

# St. Martin Parish School Board



## Employee Benefits Guide for Retired Employees

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Plan Year July 1, 2018 – June 30, 2019



# Table of Contents

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This comprehensive benefit package is briefly summarized in this booklet, however for a full description on the benefit plan terms and conditions please refer to the summary plan description or certificates of coverage provided by the plan administrator or insurer for each respective benefit plan offered.

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# Benefits Overview

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St. Martin Parish School Board recognizes the importance of providing quality benefits at reasonable costs to all employees, and we have worked very hard in putting together an attractive package of benefit offerings to try to meet all of your needs.

**Group Medical Plan Coverage** – administered by UMR, utilizing Premium Choice Plus and UHC Choice Plus Provider Networks.

**Pharmacy Plan Coverage** – administered by Southern Scripts.

**Employer Paid Group Life Insurance** –St. Martin Parish School Board provides employees and retirees enrolled in the Medical plan with Life insurance equal to \$10,000 through Voya. (*age reductions apply*)

<u>2018 Health Plan Rates</u>	<u>Under 65</u>	<u>Age 65 and Over</u>
Employee Only Coverage	\$267.00	\$142.00
Employee + Spouse Coverage	\$502.00	\$319.00
Employee + Family Coverage	\$716.00	\$479.00

Rates Below apply when the Covered Retired Employee is Under Age 65 and the Covered Spouse and/or Family Members are Over Age 65

Employee + Spouse Coverage	\$380.00
Employee + Family Coverage	\$510.00

Rates Below apply when the Covered Retired Employee is Age 65 or Older and the Covered Spouse and/or Family Members are Under Age 65

Employee + Spouse Coverage	\$380.00
Employee + Family Coverage	\$510.00

# Important Information

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St. Martin Parish School Board acknowledges the importance of providing quality benefits to all employees. We are pleased to continue to offer a complete benefit package for all employees and their families. Below is the summary of all employee benefits plan changes:

## **UMR is the Health Insurance Claims Administrator**

### **QUALIFIED CHANGE IN STATUS INCLUDES:**

- Marriage
- Divorce
- Death of a spouse or dependent
- Loss or gain of dependent's eligibility
- Loss or gain of a spouse's / dependent's medical or dental coverage through another employer

The purpose of this Open Enrollment Guide is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.

## **ENROLLING IN BENEFITS**

**for further information regarding employee enrollment.**

**Employees may contact the Employee Benefits Helpline at (844) 656-1462 for your benefits questions, Monday - Friday, 7:30 am – 5:30 pm**

# Medical Plan Benefits

	Premium Choice Plus	UHC Choice Plus	Out of Network Provider
<b>Deductible</b>			
Individual	\$0	\$ 625	\$ 950
Family	\$0	\$1,875	\$2,700
<b>Maximum Out-Of-Pocket</b>			
Individual	\$ 900	\$1,800	\$ 3,800
Family	\$2,700	\$5,400	\$11,400
<b>Coinsurance</b>	0% 10% subject to selected services	20%	40%
<b>Office Visit</b>	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care</b>	\$25 Copay	\$25 Copay	\$30 Copay
<b>Emergency Room Copayment</b>	\$75 Copay	\$90 Copay	\$90 Copay
<b>Wellness/ Preventative</b>	\$0	\$0	N/A

*Certain services will pay at a different coinsurance level than level listed.  
Prior Authorization / Precertification is required on certain services*

# Medical Plan Rates

Coverage Tier	Under Age 65 or Over Age 65 without MCR primary coverage ** Retiree Pays	Over Age 65 or Under Age 65 with MCR primary coverage** Retiree Pays	Employer Pays
Retiree Only Coverage	\$267.00	\$142.00	\$511.00
Retiree + Spouse Coverage	\$502.00	\$319.00	\$511.00
Retiree + Family Coverage	\$716.00	\$479.00	\$511.00
	Rates Below apply when the Covered Retired Employee is Under Age 65 and the Covered Spouse and / or Family Members are <u>Over</u> Age 65	Rates Below apply when the Covered Retired Employee is Age 65 or Older and the Covered Spouse and / or Family Members are <u>Under</u> Age 65	
Retiree + Spouse Coverage	\$380.00	\$380.00	\$511.00
Retiree + Family Coverage	\$510.00	\$510.00	\$511.00

Employees may contact UMR at (800) 207-3172 for information on the medical plan. UMR is available to assist St. Martin Parish School Board health plan members for:

- Questions about the medical plan benefits
- Claims related issues
- ID cards replacement
- Provider network inquiries

# UMR On The Go

## We've gone mobile

*Access to your health benefits  
anywhere, anytime*



A UnitedHealthcare Company

As a UMR member, you can now access your benefit and claim information when you're "on the go" from your mobile device. Just use your mobile browser to log in using the same username and password that you use on our full site. What's even better — we've made it quick and easy! There's no app to download, nothing to install, no waiting.

### What's new

Find out about new tools and information to help you live a healthier life.

### Log in

Log in here to get instant access to all our mobile inquiry tools.

### Find a provider

Need to find a doctor fast? Access an alphabetical listing of network providers.

### View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

### Find a provider

Find an in-network provider while you are "on the go".

### Simplified navigation

- Home – Return to the main menu.
- Menu – Display the menu.
- Gear – Log out or learn more about UMR and our mobile site.

### Need help?

Click the question mark any time you are confused about a term or benefit and get an explanation.

### Look up claims

Look up a claim for yourself or an authorized dependent.

### Check your benefits

View medical and/or dental benefits, as well as persons covered.

### Access account balances

Look up balances for your HRA and flex accounts.

**Note:** The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and/or company benefits.

# Key Terms

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## *Terms to Know*

### Preventive Care

- In-network preventive care is covered at 100% without cost share. Preventive Care may include routine annual physicals, OB/GYN exams, scheduled child immunizations, routine tests.

### Copays

- Office visits copays cover the expense of your office visit, excluding any additional services such as lab work, x-ray and more.

### Coinsurance

- Once you meet your deductible, the plan pays a certain percentage of the claim. The percentage will depend on which plan you are enrolled in and where the services are provided.

### Out-of-pocket Maximums

- This is the maximum amount per year that you and your family may pay out in a plan year before the plan pays 100% of eligible claims.

### Deductible

- This is the amount you pay for covered health care services before your plan starts to pay.





# Prescription Drug Benefits

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Member pays the additional cost the Plan would incur if the Member elects to purchase a Brand Name Drug when a generic is available. If prescriber certifies a Brand Name Drug is medically necessary when a Generic Drug is available, the member does not pay the additional cost. Employees may contact Southern Scripts at (800) 710-9341 for information on the drug plan.

## Premium Choice Plus

### **Southern Scripts Premium Choice Plus Pharmacy Network**

#### **Calendar Year Deductible**

No Deductible applied to generic and brand medications at participating Premium Choice Plus Pharmacy Providers only. Standard Deductible applies on Specialty Drugs.

#### **Premium Choice Plus Preferred Generic Drugs**

Copayment .....\$0\*

*\*Copayment reduced for Premium Choice Plus Generic Drugs at restricted quantities at participating Premium Choice Plus Pharmacy Providers only.*

#### **Premium Choice Plus Generic Drugs**

Copayment ..... \$10\*

*\*Copayment reduced for First Choice Generic Drugs at participating Premium Choice Plus Pharmacy Providers only.*

#### **Formulary Brand Drugs and Compounds**

Copayment.....\$35

#### **Non-Formulary Brand Drugs**

Copayment.....\$50

## **Southern Scripts National Pharmacy Network**

**Calendar Year Deductible** Individual.....\$100

Family.....\$300

*Deductible waived for Covered Vaccines. When the maximum amount shown in the Schedule of Benefits has been incurred by members of a Family Unit toward their Calendar Year deductibles, the deductibles of all members of that Family Unit will be considered satisfied for that year.*

#### **Generic Drugs**

Copayment.....\$15

*Deductible waived for Generic Medications*

#### **Formulary Brand Drugs and Compounds**

Copayment.....\$40

#### **Non-Formulary Brand Drugs**

Copayment.....\$55

# Life Benefits

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## Group LIFE INSURANCE – Paid By SMPSB

**St Martin Parish School Board** provides active employees enrolled in the Group Health Plan with Life insurance equal to \$10,000 through Voya.

**Employee** – If you are an active employee enrolled in the Group Health Plan.

Benefit Amount – \$10,000

Group Life Benefit Reduction Schedule: Providing you are still employed and enrolled in the Group Health Plan, your benefits will reduce to \$7,500 at age 65 and \$5,000 at age 70.

**Your Spouse** - Up to age 70 is eligible if your spouse is enrolled in Group Health Plan.

Benefit Amount – \$3,000

**Your Unmarried, Dependent Children** — A child 10 days up to age 26 years old if dependent is enrolled in Group Health Plan.

Benefit Amount – \$1,500

# Important Notices

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## **HIPAA Special Enrollment Rights**

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.

To request special enrollment or obtain more information, contact plan administrator

## **HIPAA Privacy Notice - Protecting Your Health Information Privacy Rights**

Saint Martin Parish School Board is committed to the privacy of your health information. The administrators of the Saint Martin Parish School Board insurance 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 your plan administrator.

## **Women's Health and Cancer Rights Act Initial Notification**

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 states 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 physician 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, your deductible and coinsurance apply as according to your employer-sponsored medical insurance plan.

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

## **Important Notice from Saint Martin Parish School Board 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 Saint Martin Parish School Board 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. Saint Martin Parish School Board has determined that the prescription drug coverage offered by the [Insert Name of 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 to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Saint Martin Parish School Board coverage will/will not be affected. See plan SPD for more information about your prescription drug coverage provisions/options.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will/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 Saint Martin Parish School Board 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 Saint Martin Parish School Board changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage:**

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at

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).

[www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Date:** 7/1/2018

**Name of Entity/Sender:** Saint Martin Parish School Board

**Contact:** Casey Broussard

**Phone Number:** 337-332-2105

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.

### **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 855.692.5447	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 800.635.2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a>  Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>ALASKA – Medicaid</b>	<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 888.695.2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">www.nyhealth.gov/health_care/medicaid/</a> Phone: 800.541.2831
<b>ARKANSAS – Medicaid</b>	<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 800.442.6003      TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">www.ncdhhs.gov/dma</a> Phone: 919.855.4100
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a> Phone: 800.462.1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 844.854.4825
<b>FLORIDA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.flmedicaidprecovery.com/hipp/">www.flmedicaidprecovery.com/hipp/</a> Phone: 877.357.3268	Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a> Phone: 888.365.3742
<b>GEORGIA – Medicaid</b>	<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573.751.2005	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>INDIANA – Medicaid</b>	<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 800.694.3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>IOWA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 888.346.9562	Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401.462.5300
<b>KANSAS – Medicaid</b>	<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">www.kdheks.gov/hcf/</a> Phone: 785.296.3512	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">www.scdhhs.gov</a> Phone: 888.549.0820
	<b>NEW HAMPSHIRE – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>

	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603.271.5218	Website: http://dss.sd.gov Phone: 888.828.0059
TEXAS – Medicaid	VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: www.gethipptexas.com/ Phone: 800.440.0493	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800.362.3002
UTAH – Medicaid and CHIP	WASHINGTON – Medicaid	WYOMING – Medicaid
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	Website: https://wyequalitycare.acs-inc.com/ Phone: 307.777.7531
VERMONT – Medicaid	WEST VIRGINIA – Medicaid	
Website: www.greenmountaincare.org/ Phone: 800.250.8427	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 877.598.5820, HMS Third-Party Liability	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor: Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services: Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

## Wellness Program Notice of Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Wellness Program – Health Risk Assessments

In answering the questions on your Health Risk Assessment, you should not include genetic information. That is, please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic disease for which you believe you may be at risk.



## Grandfathered Health Plans

This St. Martin Parish School Board believes this group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Saint Martin Parish School Board may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at St. Martin Parish School Board, Casey Broussard, 337-332-2105. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

### **Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan For Plan Years Beginning On or After September 23, 2010**

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Martin Parish School Board has elected to exempt this group health plan from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the current Plan year. The election may be renewed for subsequent plan years.



**Saint Martin Parish School Board**

**Po. Box 1000**

**Breaux Bridge, LA 70517**

**337-332-2105**