



Hanover County Public Schools

Open Enrollment for 2017

October 17, 2016 – November 9, 2016

Enrollment Changes become effective: January 1, 2017

This Open Enrollment packet contains important information about enrolling or making changes to your health, dental, supplemental plans, and flexible spending account benefits. All disclosure notices, forms, rates, and informational booklets will be available on the website by October 17, 2016.

<http://hcps1/> or http://www.hcps.us/human_resource

Open enrollment is one of the few times during which benefit-eligible employees may make changes in coverage or enroll in certain benefits. If you choose not to enroll or make changes during open enrollment, you must wait until the next open enrollment unless you have a qualifying event that allows you to make changes within 60 days of such event (i.e. new baby, marriage, etc.). Open enrollment occurs only once per plan year.

Make plans to attend one of our open enrollment meetings to obtain more information (schedule attached). Benefit plan vendors will be available to directly address your questions at these meetings. Visit our websites for more information about plan offerings: <http://hcps1/> or http://www.hcps.us/human_resource. For assistance, contact a member of the Benefits team: Erin Gressett at 804-365-4590 egressett@hcps.us or Nancy Berryman at 804-365-4580 nberryman@hcps.us.

What's New for 2017?

- **Anthem Core and Value plan design changes** - Increased deductibles/out of pocket costs. 4th Tier drug category added – member pays 20% up to a max of \$100. (See attached Anthem summary for details).
- **Anthem Split Fill and Split Pill features** – Certain specialty medications will qualify for either Split Fill (purchase less than a 30 day supply) or Split Pill (RX for ½ pill dosages with cost savings).
- **Waiver of Coverage** – Anthem and Delta Dental enrollment forms must be completed to waive coverage and receive an Opt-out Credit of \$100 annually for Full-time or \$50 annually for Part-time benefit eligible employees. (Separate Opt-out Credit form is no longer required)
- **Flex Spending Plan carryover** – Beginning with this year's 2016 contributions to the FSA, participating employees may carryover up to \$500 of unused 2016 FSA contributions to the 2017 calendar year.
- **Pre-tax premium deductions** – Anthem, Delta Dental and AFLAC premiums will be deducted on a pre-tax basis for all participants. Post-tax option will no longer be offered for these plans. Pre-tax premiums allow you to save tax dollars and receive more money in your paycheck!
- **Mid-year Qualifying Event deadline** – Beginning January 1, 2017, employees will have **60 days** to request to enroll, add or remove dependents due to a qualifying event (i.e. marriage, divorce, new baby, spouse's loss of coverage, etc.)

Important Reminders

- ✓ **Making enrollment changes or waiving coverage for 2017?** Forms are due by November 9th to the Benefits Office.
 - **If you do not wish to enroll for healthcare or dental**, you must complete and submit an Anthem and Delta Dental form indicating you are waiving coverage for 2017. **This is a requirement.** **Note:** Waiver of coverage qualifies you for an annual opt out credit of \$100 if you are Full-time or \$50 if you are Part-time benefit eligible. (This is prorated and paid with each paycheck).
 - **NO** action is needed if you are **not** making changes to your current Anthem, Delta Dental and/or AFLAC enrollments.
- ✓ **Flex Spending for 2017?** Employees who wish to **enroll or re-enroll** in a Flexible Spending Account **MUST** complete a new Flexible Spending Election form. **No** action is needed if you **do not** wish to participate in flexible spending for the 2017 calendar year. The flexible spending plan is administered by “take care” Wage Works.
- ✓ **High Deductible Plan (HDHP) and Health Savings Account (HSA)** - Enrollment in the Anthem High Deductible Health Plan allows for enrollment in an HSA (health savings account) which is partially funded by Hanover County Public Schools at \$1,200 annually for employee only or \$2,400 for employee + spouse, child(ren) or family. The county contributions are made to your HSA twice a year, in mid-January and mid-July. You may also contribute to your HSA via pre-tax payroll deduction (employer and employee combined annual maximum: \$3,400 individual and \$6,750 two or more). Please note the HSA account is with **OPTUM** formerly US Bank (www.mycdh.optum.com 1-877-470-1771).
- ✓ **Medical Flex Spending (FSA) OR Health Savings Account (HSA)** - Employees may enroll in **either** the Medical Reimbursement FSA **OR** the HSA but **not both** (this includes spouses). Employees **may** enroll in the Dependent Care Flexible Spending account **and** the Health Savings Account.
- ✓ **When will new premiums be deducted from my paycheck?** Anthem/Delta Dental/Aflac premiums will take effect 12/15/16. FSA and/or HSA payroll deductions for 2017 will begin 1/15/17.
- ✓ **Open Enrollment Forms and Info available online** - All forms and plan information are available at http://www.hcps.us/human_resource or <http://hcps1/>. If you do not have access to the internet, please contact the Benefits Office for assistance at 365-4590 or 4580.

**All forms must be received in the HR Benefits Office no later than 5:00PM
on Wednesday, November 9, 2016.**

****Pony mail, US mail, hand delivery or fax: 804-365-4805****

Anthem HealthKeepers Health Insurance

Three Anthem Plan Choices:

- Core
- Value
- High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)

For plan comparisons, please view the Anthem Booklet and Benefit Comparison on our website **as there are a number of plan design changes for 2017.**

All three plans:

- Are open access, which means no referrals are required for specialist visits.
- Offer out-of-network benefits as well as prescription and Blue View Vision benefits.
- Provide in-network preventive care services covered at no cost.
- To find out if your doctor is currently participating with Anthem visit www.anthem.com or call 1-800-421-1880.

As a reminder, the High Deductible + HSA plan (HDHP + HSA) option is different compared to the other “traditional” benefit plans, and may be very appealing to many employees. The plan has a \$3,000 up-front deductible for individuals, and \$6,000 deductible for families which applies to all services except preventive visits (which are covered at 100%).

The HDHP plan is designed to offer a lower cost option per pay period, and also allows the participant to open a Health Savings Account. This is a bank account through **OPTUM** that you can set aside tax-free dollars to help pay for the cost of the deductible and other qualified medical expenses. **For the 2017 Plan Year, Hanover County will be contributing \$1,200.00/Employee Only and \$2,400.00/Employee + Spouse, Child(ren) or Family to the HSA if you enroll in the High Deductible Health Plan with a Health Savings Account.** If you do not use all the money in your HSA account by the end of the year, you KEEP IT. (This is not a use-it-or-lose-it account and it is portable if you leave HCPS employment). To open an HSA account, you must **not**: be eligible or enrolled in Medicare, be covered by another health insurance plan, be enrolled in a medical Flex Spending plan, be enrolled in Tricare or have had VA benefits in the last 90 days. More details on the HDHP will be provided during the Open Enrollment meetings as well as on our benefits website.

Delta Dental Insurance

Three Delta Dental Plan Choices:

- **Delta Care** – You must choose a “Delta Care network” dentist and include their name on your enrollment form. This plan requires that you use the dentist you’ve designated from the “Delta Care network” in order to have coverage. See list of Delta Care dentists at: http://www.hcps.us/human_resource
- **Delta Dental High** – PPO or Premier Network
- **Delta Dental Low** – PPO or Premier Network

Visit www.deltadentalva.com to determine which network(s) your dentist participates in.

Flexible Spending Accounts (FSAs)

Through payroll deduction, employees may contribute pre-tax dollars up to \$2,550 annually for a Health FSA and up to \$5,000 annually in a Dependent Care FSA. Our FSA program is currently administered through “takecare” by WageWorks. As a reminder, this is a “use it or lose it” plan, so plan carefully to ensure you do not overestimate your spending for 2017.

Note: Beginning with current year contributions (2016), the FSA plan will allow an annual carryover of up to \$500 of unused Flex dollars to 2017 if you re-enroll during open enrollment. This means going forward, if you have money left over at the end of the plan year, you may carryover up to \$500 to the next plan year and not lose this money. More information on FSAs may be found on our website.

Employees who plan to participate in Flex Spending for calendar year 2017, MUST complete a new Election Form even if you are currently participating in this program. The form is available on our website. If you do not wish to participate for calendar year 2017, no action is needed.

AFLAC Supplemental Insurance Plans

We will continue to offer voluntary insurance with American Family Life Assurance Company (AFLAC). Group Critical Illness, Group Accident, and Personal Cancer Indemnity plans will be available for enrollment. These supplemental plans are designed to help fill the gap left by expenses your medical coverage may not pay. You may also make changes to your current AFLAC plans during open enrollment. More detailed information may be found on our website or by calling our Aflac Representative at 877-353-9256.

Sick Leave Bank

(VRS Plan 1 & Plan 2 Members only)

The School Board maintains a sick leave bank for full-time and part-time contracted employees who have prolonged catastrophic (catastrophic is defined as life threatening and so serious in nature as to require expensive, extensive, long-term treatment) or long-term illness or injury and who have exhausted their own sick leave, as long as one-third of the eligible members participate in the sick leave bank.

Employees may enroll in the Sick Leave Bank during open enrollment by making a written request to the assistant superintendent of human resources. Membership in the sick leave bank is continuous unless the employee informs the assistant superintendent of human resources in writing of his intent to withdraw from participation in the sick leave bank during a future benefits open enrollment period. For more details about the Sick Leave Bank, see HCPS Policy Manual - POLICY 5-7.9 EMPLOYEE ABSENCES/LEAVE and REGULATION 5-7.9 (D) SICK LEAVE BANK/CATASTROPHIC ILLNESS (VRS Plan 1 & Plan 2).

Open Enrollment Meetings

**** Please make plans to attend one of these onsite meetings ****

School Locations

Date	Time	Location
Wednesday, 10/19	4:00 pm – 5:30 pm	Patrick Henry HS - Library
Wednesday, 10/26	4:00 pm – 5:30pm	Lee Davis HS -Commons
Thursday, 10/27	4:00 pm – 5:30 pm	Hanover HS – Auditorium
Monday, 10/31	2:00 pm – 4:00 pm	School Board Office – Boardroom
Tuesday, 11/1	4:00 pm - 5:30 pm	Atlee HS - Auditorium
Tuesday, 11/8	2:00 pm – 4:00 pm	Schools Board Office Boardrooms A & B – Retirees for County and Schools (HUMANA only)

County Government Locations

Tuesday, 10/18	11:00 am – 1:00 pm	County Administration - Board Room
Tuesday, 10/18	5:00 pm - 6:00 pm	Regional Jail
Tuesday, 10/18	6:00 pm - 7:00 pm	Regional Jail
Friday, 10/21	8:00 am - 9:30 am	County - Bruce Center
Monday, 10/24	5:00pm - 6:00 pm	Regional Jail
Monday, 10/24	6:00 pm- 7:00 pm	Regional Jail
Tuesday, 10/25	2:00 pm - 4:00 pm	County - Human Services Ctr.
Thursday, 10/27	12:00 pm - 2:00 pm	County Administration - Board Room

	Core Plan	Value Plan	HDHP + HSA
IN-NETWORK BENEFITS	You Pay	You Pay	You Pay
Deductible	None	\$500/\$1000	\$3,000/\$6,000
Out-of-Pocket	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000
Inpatient Benefits			
Hospital	\$250 per day (not to exceed \$1250 per admission)	20% after deductible	0% after deductible
Physician Charges	No charge	20% after deductible	0% after deductible
Maternity (Facility charges for delivery)	\$250 per day (not to exceed \$1250 per admission)	20% after deductible	0% after deductible
Mental Health and Substance Abuse (Facility charges)	\$250 per day (not to exceed \$1250 per admission)	20% after deductible	0% after deductible
Outpatient Benefits			
Referrals to Specialist Required	No	No	No
Primary Care Physician (PCP) or OB/GYN Office Visit	\$25	\$25	0% after deductible
Specialist Office Visit	\$50	\$50	0% after deductible
Urgent Care Center	\$25 PCP / \$50 Specialist	\$25 PCP / \$50 Specialist	0% after deductible
Allergy Testing	\$25 PCP / \$50 Specialist	\$25 PCP / \$50 Specialist	0% after deductible
Allergy Serum and Injections	\$25 PCP / \$50 Specialist	\$25 PCP / \$50 Specialist	0% after deductible
Mammogram	No charge	No charge	0% after deductible
Labs, Diagnostic X-rays	\$25 PCP / \$50 Specialist	20% after deductible	0% after deductible
Advanced Diagnostic Imaging	\$250	20% after deductible	0% after deductible
Emergency Room	\$250	20% after deductible	0% after deductible
Outpatient Surgery	\$250	20% after deductible	0% after deductible
Therapy services (Speech, physical, occupational)	\$25	20% after deductible	0% after deductible
Outpatient Mental Health and Substance Abuse	\$25 medication management/\$50 all other	\$25 medication management/\$50 all other	0% after deductible
Spinal Manipulation (30 visit limit)	\$25	\$25	0% after deductible
Durable Medical Equipment	No charge	20% after deductible	0% after deductible
Home Health Care	No charge	20% after deductible	0% after deductible
Skilled Nursing Facility (100 days per admission)	No charge	20% after deductible	0% after deductible
Hospice Care	No charge	20% after deductible	0% after deductible
Maternity Outpatient Services			
Initial office visit to confirm diagnosis	\$25	\$25	0% after deductible
Pre- and post-natal care and delivery	No charge	\$50	0% after deductible
Maternity ultrasounds	No charge	No charge	0% after deductible
Prescription Drugs: Mandatory generic under all benefit plans			
Retail Pharmacy (30 day supply <u>only</u>)	\$10/\$30/\$50/20% (Tier 4: maximum of \$100 per prescription)	\$10/\$30/\$50/20% (Tier 4: maximum of \$100 per prescription)	\$10/\$30/\$50 or 20% (Tier 4: maximum of \$200 per prescription After Deductible)
Mail Order (90 day supply)	\$20/\$60/\$100	\$20/\$60/\$100	\$20/\$60/\$100 or 20% (Tier 3: maximum of \$400 per prescription)
Out of Pocket	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000 (combined medical and prescription drug)
Routine Vision through Blue View Vision			
Annual Eye Exam	\$15	\$15	\$15
OUT-OF-NETWORK BENEFITS			
Deductible	\$750/\$1,500	\$1,000/\$2,000	\$3,000/\$6,000 (combined in- and out-of-network)
Coinsurance	30%	30%	30%
Out-of-Pocket	\$3,000/\$6,000	\$4,000/\$8,000	\$6,000/\$12,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited

PROGRAM COMPARISON

Plan Features	DeltaCare	Delta Dental High Plan	Delta Dental Low Plan
Annual Deductible	No deductible	No deductible	No deductible
<ul style="list-style-type: none"> Diagnostic & Preventive Services Basic and Major Services 	No deductible	\$50 per patient per contract year; \$150 per family unit	\$50 per patient per contract year; \$150 per family unit
Annual Benefit Maximum	No maximum	\$1000 per patient per contract year	\$1000 per patient per contract year
Benefits	Plan Covers* Approximately	You Pay*Approximately	Plan Pays You Pay
<ul style="list-style-type: none"> Diagnostic & Preventive Services (Exams, cleanings, x-rays) Basic Services (Fillings, oral surgery, endodontics, periodontics) Major Services (Crowns, bridges, dentures. Implants are covered under the Delta Dental High Plan only.) <i>Major Services Waiting Period</i> 	100% Plan Allowance 65-85% Plan Allowance 65-75% Plan Allowance	0% Plan Allowance 15-35% Plan Allowance 25-35% Plan Allowance	100% Plan Allowance 80% Plan Allowance (after deductible) 50% Plan Allowance (after deductible) Not Covered
<ul style="list-style-type: none"> Orthodontic Services <i>Orthodontic Services Waiting Period</i> 	*50% Plan Allowance No Waiting Period	50% Plan Allowance No Waiting Period	Not Covered Not Covered
Lifetime Orthodontic Maximum	No maximum	\$1000 lifetime maximum per patient	N/A
Dentist Network	Your DeltaCare dentist must be utilized for care. Specialty care is available through Delta Dental's referral process if needed.	Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.	Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.
Semi-Monthly Rates	\$12.77 \$22.16 \$23.49 \$31.99	\$17.49 \$30.07 \$35.36 \$58.30	\$12.37 \$21.27 \$25.01 \$44.78
Benefit/Membership Services	1-800-862-0838	1-800-237-6060	1-800-237-6060

*DeltaCare services are covered subject to co-payments listed on the following sheets. Refer to the attached DeltaCare Description of Benefits and Co-payments for specific covered services and co-payments. If you are currently in-progress with orthodontic treatment when you enroll in DeltaCare, there will be no orthodontia benefits available.

**High Plan Major Services Waiting Period: New Hires – Waiting period is waived for Major services and credit may be given towards Orthodontic waiting period with proof of prior coverage. Existing Employees – Credit may be given towards Major services and Orthodontic waiting periods with proof of continuous coverage.

HCPS Health and Dental Rates - Effective 1/01/2017

NOTE: Participation in the Hanover Wellness Program provides \$20/month premium savings if enrolled in the CORE or VALUE Plan OR receive a \$60/quarterly contribution to your Health Savings Account if enrolled in the HIGH DEDUCTIBLE Plan.

Anthem - Full Time Rates

				EMPLOYEE RESPONSIBILITY
<i>CORE PLAN - OPEN ACCESS</i>	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$528.00	\$468.00	\$60.00	\$30.00
Employee + Child	\$812.00	\$589.00	\$223.00	\$111.50
Employee + 2 Children	\$1,087.00	\$710.00	\$377.00	\$188.50
Employee + Spouse	\$1,102.00	\$705.00	\$397.00	\$198.50
Employee + Family	\$1,523.00	\$965.00	\$558.00	\$279.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,165.00	\$358.00	\$179.00
VALUE PLAN - OPEN ACCESS				
Employee	\$466.00	\$441.00	\$25.00	\$12.50
Employee + Child	\$689.00	\$589.00	\$100.00	\$50.00
Employee + 2 Children	\$913.00	\$710.00	\$203.00	\$101.50
Employee + Spouse	\$923.00	\$705.00	\$218.00	\$109.00
Employee + Family	\$1,283.00	\$965.00	\$318.00	\$159.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,283.00	\$1,165.00	\$118.00	\$59.00
High Deductible Health Plan w/H.S.A.				
Employee	\$333.00	\$333.00	\$0.00	\$0.00
Employee + Child	\$504.00	\$430.00	\$74.00	\$37.00
Employee + 2 Children	\$672.00	\$514.00	\$158.00	\$79.00
Employee + Spouse	\$677.00	\$508.00	\$169.00	\$84.50
Employee + Family	\$943.00	\$709.00	\$234.00	\$117.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$943.00	\$909.00	\$34.00	\$17.00

Anthem - Part Time Rates

<i>CORE PLAN - OPEN ACCESS</i>	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$528.00	\$342.00	\$186.00	\$93.00
Employee + Child	\$812.00	\$459.00	\$353.00	\$176.50
Employee + 2 Children	\$1,087.00	\$573.00	\$514.00	\$257.00
Employee + Spouse	\$1,102.00	\$571.00	\$531.00	\$265.50
Employee + Family	\$1,523.00	\$823.00	\$700.00	\$350.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,023.00	\$500.00	\$250.00
VALUE PLAN - OPEN ACCESS				
Employee	\$466.00	\$326.00	\$140.00	\$70.00
Employee + Child	\$689.00	\$459.00	\$230.00	\$115.00
Employee + 2 Children	\$913.00	\$573.00	\$340.00	\$170.00
Employee + Spouse	\$923.00	\$571.00	\$352.00	\$176.00
Employee + Family	\$1,283.00	\$823.00	\$460.00	\$230.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,283.00	\$1,023.00	\$260.00	\$130.00
High Deductible Health Plan w/H.S.A.				
Employee	\$333.00	\$251.00	\$82.00	\$41.00
Employee + Child	\$504.00	\$328.00	\$176.00	\$88.00
Employee + 2 Children	\$672.00	\$403.00	\$269.00	\$134.50
Employee + Spouse	\$677.00	\$401.00	\$276.00	\$138.00
Employee + Family	\$943.00	\$584.00	\$359.00	\$179.50
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$943.00	\$784.00	\$159.00	\$79.50

Delta Dental - Full Time & Part Time Rates

<i>DeltaCare</i>	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$25.54	\$0.00	\$25.54	\$12.77
Employee + Child	\$44.32	\$0.00	\$44.32	\$22.16
Employee + Spouse <u>OR</u> Employee + 2	\$46.98	\$0.00	\$46.98	\$23.49
Employee + Family	\$63.98	\$0.00	\$63.98	\$31.99
Delta Low Option				
Employee	\$24.74	\$0.00	\$24.74	\$12.37
Employee + Child	\$42.54	\$0.00	\$42.54	\$21.27
Employee + Spouse <u>OR</u> Employee + 2	\$50.02	\$0.00	\$50.02	\$25.01
Employee + Family	\$89.56	\$0.00	\$89.56	\$44.78
Delta High Option				
Employee	\$34.98	\$0.00	\$34.98	\$17.49
Employee + Child	\$60.14	\$0.00	\$60.14	\$30.07
Employee + Spouse <u>OR</u> Employee + 2	\$70.72	\$0.00	\$70.72	\$35.36
Employee + Family	\$116.60	\$0.00	\$116.60	\$58.30

Important Notice from Hanover County Public Schools 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 Hanover County Public Schools 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. **Hanover County Public Schools has determined that the prescription drug coverage offered by the Anthem Plan 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 through 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 Hanover County Public Schools coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Hanover County Public Schools coverage, be aware that you and your dependents will not 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 Hanover County Public Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **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 Hanover County Public Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 6, 2016
Name of Entity/Sender:	Hanover County Public Schools
Contact-Position/Office:	Nancy Berryman - Benefits Specialist, Human Resources
Address:	200 Berkley Street, Ashland, VA 23005
Phone Number:	804-365-4580

NOTICE OF OPEN ENROLLMENT:

Your Employer seeks to offer eligible employees a comprehensive benefit package that provides both financial stability and protection. Our offering will provide flexibility in coverage options for the employee work-life needs.

Now is your opportunity to review your benefit elections and determine if you need to make changes.

Remember, open enrollment is your only chance each year to make changes to your elections, unless you or your family members experience an eligible "change in status" or "qualifying event" -- such as marriage, birth, adoption, divorce, loss of coverage or a spouse's open enrollment period. You must notify Human Resources (within **60** days of the qualifying event) in order to make changes to your benefit elections outside of Open Enrollment.

WHCRA Enrollment 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 lymph edema.

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 Group Plan Administrator or HR Director.

NEWBORNS ACT DISCLOSURE

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 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 as applicable).

PATIENT PROTECTION MODEL DISCLOSURE

The group health insurance plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, the group insurance carrier designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Group Plan Administrator or HR Director.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949	NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippap.p.pdf Phone: 603-271-5218

LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	NEW JERSEY – Medicaid and CHIP 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
MAINE – Medicaid Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid

Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
OMB Control Number 1210-0137 (expires 10/31/2016)

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Hanover County Public Schools Benefits Office.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

OMB No. 1210-0149 (expires 1-31-2017)