

MADISON

LOCAL SCHOOL DISTRICT



EMPLOYEE BENEFIT GUIDE 2024

CLASSIFIED EMPLOYEES



IMPORTANT NOTE: *The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the plans are governed solely, and in every respect, by the insurance certificates of coverage and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and certificates, the language of the certificates shall govern.*

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ELIGIBILITY

Who is Eligible?

Employees who work a minimum of 30 hours per week or bus drivers that work two or more route may enroll in all benefits described in this guide. The following family members are eligible for coverage: spouse, children through age 26, or other qualified dependents. Benefits are available the 1st of the month following 15 days of employment. Benefits will terminate on the last day worked or the end of your contract.

Change in Status

Changes to benefit plans can only be made during open enrollment or accompanying a qualifying event. Qualifying events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. You must contact Human Resources to notify them of any qualifying event change. **Please note: *The time frame to make a Life event change is 30 days from the qualifying event date.***

COBRA Coverage

You will remain on the group medical, dental and vision plans up until midnight of the last day worked. The COBRA Act gives you and your family the option to continue these group benefits for a limited period of time providing you are not terminated for gross misconduct. After the end of your employment, you will receive paperwork to elect COBRA coverage that includes detailed information about the cost of continuing your coverage and the time period for eligibility.



PREVENTIVE CARE

You are encouraged to take advantage of preventive services available to you and your enrolled dependents, preventive services are covered at 100 percent in-network.

The chart below highlights some of the services considered preventive.

Well-Child Care (Through Age 18)	Adult Care (After Age 18)
Well-Baby and Well-Child Visits	Well-Man and Well-Woman Visits
Periodic visits, depending on age	Periodic visits, depending on age
Immunizations (as appropriate by age) such as:	Immunizations (as appropriate by age) such as:
Hepatitis A (Hep A) and B (Hep B) Influenza (flu) Measles, Mumps and Rubella (MMR) Pneumococcal (pneumonia) Tetanus, Diphtheria and Pertussis Varicella (chicken pox) COVID-19	Hepatitis A (Hep A) and B (Hep B) Influenza (flu) Pneumococcal (pneumonia) Tetanus, Diphtheria and Pertussis Zoster (Shingles) COVID-19
Screenings (as appropriate by age) such as:	Screenings (as appropriate by age) such as:
Blood Pressure Cholesterol Height and Weight Pap Test Obesity Depression Hematocrit or hemoglobin	Blood Pressure Cholesterol Depression Diabetes Mammogram Pap Test Prostate screening (PSA) Sigmoidoscopy Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) Colonoscopy (including doctor-prescribed Cologuard at-home kits).



MEDICAL BENEFITS



MEDICAL MUTUAL

MMO SuperMed Plus PPO Plan

PLAN DESIGN	IN NETWORK	OUT OF NETWORK
Deductible (Embedded)	\$350 Single \$700 Family	\$700 Single \$1,400 Family
Coinsurance after Deductible	10%	30%
Out-of-Pocket Maximum (Includes Deductible)	\$750 Single \$1,500 Family	\$1,500 Single \$3,000 Family
PCP/Specialist	\$25 Copay	Deductible then 30%
Preventive Office Visits	0%, no Deductible	Deductible then 30%
Urgent Care	Deductible then 10%	Deductible then 30%
Telehealth (MyClevelandClinic® app)	\$25 copay	N/A
Inpatient & Outpatient	Deductible then 10%	Deductible then 30%
Mammogram	0%, no Deductible	Deductible then 30%
Emergency Room	\$150 Copay, then 10%	
Inpatient & Outpatient Mental Health & Substance Abuse	Deductible then 10%	Deductible then 30%
Chiropractic—25 Visit Limit	Deductible then 10%	Deductible then 30%

RX PLAN	RETAIL (30 DAYS)	MAIL ORDER (90 DAYS)
Tier 1	\$15	\$30
Tier 2	\$35	\$70
Tier 3	\$50	\$100
Tier 4	Applicable drug tier copay applies or the max of any available manufacturer-funded copay assistance.	





MMO SuperMed Plus HSA Plan

PLAN DESIGN	IN NETWORK	OUT OF NETWORK
Deductible (Embedded)	\$3,200 Single \$5,600 Family	\$3,500 Single \$7,000 Family
Coinsurance after Deductible	0%	30%
Out-of-Pocket Maximum (Includes Deductible)	\$3,200 Single \$5,600 Family	\$5,500 Single \$11,000 Family
PCP/Specialist	Deductible then 0%	Deductible then 30%
Preventive Office Visits	0%, no Deductible	Deductible then 30%
Urgent Care	Deductible then 0%	Deductible then 30%
Telehealth (MyClevelandClinic® app)	Deductible then 0% (each visit = \$49)	N/A
Inpatient & Outpatient	Deductible then 0%	Deductible then 30%
Mammogram	0%, no Deductible	Deductible then 30%
Emergency Room	Deductible then 0%	
Inpatient & Outpatient Mental Health & Substance Abuse	Deductible then 0%	Deductible then 30%
Chiropractic—25 Visit Limit	Deductible then 0%	Deductible then 30%

RX PLAN	RETAIL (30 DAYS)	MAIL ORDER (90 DAYS)
Tier 1	<p>Covered under major medical 100% (after deductible)</p>	
Tier 2		
Tier 3		
Tier 4		



HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax advantaged health care savings account. Dollars that go into an HSA account are deposited on a pre-tax basis. Accumulated dollars can be used to pay for qualified health care expenses or saved for the future. If you decide to participate in the HSA plan, consider it to be part of a long-term personal health care strategy.

Basic Enrollment Rules

While Madison Local School District makes the HSA plan available, it is ultimately your responsibility to comply with the rules set by the IRS. The basic rules are as follows:

- You **MUST** be enrolled in a High Deductible Health Plan (HDHP).
- You **CANNOT** be enrolled in Medicare.
- You **CANNOT** have dual medical coverage through a non-HSA compatible plan.
- You **CANNOT** be a dependent claimed on another person's tax return

Note: Per IRS regulations, if you elect to participate in the Health Care Flexible Spending Account, you must choose the Limited Health Care FSA. The HSA will cover Medical expenses, while the Limited Health Care FSA is to be used for Dental and Vision expenses only.

WELLNESS:

COVERAGE TIERS	MLSD CONTRIBUTES *	YOU MAY CONTRIBUTE UP TO *	IRS 2024 HSA ANNUAL LIMITS	CATCH UP CONTRIBUTION
Individual	\$1,400	\$2,750	\$4,150	Contribute an additional \$1,000 if you are age 55 or older in 2023
Family	\$2,800	\$5,500	\$8,300	

NON WELLNESS:

COVERAGE TIERS	MLSD CONTRIBUTES *	YOU MAY CONTRIBUTE UP TO *	IRS 2024 HSA ANNUAL LIMITS	CATCH UP CONTRIBUTION
Individual	\$500	\$3,650	\$4,150	Contribute an additional \$1,000 if you are age 55 or older in 2023
Family	\$1,000	\$7,300	\$8,300	

*Annual employer contributions are split into two payments: once in January and once in July.

Employee contributions are made on a per-pay basis, and you can adjust your contribution throughout the year.



IMPORTANT NOTE: Employees who are not eligible for HSA contributions shall receive a cash payment via direct deposit.

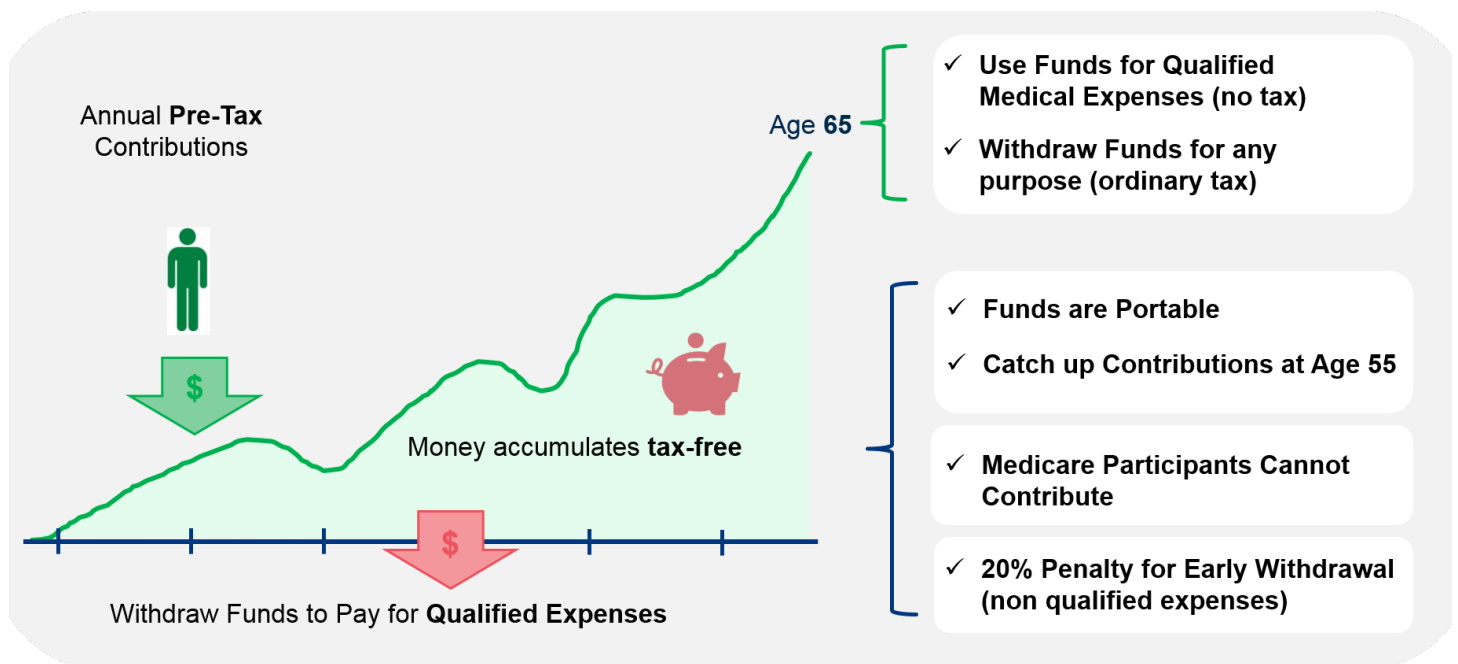
Managing Your HSA

As an HSA participant, you will have an account through WealthCare Saver who partners with Medical Mutual. You manage the account, determining how funds are invested and spent on qualified health care services. If you leave or retire from Madison Local School District, the account and any fund balances will continue to be yours.

Through MyHealthPlan (www.medmutual.com) account through Medical Mutual, you can track and pay for qualified health care expenses, invest funds, request payroll contribution changes, model whether an HSA is right for you, and review educational materials.

Once enrolled, you will receive a personalized welcome kit from Medical Mutual.

Your HSA is Flexible and Long Term



🌐 For more information contact Medical Mutual of Ohio at (800) 242-1936



IMPORTANT NOTE: At the time of a medical care visit, do not use HSA funds to make payment. Medical Mutual will process the claim and after you receive the Explanation of Benefits (EOB) you can pay for the service online or with a check. For prescription drug claims, use your HSA debit card at the time of service as claims are immediately processed.

VIRTUAL VISITS



MEDICAL MUTUAL®

A Convenient Way to Stay Connected with Your Providers



Telehealth appointments allow you to stay connected with your providers and obtain needed medical care through live video chats using a computer or mobile device.

What is telehealth?

Telehealth visits are a virtual way to connect with your healthcare providers. Telehealth visits can be done by computer, tablet or smartphone. Visits include both an audio and visual component, meaning you can see and hear your provider during the visit, just as if you were talking face to face.

Are telehealth visits covered under my plan?

As with any health benefit, your plan determines how virtual visits are covered. Generally speaking, scheduled virtual visits are covered the same as a standard office visit. You can use telehealth for on-demand and scheduled visits for routine care for acute conditions, such as a sore throat or sinus infection, or chronic health conditions, such as diabetes or high blood pressure. Behavioral health visits are not covered in on-demand settings.

Do I need to make an appointment for a telehealth visit?

You can make an appointment for a telehealth visit with our provider just like you would schedule a regular office visit. This is called a scheduled telehealth visit.

Please keep in mind that a telehealth visit may not always be appropriate for your medical condition and you may need to see your provider in person to receive treatment. If you have questions about your telehealth benefits, please call Medical Mutual Customer Care at the number on your ID card.



WHERE TO GO FOR MEDICAL CARE

Understanding your options can help you save time and money



When it comes to taking care of yourself or your loved ones, you want to get the best care as quickly and affordably as possible. When you are ill, injured or feeling like you need immediate care, always call your primary care physician (PCP) first. If you can't reach your PCP or you don't have time for an office visit, you have options.

Symptom Reference Chart



	ER/911	Urgent Care	Convenience Clinic	Primary Care Physician	Telehealth
Allergic reactions*	●	●		●	
Allergies		●	●	●	●
Annual preventive care visit				●	
Asthma		●		●	
Back pain (minor)		●	●	●	
Bleeding (heavy)	●				
Broken bone (major)	●				
Broken bone (minor)		●		●	
Bronchitis		●	●	●	●
Change in vision (sudden)	●				
Chest pain	●				
Cold and flu symptoms		●	●	●	●
Cut/burn (major)	●				
Cut/burn (minor)		●		●	●
Ear infection		●	●	●	●
Head injury (severe)	●				
Infection		●		●	
Insect bite		●		●	●
Pink eye		●	●	●	●
Rash		●		●	●
Respiratory infection		●	●	●	●
Shortness of breath	●				
Sinus problems		●	●	●	●
Spinal injury	●				
Sprain or strain		●		●	●
Trouble speaking (sudden)	●				
Urinary tract infection		●	●	●	●
Vaccinations (also flu shots)			●	●	
Wheezing		●		●	
X-ray		●		●	

Telehealth A service that allows you to connect with your provider virtually using a smart phone, tablet or computer.

Convenience Clinic A walk-in clinic located in some drug and grocery stores, staffed by a physician's assistant or nurse practitioner.

Urgent Care A walk-in clinic that saves time and money compared to an emergency room.

Nurse Line A free call-in service, providing 24/7 access to registered nurses for answers to your health-related questions. Call 1-888-912-0636.

Emergency Room (ER) Provides 24/7 emergency care. ER visits for non-emergency symptoms may result in long wait times and higher costs.

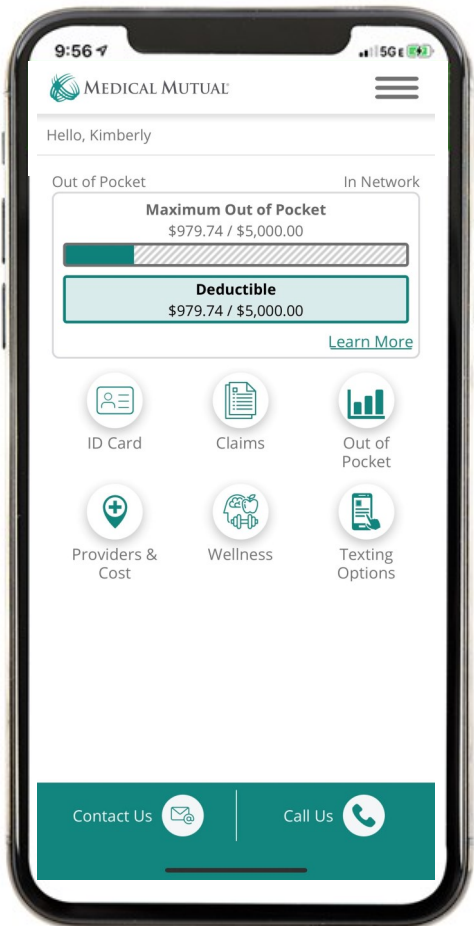


MEDICAL MUTUAL MOBILE APP



You're used to having easy access to the information you need—
wherever and whenever you want it.

Managing your health plan is easy with the Medical Mutual Mobile App:



Track Your Claims and Spending Information

Review your claims online, including details about the total amount billed, what Medical Mutual paid and what you are responsible for paying. You can also view other spending information, like your deductible, out-of-pocket costs and your Explanation of Benefits (EOBs).

Find a Provider and Estimate the Cost of Care

Use your device's GPS to find the nearest doctor, hospital or urgent care facility covered by your plan. Then, get directions from your current location. You can now also view quality and patient ratings for providers. With Cost Estimates on Medical Mutual's Find a Provider tool, you can get cost estimates for medical procedures, lab work, and office visits and view your estimated out-of-pocket costs based on your plan benefits.

Access Your ID Card

You always have your ID card with you with our app. View the front and back of your card and call any of the phone numbers listed with just a tap. You can also email and fax your card to your provider.

Download the Mobile App

Use your smart phone to scan the QR code:

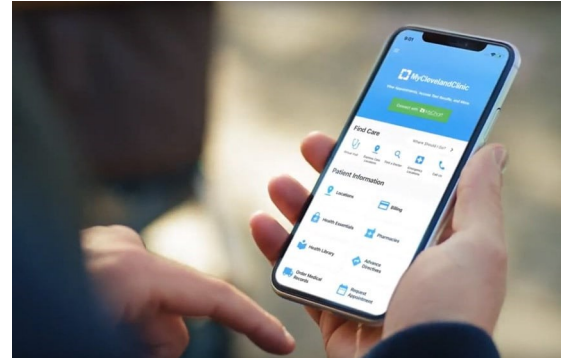


MYCLEVELAND CLINIC APP



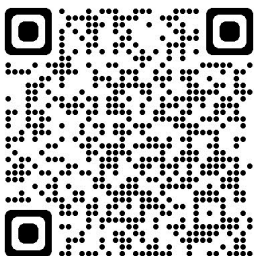
Great care, whenever and wherever you are.

Life is busy. It can be hard to make time for your health. But with the **MyClevelandClinic® app**, quality healthcare is at your fingertips. You and your family can access the Cleveland Clinic services you love and trust, all from a single source.



Virtual visits:

Visit a doctor on demand, 24/7, for nonemergency concerns. Get a diagnosis or prescription online from a qualified healthcare provider in about 10 minutes. You can also schedule a virtual visit for the future. No matter how you decide to get care, our online doctor visits are affordable and convenient.



***The MyClevelandClinic® app has replaced *Express Care Online*.**

Download the new app to avoid service interruptions.

<https://my.clevelandclinic.org/mobile-apps/myclevelandclinic>

- Available 24/7



IMPORTANT NOTE: *What if I already signed up for Cleveland Clinic Express Care Online? If you have used the Express Care Online app before, you will need to download the MyClevelandClinic app and complete a one-time enrollment prior to completing a virtual visit.*

BLOOM - PELVIC VIRTUAL THERAPY



Digital pelvic-health care program addressing pelvic disorders such as urinary leakage, bowel issues, bloating, pressure, pelvic pain & more.



Pelvic Disorders



Sexual Health



Bowel/Bladder Disorders



Pregnancy



Postpartum



Menopause

Here's how it works

1

2

3

4

Enroll Now

join.hibloom.com/medmutual or scan the QR code.



Meet your Pelvic Health Specialist

You will discuss your pelvic health including conditions and history.

Receive your Bloom Kit

Your Bloom kit will be shipped to you and you will connect to the Bloom App.

Start Your Journey

With your program and your kit, you'll start your journey to better pelvic health.

Bloom is available at no additional cost to all US-based Medical Mutual members and covered dependants who are age 18+ with vaginal anatomy regardless of gender identity as part of Medical Mutual's Chronic Condition Management Program.



SWORD - VIRTUAL PHYSICAL THERAPY



Relieve aches + pain from the comfort of your own home

Meet Sword, a digital physical therapy program designed to help you overcome your joint,

Here's how it works



Pick Your PT

Your sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit includes your own tablet, and will provide you and your PT with real-time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

join.swordhealth.com/medmutual/register

- Licensed physical therapists (PT)
- Convenient.
- Easy-to use technology
- No additional cost.

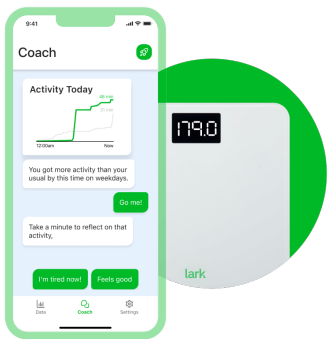




Achieve your health goals thanks to personalized care, right from your smartphone.

Lark is like having a coach in your pocket, available 24/7 to give you personalized advice to meet your health goals. Whether you want to lose weight, stress less, prevent disease, quit tobacco, or stay healthy, Lark has a program for you.

A Program for everyone



Diabetes Prevention

Did you know that nearly 1 in 3 American adults has prediabetes, but almost 90% of them don't know it? If your blood sugar levels are higher than they should be, Lark can help.



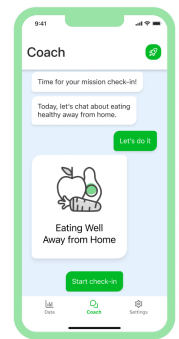
Blood Pressure Management

Is your high blood pressure under control? If you're one of the 45% of Americans with hypertension, Lark can help.



Diabetes Management

Having diabetes can feel scary, even if you visit your doctor regularly. Lark can help make small changes that over time can lower your blood glucose and A1c levels.



Wellness

Whether you want to lose weight, stress less, quit tobacco, or generally be the best you you can be, Lark's Wellness program will help you take small steps on the road to better health.



How do I register for Lark Risk Prevention/Chronic Condition Management?

Visit lark.com/medical-mutual or scan the QR code on this page with your phone.



MEDICAL MUTUAL PROGRAMS & DISCOUNTS



MEDICAL MUTUAL®



WW (formerly Weight Watchers)

Did you know that Medical Mutual of Ohio (MMO) members save almost 50% off the regular cost of the membership? You can choose from digital (web-based) or Digital+ Studio (formerly Meetings) programs to help achieve your health goals. For more information call 1-800-251-2583 any time, seven days a week and leave a detailed message or visit www.MedMutual.com/WeightWatchers.



Diabetes

At no cost to you or your covered loved ones, by participating in Medical Mutual's Diabetes program, you may also receive up to **100% covered essential diabetes testing supplies (e.g. meters and supplies)**. There is no out-of-pocket cost for program participation. They provide education and support from a health coach and phone sessions with a dietician or diabetic educator. **Call 1-800-861-4826 and select option 2 to check eligibility and enroll.**



Tobacco QuitLine

As part of the health plan, you have access to Medical Mutual's QuitLine program to get one-on-one coaching, personalized plan and educational materials with no out-of-pocket cost to you. You may even qualify for nicotine patches or gum at no cost. **Learn more by calling 1-866-845-7702.**



Chronic Condition Management Programs

You and your covered dependents also have access to health coaches at Medical Mutual (at no cost) to receive guidance for the following conditions: Asthma, Coronary Artery Disease, Diabetes, COPD, and Heart Failure. **MMO's Chronic Condition Management health coaches are available at 1-800-861-4826.**



Progeny Health

In the event of a NICU admission, Case Managers reach out to members and their families during the infant's inpatient stay. We assess needs, optimize care, and collaborate with hospital staff to support every newborn's transition from the hospital to home. We match each family with a dedicated Case Manager who provides support during the NICU stay and up to the infant's first year of life.



Strive

Strive is working with Medical Mutual to offer wrap-around services to members with a qualifying chronic renal disease. The program emphasizes home dialysis adoption, transplants, CKD and ESRD management, and total cost of care reduction. Strive Health's multidisciplinary team of care extenders is available to your qualifying patients through our partnership.



Additional Covered Services

- **Women's Preventive Services** including assistance and training in breast or bottle feeding, breast pumps and no-cost contraceptives for FDA-approved items, and bone density screenings.



DENTAL INSURANCE



PPO (Point of Service)

PLAN DESIGN GROUP # 1686	PPO DENTIST	PREMIER DENTIST*	NON-PARTICIPATING DENTIST*
DIAGNOSTIC & PREVENTIVE			
Diagnostic and Preventive Services (exams, cleanings, fluoride and space maintainers)	100%	100%	100%
Emergency Palliative Treatment —to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs —Xrays	100%	100%	100%
BASIC SERVICES			
Minor Restorative Services – fillings and crown repair	100%	80%	80%
Endodontic Services —root canals	100%	80%	80%
Periodontic Services —to treat gum disease	100%	80%	80%
Oral Surgery Services —extractions and dental surgery	100%	80%	80%
Other Basic Services —misc. services	100%	80%	80%
Relines and Repairs —to bridges, implants & dentures	100%	80%	80%
MAJOR SERVICES			
Major Restorative Services—crowns	60%	60%	60%
Prosthetic Services—bridges, implants and dentures	60%	60%	60%
ANNUAL PLAN MAXIMUM (these are not separate maximums by dentist)	\$1,750	\$1,500	\$1,500
ORTHODONTIC SERVICES			
Orthodontic Services —braces	60%	60%	60%
Orthodontic Age Limit	Up to age 19	Up to age 19	Up to age 19
ANNUAL ORTHODONTIA MAXIMUM (lifetime max per person)	\$1,500	\$1,000	\$1,000



IMPORTANT NOTE: You receive the highest level of coverage when you visit a Delta Dental PPO dentist. You can also visit a Delta Dental Premier® dentist but your out of pocket costs will be greater. If you receive services from an out of network dentist, Delta Dental will base reimbursement on a maximum allowed fee. If the dentist charges more than the maximum allowed fee you will be balance billed for the difference.



Stay Informed About Your Dental Benefits With Consumer Toolkit®

Consumer Toolkit is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

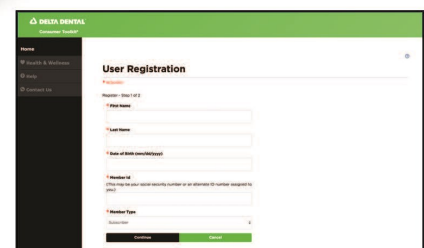
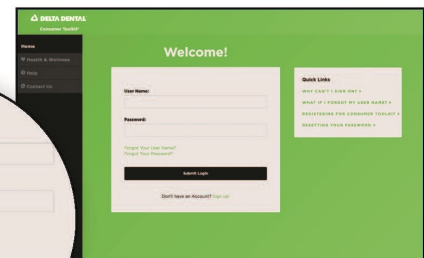
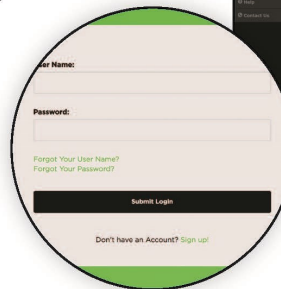
Once you have logged in to the Consumer Toolkit, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit www.consumertoolkit.com.
2. Click the **Sign up!** link.
3. Complete the required fields and follow the on-screen instructions to register as a new user.
 - NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.
4. Select your own user name and password to access the site.



Additional help topics can be accessed through the Help menu or by clicking the question mark icon at any time within the Toolkit. If you need further assistance, call Toolkit Support at 866-356-0301.

DENTAL HEALTH

Brushing for Oral Health

You're used to having easy access to the information you need - wherever and whenever you want it. Managing your health plan is easy....



Brush your teeth twice a day. When you brush, don't rush. Take time to do a thorough job.



Use the proper equipment. Use a fluoride toothpaste and a soft-bristled toothbrush that fits your mouth comfortably. Consider using an electric or battery-operated toothbrush, which can reduce plaque and a mild form of gum disease (gingivitis) more than does manual brushing. These devices are also helpful if you have arthritis or other problems that make it difficult to brush effectively.



Practice good technique. Hold your toothbrush at a slight angle - aiming the bristles toward the area where your tooth meets your gum. Gently brush with short back-and-forth motions. Remember to brush the outside, inside and chewing surfaces of your teeth, as well as your tongue.



Keep your equipment clean. Always rinse your toothbrush with water after brushing. Store your toothbrush in an upright position and allow it to air-dry until using it again. Try to keep it separate from other toothbrushes in the same holder to prevent cross-contamination. Don't routinely cover toothbrushes or store them in closed containers, which can encourage the growth of bacteria, mold and yeast.



Know when to replace your toothbrush. Invest in a new toothbrush or a replacement head for your electric or battery-operated tooth-brush every three to four months - or sooner if the bristles become irregular or frayed.



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VISION INSURANCE

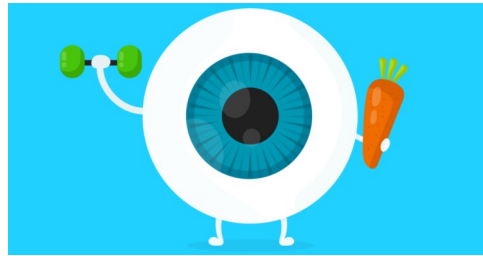


TYPE OF SERVICE	BENEFIT MAXIMUMS
Vision Examinations	One exam every benefit period Covered up to \$75
FRAMES	One frame every two benefit periods \$100 per frame
Lenses	One pair per benefit period
Single Vision	\$60 per pair
Bifocals	\$70 per pair
Trifocals	\$100 per pair
Lenticular	\$100 per pair
Progressive Lenses	\$150 per pair
Contact Lenses	One pair per benefit period
Medically Necessary:	\$175 per pair
Cosmetic:	\$100 per pair

NOTE: Benefits available for Lenses may be used for Contact Lenses in lieu of lenses.



VISION CONSUMER TIPS



1. Avoid rubbing your eyes.

The hands are exposed to a lot of dirt, dust and bacteria, and all of these can be easily transferred to your peepers each time you touch or rub them. So avoid putting your hands to your eyes to prevent infection and irritation. If the habit is so ingrained on you, make an effort to get rid of it as soon as possible.

2. Protect your eyes from the sun.

Exposure to sunlight and UV rays increases your risk for *age-related macular degeneration* and may cause cornea sunburn or photokeratitis. So aside from making a fashion statement and adding oomph to your overall look, put on those sunglasses to protect your eyes. If wearing them is not up your alley, UV-protected eyeglasses or contact lenses will do. Putting on caps, visors and hats are also advisable.

3. Stay hydrated.

Sufficient fluid intake is essential to your body's overall wellbeing, including the eyes. If you're hydrated enough, you prevent your eyes from getting dry and irritated.

4. Keep a balanced diet.

Beta-carotene, Lutein, Omega-3, Lycopene, and Vitamins C, A, and E are essential for maintaining your eye health. Make sure that your diet is infused with *different foods* that are rich in those nutrients.

5. Keep proper monitor distance and room lighting.

Computer monitors should be positioned about an arm's length away from the eyes and 20 degrees below eye level. This keeps your eyes from getting strained. Likewise, make sure that you have sufficient but diffused lighting in your room. Focused and too bright lights may result to glare, and this can put too much stress on the eyes.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: 855.387.9727 TDD: 800.697.0353
Go online: guidanceresources.com Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling 3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants™—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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GuidanceResources® Online Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheets™, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Free Online Will Preparation Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

Just call or click to access your services.



Your ComPsych® GuidanceResources® Program

CALL ANYTIME
Call: 855.387.9727
TDD: 800.697.0353
Online: guidanceresources.com
Your company Web ID: **ONEAMERICA3**



Employee Assistance Program

Employee Assistance Program

OneAmerica provides guidance for personal issues that you might be facing and information about other concerns that affect your life whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 (855)-387-9727**
- **Referrals to local counselors -up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

Education	<ul style="list-style-type: none"> • Admissions testing & procedures • Finding a pre-school 	<ul style="list-style-type: none"> • College Planning • Financial aid resources
Lifestyle & Fitness Management	<ul style="list-style-type: none"> • Anxiety & depression • Divorce & separation 	<ul style="list-style-type: none"> • Drugs & alcohol
Dependent Care & Care Giving	<ul style="list-style-type: none"> • Adoption Assistance • Before/after school programs • In-home services 	<ul style="list-style-type: none"> • Day Care/Elder Care • Elder care
Working Smarter	<ul style="list-style-type: none"> • Career development • Effective managing 	<ul style="list-style-type: none"> • Relocation
Legal and Financial	<ul style="list-style-type: none"> • Basic tax planning • Credit & collections 	<ul style="list-style-type: none"> • Home buying • Immigration



IMPORTANT NOTE: All employees and their eligible family members can access our web resources by visiting guidanceresources.com. Your company Web ID: **ONEAMERICA3**

For telephone assistance and services, available to you 24/7. Call: 855-387-9727

TRAVEL ASSISTANCE



Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services
Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.



24-hour travel assistance

Travel Assistance is made available through

OneAmerica® by an agreement with On Call International®

1-800-575-5014 (US/Canada)

1-603-898-9172 (call collect from other locations)

Email: mail@oncallinternational.com



ONEAMERICA® is the marketing name for the companies of OneAmerica | OneAmerica.com

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Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



When contacting On Call International, be prepared to provide:

- The name of your employer
- A phone number where you can be reached



ONEAMERICA® is the marketing name for the companies of OneAmerica | OneAmerica.com

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GOODRX



Stop paying too much for your prescriptions!

Download the GoodRx App or go to www.goodrx.com. You can save up to 80%. Type your drug name and it will find you the lowest price.

If you use a GoodRx discount to get a lower price, can you get paid back for this purchase from your insurance? And even if you don't get reimbursed, will your insurance count your payment against your deductible as an out-of-pocket expense?

The answer? It depends. Paying with a GoodRx coupon is considered an "out-of-network" purchase, and it's up to the insurance company to decide if they'll pay you back—or whether they'll count it towards your deductible.

So, while we can't promise you'll get reimbursed, it's worth trying. Here's how:

1. **Get your receipts together. Save everything!**
2. **Fill out your insurer's prescription claim form.**
3. **Mail your completed claim form* (including the original) receipt to:**

**Medical Mutual
MZ 01-2B-4550, Prescription Processing
2060 East 9th Street
Cleveland OH 44115-1355**



MEDICARE

Medical Coverage at Age 65?



Whether entering retirement or choosing to continue their career, individuals age 65 and older have an important decision to make regarding Medicare. For many who continue working, Medicare may be a beneficial option to consider. Advanced planning will ensure that you are on the best medical plan, whether you continue under your employer plan or enroll in Medicare.

If you are still working after age 65 and have creditable insurance through your company, you may not need to sign up for Medicare. We would suggest that you compare the benefits you have through your employer (detailed in this Benefit Guide) and those offered by Medicare to see which plan is better for you and your family. Please note: If your employer has less than 20 total employees, you are required to elect Part B when you reach Normal Social Security Retirement Age (66-67, based on when you were born), as your employer plan will pay secondary to Medicare.

Once you reach Normal Social Security Retirement Age (ranging from age 66 to 67, depending on your birthday), if you elect to receive social security benefits, you will be automatically enrolled in Medicare Part A and Part B. You can also actively enroll in Medicare Part A at age 65 prior to enrolling for Social Security benefits. Medicare Part A usually has no cost to the member. Part A covers hospital, skilled nursing care and hospice. If you have medical claims, Medicare will coordinate with your employer plan. HSA plan members should not enroll in Part A as contributions into an HSA account are not allowed for those covered under Medicare.

When you are ready to leave your employer plan, you will need to sign up for Medicare Part B (which covers basic medical) and Part D (which covers prescriptions). There are specific time frames for each based on Medicare guidelines. Eligible Medicare members elect supplemental coverage through a Medicare Supplemental Plan or an Advantage plan to cover many expenses that Medicare does not.

The Medicare enrollment process can be confusing, with complex rules and varying eligibility requirements. To provide additional support, The Fedeli Group has partnered with KAZ Company, a premier Medicare insurance agency, to help you understand these options. KAZ Company works with all major Medicare supplement and Medicare Advantage carriers, providing you an array of options to meet your needs. There is no cost to engage with a KAZ agent.

If you have any questions on Medicare, please contact KAZ Company at: 216-901-9300 or office@medicareplansneo.com, and they can help you determine the best option for you.



ANNUAL NOTICES

Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Uniformed Services Employment and Reemployment Rights Act

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- * All stages of reconstruction of the breast on which the mastectomy was performed;
- * Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- * Prosthesis 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 and coinsurance applicable to other medical and surgical benefits provided under this plan.



HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan. To request special enrollment or obtain more information, contact the Human Resources Department.

The State Based Exchanges

Under the PPACA a federally-operated Exchange, or Marketplace, was established for individuals to purchase health insurance. Your company provides employee healthcare benefits that meet the minimum value and affordability standards of the PPACA. Therefore, if you are eligible for healthcare benefits, you will not qualify for federal subsidies or tax credits through Marketplace enrollment.

Michelle's Law—Michelle's Law ensures that dependent students who take a medically necessary leave of absence do not lose health insurance coverage. This law applies to employer-sponsored group health plans. Plans with fewer than two participants who are current employees (for example, retiree health plans) are exempt. There is not an exception for small employers.

If a health plan requires a certification of student status for coverage, plan administrators and issuers must include a description of Michelle's Law with any notice regarding a requirement for certification of student status.



CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268



CHIP NOTICE CONTINUED

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>



CHIP NOTICE CONTINUED

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269



CHIP NOTICE CONTINUED

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)



MEDICARE PART D NOTICE

CMS 0938-0110

Important Notice from the Madison Local School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Madison Local School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Madison Local School District has determined that the prescription drug coverage offered by Medical Mutual of Ohio 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 high 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.

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



MEDICARE PART D NOTICE CONT...

CMS 0938-011 0

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the Madison Local School District will not be affected. 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 coverage through the Madison Local School District's 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 Madison Local School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

For further information, contact Carolyn Montgomery at 419-589-2600, ext. 1109.

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 Madison Local School District changes. You also may request a copy of this notice at any time.

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



MEDICARE PART D

OMS 0938-0890

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: October 1, 2023

Name of Entity/Sender: Madison Local School District

Contact—Position/Office: Carolyn Montgomery, Assistant Treasurer

Address: 1379 Grace Street, Mansfield, OH 44905

Phone Number: 419-589-2600, ext. 1109



COBRA NOTIFICATION

*** Continuation Coverage Rights Under COBRA***

INTRODUCTION

You're getting this notice because you are eligible for coverage under Madison Local Schools' group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;



COBRA NOTIFICATION CONT...

- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Madison Local Schools' Human Resource Department.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



COBRA NOTIFICATION CONT...

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Madison Local Schools

Name: Carolyn Montgomery, Assistant Treasurer

Address: 1379 Grace Street

Mansfield, OH 44905

Phone: [1-419-589-2600](tel:1-419-589-2600)

Email: cmontgomery@madisonrams.net



NOTICE OF PRIVACY PRACTICES

EMPLOYEE NOTICE

Madison Local Board of Education

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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



NOTICE OF PRIVACY PRACTICES

Your Rights

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

Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say “no” if it would affect your care.

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

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.



NOTICE OF PRIVACY PRACTICES

Your Choices

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

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

Share information with your family, close friends, or others involved in payment for your care

Share information in a disaster relief situation

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

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

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

This does not apply to long term care plans.

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

Pay for your health services

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

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

Administer your plan

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

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

How else can we use or share your health information?

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



NOTICE OF PRIVACY PRACTICES CONT...

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

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

Changes to the Terms of this Notice

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

Effective Date of this Notice: January 1, 2024

Privacy Official: Name and Title: Bradd Stevens, Treasurer

Email Address: bstevens@madisonrams.net

Phone Number: 419-589-2600

Page 4 of 4



CONTACT INFORMATION



MEDICAL

Medical Mutual of Ohio

Group Number: 418649

Phone: 1-800-521-6492

App: MedMutual

Web: www.medmutual.com

COMPYCH

EMPLOYEE ASSISTANCE PROGRAM

ComPsych

Phone: 1-855-387-9727

Web: www.guidanceresources.com

Company Web ID: ONEAMERICA3



DENTAL

Delta Dental

Group Number: 1686

Phone: 1-800-524-0149

App: Delta Dental Mobile

Web: www.deltadentaloh.com



TRAVEL ASSISTANCE

On Call International

Phone: 1-800-575-5014

Email: mail@oncallinternational.com



Flexible Spending, Life Insurance, Voluntary Disability, Accident, Cancer, Critical Illness

American Fidelity

Phone: 1-877-518-2337

Laura.Holbrook@americanfidelity.com

Laura Holbrook



Madison Local Schools

Carolyn Montgomery

cmontgomery@madisonrams.net

Phone: 1-419-589-2600



MADISON
LOCAL SCHOOL DISTRICT

