	\$584.65	\$508.65	\$76.00	\$38.00
Employee & Child(ren)	\$1052.38	\$829.38	\$223.00	\$111.50
Employee & Spouse	\$1,373.93	\$1,083.93	\$290.00	\$145.00
Employee & Family	\$1,841.66	\$1,458.66	\$383.00	\$191.50

Bi-Monthly Payroll Deductions are based on 24 pays per year.

### Your 2018 Dental Insurance Costs

Effective January 1, 2018, the full-time employee contributions will be as follows:

Dental Plan				
	Monthly Rates			Bi-Monthly Deduction
	Total Cost	NPCA Pays	You Pay	You Pay
Employee Only	\$36.46	\$9.52	\$26.94	\$13.47
Employee & Child(ren)	\$68.07	\$18.52	\$49.55	\$24.78
Employee & Spouse	\$65.45	\$17.79	\$47.66	\$23.83
Employee & Family	\$136.92	\$78.90	\$58.02	\$29.01

Bi-Monthly Payroll Deductions are based on 24 pays per year.

### Your 2018 Vision Insurance Costs

Vision		
	Monthly Rates	Bi-Monthly Deduction You Pay
Employee Only	\$8.48	\$4.24
Employee & One Dep	\$19.19	\$9.60
Employee & Family	\$19.19	\$9.60

Bi-Monthly Payroll Deductions are based on 24 pays per year.

## DENTAL BENEFITS

Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. The Guardian PPO dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** – whether or not you obtain services from a network or non-network provider.

Under this plan, you may obtain covered services from any dentist. However, if an out-of-network is used, reimbursement is based on Guardian’s usual and customary reasonable charge. Employees who use dentists or dental specialists that are part of Guardian’s Provider Network (*Participating Dental Provider*) will see reduced out-of-pocket expenses.

	Dental Plan	
	In Network	Out of Network
<b>Deductible</b>		
- Employee Only	\$50	
- Employee + Child(ren) - Employee + Spouse - Employee + Family	\$150	
Annual Maximum	\$1,500	
<b>Coinsurance</b>		
- Preventive	100%	100%
- Basic	80%	80%
- Major	50%	50%
Orthodontia Lifetime Maximum	\$1,000	
Orthodontia Coinsurance	50%	50%

### How to get in touch with Guardian

- Employee Benefits Hotline
- Benefits specialists available to answer additional questions *before* you enroll
- **Toll-Free Phone: 1-888-600-1600**  
(8:00 AM - 8:30 PM, Monday - Friday, Eastern Time)
- **Email:** [ebh@glic.com](mailto:ebh@glic.com) or visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and click on “Secure Channel” to send an e-mail.

Plan Annual Maximum	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,500	\$700	\$350	\$500	\$1,250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,750 in Total

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA.

To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).



## VISION BENEFITS

NPCA offers a comprehensive vision plan through Vision Service Plan (VSP). To find a VSP doctor sign on to [www.vsp.com/choice](http://www.vsp.com/choice) or call (800) 877-7195.



Plan Design	VSP Vision	
	In-Network	Out-of-Network
Examination Co-Pay	\$10	\$45 Allowance
Lenses Co-Pay	\$25	See Below
<b>Frequency of Service</b>		
- Vision Exam	Every 12 Months	
- Lenses	Every 12 Months	
- Frames	Every 24 Months	
- Contact Lenses	Every 12 Months	
<b>Lenses (pair)</b>		
- Single Vision	\$25 co-pay	\$30 Allowance
- Bifocal	\$25 co-pay	\$50 Allowance
- Trifocal	\$25 co-pay	\$65 Allowance
- Progressive	\$25 co-pay	\$50 Allowance
Lens Extras (scratch guard, UVA/UVB, etc.)	15% - 20% discount	N/A
Frames	\$130 Allowance + 20% discount on balance	\$70 Allowance
Contact Lenses (in lieu of traditional lenses and frames)	\$130 Allowance	\$105 Allowance



## LIFE, AD&D AND DISABILITY INSURANCE

All full-time, regular employees and part-time (at least 20 hours/week) benefit eligible employees receive a Basic Life insurance benefit in the amount equal to 1.5 times your annual base salary to a maximum of \$300,000. Accidental Death and Dismemberment Insurance pays a benefit twice the amount of the life coverage. These plans are 100% paid for by NPCA. Please ensure your beneficiary information is updated.

### Voluntary Life Benefits

Employees who want to supplement their employer-paid life insurance benefit may purchase additional coverage easily through payroll deductions. **You must enroll when first eligible in order to qualify for the Guaranteed Issue Amount.**

Voluntary Term life Insurance	
<b>Benefits Payable</b>	<ul style="list-style-type: none"> <li>• <b>Employee</b>—\$10,000 to \$500,000, not to exceed 5 times your annual salary</li> <li>• <b>Spouse</b>- \$5,000 to \$250,000, not to exceed 50% of the employee amount of coverage elected</li> <li>• <b>Child(ren)</b>- \$10,000 covers all children for one low premium- <b>not to exceed 50% of the employee amount of coverage elected</b></li> </ul>
<b>Guaranteed Issue Amount</b>	<ul style="list-style-type: none"> <li>• <b>Employee</b> - \$150,000</li> <li>• <b>Spouse</b> - \$30,000</li> <li>• <b>Child(ren)</b> - \$10,000 (coverage begins after 14 days)</li> </ul>
<b>Portability</b>	Yes
Dependent Coverage is only available if the employee is insured for voluntary coverage.	

## Short Term Disability

NPCA's Short Term Disability benefit pays 60% of your weekly salary up to \$1,200 per week, during the time that you're unable to work as a result of illness, injury, or childbirth. This plan is 100% paid for by NPCA. **The benefit is administered by Lincoln Financial Group.**

	Short-Term Disability (STD)
Benefits Payable	60% of pre-disability weekly earnings
Maximum Benefit	Up to \$1,200/week
*Benefit Duration	Up to 11 weeks



You must be disabled for a number of 14 continuous calendar days before you are eligible to receive Short Term Disability benefits. **Short Term Disability benefits begin on the 15<sup>th</sup> day of disability.**

### If going on Short Term Disability Due to Pregnancy:

- Six weeks is the standard amount of time covered under STD for a vaginal delivery. Complications or a C-Section may extend the benefit beyond six weeks.
- Waiting period is 14 days and Short Term Disability begins on the 15th day of disability.
- In order to maximize your time with the newest addition of your family, it is important to make certain arrangements ahead of time.
- Call Lincoln Financial to initiate your request for a Short Term Disability (STD) benefit **at least 30 days before the due date** toll free (800) 423-2765.
- Reach out to HR when you learn you are expecting
- Double-check with your NPCA HR team on how you can use your PTO and Sick leave in conjunction with your STD benefit. **Do this several months before the baby's birth.**

## Long Term Disability

Long term disability begins after you have been disabled for 90 calendar days. Long term disability pays 60% of your monthly salary up to \$10,000. This plan is 100% paid for by NPCA.

	Long-Term Disability (LTD)
Benefits Payable	60% of pre-disability monthly earnings
Maximum Benefit	Up to \$10,000/month
Benefit Duration	<b>Benefits end at recovery or Social Security Normal Retirement Age</b>



You have the opportunity to receive your LTD benefit tax free. NPCA will add the LTD premium to your salary and then deduct it on a post-tax basis. Because the premium is taxed, the benefit is tax free. **YOU MUST ELECT THE INCOME TAX FREE BENEFIT IN ORDER TO RECEIVE IT.** Below is an example of the income tax free LTD.

	Taxable LTD Benefit	Income Tax Free LTD Benefit
Annual Salary	\$60,000	\$60,000
Annual LTD Premium Added to Salary	\$0	\$144
Annual Taxes Paid on Premium Assuming a 30% Tax Bracket	\$0	\$43.20
Monthly Benefit Before Taxes	\$3,000	\$3,000
Annual Taxes Due Assuming a 30% Tax Bracket	\$10,800	\$0
Annual Net Benefit	\$25,200	\$36,000



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

NPCA provides employees and their dependents, at no cost, an online Employee Assistance Program (EAP) through the ComPsych.

An EAP provides the following benefits at no cost to you and your eligible family members:

- **BALANCED LIFE** from parenting to care giving, find thousands of resources including videos, quick facts and in-depth articles to meet your needs.
- **EMOTIONAL HEALTH and STRESS RELIEF** - information to help you meet challenges of living every day and managing the unexpected. Trustworthy resources to keep you healthy - body, mind and spirit.
- **FINANCIAL** calculators, tax forms, budgeting tools, credit and investing information to help you manage your money.
- **LEGAL** information including an interactive Will preparation kit.
- **PERSONAL GROWTH and SMALL BUSINESS** - provides information to help develop your career and learn how to manage in today's work world.

Employees and dependents can reach ComPsych 24 hours a day/7 days a week by calling 1-888-682-4824 or online at [www.Lincoln4benefits.com](http://www.Lincoln4benefits.com).

## TRAVEL ASSISTANCE SERVICES

### *TravelConnect*

As part of your employee benefits package, your Lincoln Financial Group life insurance coverage includes a *TravelConnect* program, which focuses on travel, medical and safety-related services you may need while traveling. Lincoln Financial has partnered with MEDEX Assistance Corporation to make this valuable benefit available. The *TravelConnect* benefit is provided at no additional cost to you and includes a wealth of services when traveling just 100 miles or more from home. Services are provided for both business and leisure travel. Whether you want the weather forecast for your destination or need emergency medical help halfway around the world, MEDEX has the staff and resources to provide support 24 hours a day, seven days a week.

Use these services as frequently as needed.

**To find out more about the different services *TravelConnect* offers or to use *TravelConnect*, call MEDEX at 800 527-0218 or 410 453-6330, and provide them with ID number 322541.**

## FLEXIBLE SPENDING ACCOUNTS (FSA)

NPCA allows you to defer a portion of your pay through payroll deduction into flexible spending accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

NPCA allows \$500 of unused Medical FSA funds to be rolled over into the next plan year.

**Medical FSA:** You may deposit up to **\$2,650** per plan year into your medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, copays and coinsurance, routine physicals, out of pocket dental expenses, vision care expenses and hearing expenses.

**Dependent Care FSA:** You may deposit up to **\$5,000** per family and **\$2,500** if married filing separately per plan year into dependent care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Employee account reports are available on-line at [www.tasconline.com/mytasc](http://www.tasconline.com/mytasc). TASC phone number is 1-800-422-4661



## ADDITIONAL BENEFITS

### Observed Holidays

NPCA typically observes the following holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day.

### Tuition Reimbursement Program (available after 1 year)

NPCA encourages and supports efforts by its' employees to improve their skills and educate themselves for advancement by studying job-related subjects at an accredited educational institution (i.e., college, university, or correspondence school). NPCA is committed to creating a pool of highly skilled employees and attracting motivated, high-caliber applicants, and improving the organization's retention rate. Thus, NPCA reimburses workers for certain education-related expenses.

### Transportation Subsidy (Metrochek)

*The Transportation Equity Act for the 21st Century (TEA 21)*, federal legislation, was amended and signed into law allowing employers to offer employees tax-free benefits for using public transportation for commuting to and from work. This amendment allows employees to elect to receive **Metrochek** as a pre-tax payroll deduction up to **\$255/month for transit and \$255/ month for Metro parking. NPCA contributes \$50 monthly towards the purchase of the Metrochek.** (Employees outside of the WDC metropolitan area are eligible to participate, although the program may be referenced under a name other than *Metrochek*.) The cost of the **Metrochek** is deducted from your paycheck, pre-tax. It is actually provided in the form of a fare card. **Metrochek** may be used for subway, commuter rails, bus, commuter bus, van pools, etc.

### Compressed "Summer Schedule"

In the months of **June, July, and August**, NPCA formally offers compressed work schedules that allow staff more flexibility in your work schedule in order to depart as early as 1:00 p.m. on Fridays, or to have a full Friday off every other week. Your supervisor **MUST** approve any compression of schedules. NPCA recognizes that not everyone will be able to participate in this arrangement due to staffing conflicts. Managers are responsible for coordinating schedules so that core functions are covered throughout the entire workweek. See your supervisor for details.

NOTE: The reception desk will remain open until 5:00 p.m., and the mailroom will remain open until 3:00 p.m.

# COMPLIANCE NOTICES

## HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

### NON-MEDICAL

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

**Note:** Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or CHIP.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers 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/96 hours.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE**

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. If you would like more information on WHCRA benefits, call your plan

## **IMPORTANT NOTICE FROM NPCA 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 NPCA 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. NPCA has determined that the prescription drug coverage offered by CareFirst Administrators 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 **NPCA** coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **NPCA** coverage, be aware that you and your dependents may 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 **NPCA** 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 November 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 **NPCA** 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](http://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](http://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:** October 15, 2018  
**Name of Entity/Sender:** National Parks Conservation Association  
**Contact--Position/Office:** HR Department-- Carolyn Curry-Wheat  
**Phone Number:** (202) 293-8797

## 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 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)**.

**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 August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>KENTUCKY – Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>LOUISIANA – Medicaid</b> Website: <a href="http://dh.louisiana.gov/index.cfm/subhome/1/n/331">http://dh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739
<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>IOWA – Medicaid</b> Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084

<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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



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This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information.

