

2024 Benefit Guide

Helping you make informed choices about your employee benefits.



Wendell
SCHOOL DISTRICT

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Wendell School District is proud to offer a comprehensive benefits package to eligible, full-time employees who work 20 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

Benefits Offered

- » Medical
- » Voluntary Dental
- » Voluntary Vision
- » Employee Assistance Program

Eligibility

You and your dependents are eligible for Wendell School District benefits on the first of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Wendell School District eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

| Benefit | Administrator | Phone | Website/Email |
|-------------------------------|---------------------|--------------|---------------|
| Medical | Blue Cross of Idaho | 800.627.1188 | bcidaho.com |
| Voluntary PPO Dental | Blue Cross of Idaho | 800.289.7929 | bcidaho.com |
| Voluntary Dental Blue Connect | Blue Cross of Idaho | 855.433.6825 | bcidaho.com |
| Voluntary Vision | Ameritas | 800.877.7195 | vsp.com |
| Employee Assistance Program | BPA Health | 800.726.0003 | bpahealth.com |



Employee Premiums

| Benefit Plan | Total Premium Per Month | Employee Cost Per Month |
|---|-------------------------|-------------------------|
| MEDICAL- BLUE CROSS OF IDAHO PPO 350 | | |
| Employee Only | \$960.85 | \$0.00 |
| Employee + Spouse | \$2,046.40 | \$1,085.55 |
| Employee + Child | \$1,447.45 | \$486.60 |
| Employee + Children | \$1,672.05 | \$711.20 |
| Employee + Spouse + Child(ren) | \$2,355.25 | \$1,394.40 |
| MEDICAL - BLUE CROSS OF IDAHO HSA 2000 | | |
| Employee Only | \$809.65 | \$0.00 |
| Employee + Spouse | \$1,723.50 | \$913.85 |
| Employee + Child | \$1,219.15 | \$409.50 |
| Employee + Children | \$1,408.30 | \$598.65 |
| Employee + Spouse + Child(ren) | \$1,991.30 | \$1,181.65 |
| VOLUNTARY PPO DENTAL | | |
| Employee Only | \$32.10 | \$32.10 |
| Employee + Spouse | \$69.40 | \$69.40 |
| Employee + Child | \$61.70 | \$61.70 |
| Employee + Children | \$91.80 | \$91.80 |
| Employee + Spouse + Child(ren) | \$123.05 | \$123.05 |
| VOLUNTARY DENTAL BLUE CONNECT | | |
| Employee Only | \$62.03 | \$62.03 |
| Employee + Spouse | \$134.16 | \$134.16 |
| Employee + Child | \$119.29 | \$119.29 |
| Employee + Children | \$177.43 | \$177.43 |
| Employee + Spouse + Child(ren) | \$237.78 | \$237.78 |
| VOLUNTARY VISION | | |
| Employee Only | \$19.72 | \$19.72 |
| Employee + Spouse | \$38.00 | \$38.00 |
| Employee + Child(ren) | \$31.52 | \$31.52 |
| Employee + Spouse + Child(ren) | \$49.80 | \$49.80 |

*If enrolled in the HSA 2000 medical plan, Wendell School District contributes \$151.20 a month to a HSA account that the employee sets up with Key Bank in Twin Falls.

Medical Benefits

Administered by Blue Cross of Idaho

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Wendell School District.

| | PPO 350 | | HSA 2000 | |
|---|--|--|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | \$350 Individual / \$950 Family | \$600 Individual / \$1,700 Family | \$2,000 Individual / \$4,000 Family | Combined with In-network |
| Annual Out-of-Pocket Maximum | \$3,250 Individual / \$6,750 Family | \$6,500 Individual / \$13,500 Family | \$5,000 Individual / \$10,000 Family | Combined with In-network |
| Coinsurance | 15% | 30% | 30% | 50% |
| DOCTOR'S OFFICE | | | | |
| Office Visits | \$0 Choice Docs \$20 All Others | 30% after deductible | 30% after deductible | 50% after deductible |
| Preventive Care <small>(routine exams, immunizations)</small> | Covered in Full | 30% after deductible | Covered in Full | 50% after deductible |
| HOSPITAL SERVICES | | | | |
| Emergency Room <small>(copay waived if admitted)</small> | \$100 Copay then 15% after deductible | \$100 Copay then 15% after deductible | \$100 Copay then 30% after deductible | \$100 Copay then 30% after deductible |
| Inpatient | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Outpatient Surgery | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Ambulance | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| MENTAL HEALTH SERVICES | | | | |
| Inpatient Services | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Outpatient Services | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| SUBSTANCE ABUSE SERVICES | | | | |
| Inpatient Services | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Outpatient Services | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| OTHER SERVICES | | | | |
| Maternity Office Visits | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Home Health Services | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| Durable Medical Equipment | 15% after deductible | 30% after deductible | 30% after deductible | 50% after deductible |
| PRESCRIPTION DRUGS | | | | |
| Retail - Generic Drug 30 day | \$10 Copay | \$10 Copay | 30% after deductible | 50% after deductible |
| Retail - Brand Drug (Preferred / Non-Preferred) 30 day | \$30 Copay / \$60 Copay | \$30 Copay / \$60 Copay | 30% after deductible | 50% after deductible |
| Retail - Specialty Drug 30 day | \$100 Copay | \$100 Copay | 30% after deductible | 50% after deductible |

*Note: This summary represents highlights for information purposes only. Please refer to your policy for complete details.

Voluntary Dental

Administered by Blue Cross of Idaho

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Wendell School District dental benefit plan.

| | PPO | |
|--|-------------------------------|--------------------------------|
| | In-Network | Out-of-Network |
| Annual Deductible | \$25 Individual / \$75 Family | \$50 Individual / \$150 Family |
| Annual Benefit Maximum | \$1,750 | |
| Preventive Dental Services (cleanings, exams, x-rays) | \$20 Copay | 30% Coinsurance |
| Basic Dental Services * 6 month waiting period (fillings, root canal therapy, oral surgery) | 20% Coinsurance | 50% Coinsurance |
| Major Dental Services * 12 month waiting period (extractions, crowns, inlays, onlays, bridges, dentures, repairs) | 50% Coinsurance | 60% Coinsurance |

*Note: This summary represents highlights for information purposes only. Please refer to your policy for complete details.

Voluntary Dental

Administered by Blue Cross of Idaho

| | Dental Blue Connect |
|---|------------------------------|
| | Willamette Dental Locations |
| Annual Deductible | None |
| Annual Benefit Maximum | None |
| Preventive Dental Services (cleanings, exams, x-rays) | \$15 Copay |
| Restorative Fillings Porcelain-Metal Crown | \$15 Copay \$150 Copay |
| Endodontics & Periodontics Root Canal Therapy - (Anterior, Bicuspid, Molar) Osseous Surgery (per Quadrant) | \$50 Copay \$75 Copay |
| Orthodontic Services Pre-Orthodontic Service Comprehensive Orthodontic Service | \$150 Copay \$1,500 Copay |
| Prosthodontics Dentures | \$200 Copay Per Arch |

*Note: This summary represents highlights for information purposes only. Please refer to your policy for complete details.

Voluntary Vision

Administered by Ameritas

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

| | Vision Plan | |
|--|-----------------------------------|----------------|
| | In-Network | Out-of-Network |
| Eye Exam once every 12 months | \$15 Copay | Up to \$52 |
| Materials Copay | \$15 Copay | \$15 Copay |
| LENSES — ONCE EVERY 12 MONTHS | | |
| Single Vision Lenses | Covered in Full | Up to \$55 |
| Bifocal Lenses | Covered in Full | Up to \$75 |
| Trifocal Lenses | Covered in Full | Up to \$95 |
| CONTACT LENSES BENEFITS | | |
| Medically Necessary | Covered in Full | Up to \$210 |
| Elective | Up to \$120 | Up to \$105 |
| FRAMES BENEFIT — ONCE EVERY 12 MONTHS | | |
| Frames | \$120 allowance then 20% discount | Up to \$45 |

*Note: This summary represents highlights for information purposes only. Please refer to your policy for complete details.



Employee Assistance Program

PRACTICAL RESOURCES FOR YOUR PERSONAL AND PROFESSIONAL WELLBEING

Personalized Counseling
Professional Growth
Stress Management
Children and Teens
Legal Consultation
Financial Success
Mental Health

Your Employee Assistance Program (EAP) connects employees and family members to mental health professionals, web-based resources, and referral services to support your personal and professional wellbeing.

Accessing your EAP is easy, confidential, and provided at no cost to you.

For questions or support call us at **1-800-726-0003** or text us at **208-336-4275**
M–Th: 8am–6pm, F: 8am–5pm (MST)
or begin online
www.bpahealth.com/EAP-home

Crisis counselors are available
24 hours a day.

BPAHealth.com/EAP-home



Health Savings Account (HSA)

When you enroll in the HSA 2000 plan you are allowed to open a Health Savings Account (HSA). This allows you to put money away tax-free through payroll deductions, let it accrue interest tax-free, and then use it for qualified medical, dental and vision expenses tax-free.

*Wendell School District will contribute \$151.20 to your HSA monthly.

What is an HSA?

An HSA is a savings account that you own and it is fully portable. Your HSA balance will roll over year after year, growing tax-free. You never lose your contributions to your HSA. Even if you change jobs, health plans, or retire, you keep your HSA. If enrolled in the HSA 2000 plan you are eligible to contribute to an HSA as long as you cannot be claimed as a dependent on someone else's tax return.

HSA's can be used to pay for eligible medical, dental and vision expenses for you, your spouse, and any family member who qualifies as a tax dependent (See IRS Publications 969 for a list of eligible expenses). This includes things like pre-deductible medical expenses and prescription costs.

Yearly HSA Contribution Limit

Individual HSA: \$3,850* for 2024 Family HSA: \$7,750* for 2024

*A \$1,000 additional catch up contribution is allowed if employee is age 55 or older.

Benefits of an HSA

- » Pay for qualified medical, dental and vision expenses with tax-free dollars
- » Keep your contributions year after year and watch your balance grow. There is no "use it or lose it" It's yours
- » Invest your balance over the threshold amount to grow your HSA further

You are ineligible to open a Health Savings Account:

- » When you are not enrolled in a High Deductible Health Plan
- » If you are covered by other Health Insurance
- » If you are enrolled in Medicare
- » If you are claimed as a dependent on someone else's tax return

Legal Notices

Women's Health & Cancer Rights Act

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

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: PPO (Individual: 15% coinsurance and \$350 deductible; Family: 15% coinsurance and \$950 deductible)

Plan 2: HSA (Individual: 30% coinsurance and \$2,000 deductible; Family: 30% coinsurance and \$4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at **208.536.2418** or kmessick@wendellschools.org.

Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 **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 **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, 2024. Contact your state for more information on eligibility.

| | |
|---|---|
| <p>ALABAMA – Medicaid http://myalhipp.com 855.692.5447</p> | <p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584</p> |
| <p>ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p> | <p>IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562</p> |
| <p>ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)</p> | <p>KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660</p> |
| <p>CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov</p> | <p>KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP@PROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms</p> |
| <p>COLORADO – Medicaid and CHIP Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpt/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442</p> | <p>LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p> |
| <p>FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268</p> | <p>MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711</p> |
| <p>GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2</p> | <p>MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| | <p>MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739</p> |

| |
|---|
| MISSOURI – Medicaid |
| http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005 |
| MONTANA – Medicaid |
| http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPProgram@mt.gov |
| NEBRASKA – Medicaid |
| http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178 |
| NEVADA – Medicaid |
| http://dhcnp.nv.gov 800.992.0900 |
| NEW HAMPSHIRE – Medicaid |
| https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218 |
| NEW JERSEY – Medicaid and CHIP |
| Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 |
| NEW YORK – Medicaid |
| https://www.health.ny.gov/health_care/medicaid/ 800.541.2831 |
| NORTH CAROLINA – Medicaid |
| https://dma.ncdhhs.gov 919.855.4100 |
| NORTH DAKOTA – Medicaid |
| https://www.hhs.nd.gov/healthcare 844.854.4825 |
| OKLAHOMA – Medicaid and CHIP |
| http://www.insureoklahoma.org 888.365.3742 |
| OREGON – Medicaid and CHIP |
| http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075 |
| PENNSYLVANIA – Medicaid and CHIP |
| https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437) |
| RHODE ISLAND – Medicaid and CHIP |
| http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line) |
| SOUTH CAROLINA – Medicaid |
| http://www.scdhhs.gov 888.549.0820 |
| SOUTH DAKOTA – Medicaid |
| http://dss.sd.gov 888.828.0059 |
| TEXAS – Medicaid |
| https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493 |

| |
|---|
| UTAH – Medicaid and CHIP |
| Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669 |
| VERMONT – Medicaid |
| Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427 |
| VIRGINIA – Medicaid and CHIP |
| https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924 |
| WASHINGTON – Medicaid |
| https://www.hca.wa.gov/ 800.562.3022 |
| WEST VIRGINIA – Medicaid and CHIP |
| https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447) |
| WISCONSIN – Medicaid and CHIP |
| https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002 |
| WYOMING – Medicaid |
| https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269 |

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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

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 ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Wendell School District No. 232 is committed to the privacy of your health information. The administrators of the Wendell School District No. 232 Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Krissy Messick - Business Manager at [208.536.2418](tel:208.536.2418) or kmessick@wendellschools.org.

HIPAA Special Enrollment Rights

Wendell School District No. 232 Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Wendell School District No. 232 Health Plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within “30 days” after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Krissy Messick - Business Manager at **208.536.2418** or **kmessick@wendellschools.org**.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Wendell School District No. 232 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 Wendell School District No. 232 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. Wendell School District No. 232 has determined that the prescription drug coverage offered by the medical 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 15 to December 7. 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 Wendell School District No. 232 coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Wendell School District No. 232 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 Wendell School District No. 232 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 Wendell School District No. 232 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 **800.MEDICARE (800.633.4227)**. TTY users should call **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 **800.772.1213 (TTY 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: September 01, 2024
Name of Entity/Sender: Wendell School District No. 232
Contact: Krissy Messick - Business Manager
Address: 150 E Main St Wendell, Idaho 83355-7701 United States
Phone Number: 208.536.2418

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This benefit guide prepared by



Gallagher

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