



EMPLOYEE **BENEFITS** GUIDE 2024



Welcome to your 2024 Employee Benefits!

North Montgomery School recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your Human Resources Department.

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The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

For additional questions or comments about our programs, please contact your Human Resource Department

North Montgomery Community School Corporation

480 West 580 North, Crawfordsville, IN 47933-7306

Phone: (765) 359-2112 Fax: (765) 359-2111 www.nm.k12.in.us

Dear North Montgomery Employees:

North Montgomery has an outstanding, well-trained workforce. One reason for this is the dedication that our employees have shown to the district, and ultimately to our students and staff. Another reason is the care we have taken over the years to meet the changing needs of employees and their families regarding employee benefits.

I am pleased with the benefit package we offer to North employees. It is an important part of the total compensation package that the district is able to provide in a very competitive market.

We credit the success of our schools to our great assets, YOU. We are continuing to focus on preventative health and providing a \$600 incentive for those insured by our health plan to be paid within 60 days of completing your wellness checkup by December 31, 2024. *This includes spouses covered by our plan.*

Many of us think we are healthy and do not utilize the free in-network prevention available in a health plan. Developing a relationship with a physician is important not only to obtain a baseline for your numbers but identifying risks as you age. As long as your physician office(s) codes your visit as *preventative or wellness* and you see an in-network physician, there are NO out of pocket costs to you!

It is my hope that you embrace this culture and reap the personal rewards of our wellness programs.

Sincerely,

Dr. Colleen Moran

Colleen Moran, Superintendent

Helping today's students find their **TRUE NORTH** for a better tomorrow!

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Michael Shepherd, Vice President

Jarrod Zachary, Secretary

Darrin Bechtel

Gary Bohlander

Karin Odle

Teresa Hatke

Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

Carriers	Website	Phone
Medical		
Unified Group Services	www.unifiedgrp.com	1.800.291.5837
Health Savings Account		
Hoosier Heartland State Bank	www.myhhsb.com	1.866.372.4397
Dental		
Unified Group Services	www.unifiedgrp.com	1.800.291.5837
Basic Life and AD&D		
Reliance Standard	www.reliancestandard.com	1.800.351.7500
Long Term Disability		
Reliance Standard	www.reliancestandard.com	1.800.351.7500
Supplemental Benefits		
American Fidelity Brian Fine	www.americanfidelity.com brian.fine@americanfidelity.com	1.800.638.4268
Flexible Spending Account		
American Fidelity Brian Fine	www.americanfidelity.com brian.fine@americanfidelity.com	1.800.638.4268



Eligibility

North Montgomery School shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

Who is eligible for Benefits?

- New employees working at least 30 hours per week are eligible to receive contributions towards premiums from North Montgomery Schools. Benefits begin on the first day of your employment and terminate on the last day of employment.

Eligible Dependents

- A spouse whom you are legally married
- A dependent child under the age of 26. Coverage terminates at the end of the month of the dependents 26th birthday

Coverage for eligible dependents generally begins on the same day your coverage is effective.



Benefit Change in Status

North Montgomery School sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay for some or all of those benefits with pre-tax dollars.

Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. With the exception of HSA contribution elections, you will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event. Examples of qualifying events that may entitle you to make a mid-year change in your election during a Plan Year, include:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare

Employers do not have to permit any exceptions to the election irrevocability rule for cafeteria plans. Please consult your Plan Administrator for the specific qualifying events permitted by your plan.



You must notify your Human Resources Department within 30 days from the Status Change in order to make a change in your benefit selections.



Health Benefits

All full-time employees working at least 30 hours per week are eligible to elect Medical Coverage. If you work 30 hours, you are eligible to receive contributions toward premiums from North Montgomery Schools. Your benefits are effective on the 1st day of your employment and terminate on the last day of employment.

You will have the opportunity to choose from 2 different medical options through Unified Group Services.

Orange Plan (formerly Plan C)		
	In Network (Cigna)	Out of Network
Deductible (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000
Out of Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000
Physician Office Visits <i>Primary Care / Specialist</i>	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Preventive Care	No Deductible, Paid at 100%	After Deductible, Paid at 60%
Emergency Room Services @ Hospital	After Deductible, Paid at 100%	After Deductible, Paid at 100%
Urgent Care Copay	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Inpatient & Outpatient Professional Services	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Outpatient Surgery Hospital / Alternative Care Facility	After Deductible, Paid at 100%	After Deductible, Paid at 60%

Deductibles(s) apply only to covered medical services listed with a percentage (%) coinsurance.

*Preventive Care Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams.

Prescription Coverage

At In-Network Pharmacies After Deductible paid at 100% less Rx Discount

Mail Order After Deductible paid at 100% less Rx Discount



Health Benefits



Blue Plan (formerly Plan D)		
	In Network (Cigna)	Out of Network
Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,500 / \$11,000
Out of Pocket Maximum (Individual / Family)	\$5,500 / \$11,000	\$11,000 / \$22,000
Physician Office Visits <i>Primary Care / Specialist</i>	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Preventive Care	No Deductible, Paid at 100%	After Deductible, Paid at 60%
Emergency Room Services @ Hospital	After Deductible, Paid at 100%	After Deductible, Paid at 100%
Urgent Care Copay	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Inpatient & Outpatient Professional Services	After Deductible, Paid at 100%	After Deductible, Paid at 60%
Outpatient Surgery Hospital / Alternative Care Facility	After Deductible, Paid at 100%	After Deductible, Paid at 60%

Deductibles(s) apply only to covered medical services listed with a percentage (%) coinsurance.

**Preventive Care Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams.*

Prescription Coverage

At In-Network Pharmacies After Deductible paid at 100% less Rx Discount

Mail Order After Deductible paid at 100% less Rx Discount



SERVING CRAWFORDSVILLE

Why choose the Health Center?

Your Health Center offers all the same services you would find at a family practice in the community.

Come see us for:

- Basic episodic care (flu, colds, aches, pains)
- Preventive care (physicals, health coaching, immunizations)
- Disease management (diabetes, asthma, heart disease)
- Care management
- Labs & onsite medication dispensing
- Wellness consulting
- Musculoskeletal specialty care

....And that's just the beginning.

In addition to personalized, comprehensive care, there are many more benefits to visiting your Health Center:

- **It's free.** You will never pay out of pocket, no matter how often you visit or how many services you receive.
- **It's efficient.** Your time at the Health Center will be spent on what matters – your health. Expect shorter wait times and more time with your provider.
- **It's for your family.** Your spouse and dependents can also take full advantage of the Health Center for no out of pocket cost.

Schedule an appointment and let us serve you!

Crawfordsville Health Center

1615 US Hwy 231 S, Crawfordsville, IN 47933

Phone: 765.323.4689 **Fax:** 833.638.0111

Website: www.proactive.md





Health Coaching

You don't have to do it alone.

We are here to support you in making healthy changes. Ask your Proactive MD care team about scheduling an appointment today!

YOUR HEALTH COACH IS
Cole Nickle

proactive md Care without compromise™

Phone: 765.323.4689
Email: cnickle@proactive.md
www.proactive.md | [f](#) [t](#) [in](#) [@](#)

Healthcare Bluebook



Are you overpaying for healthcare? You don't have to.

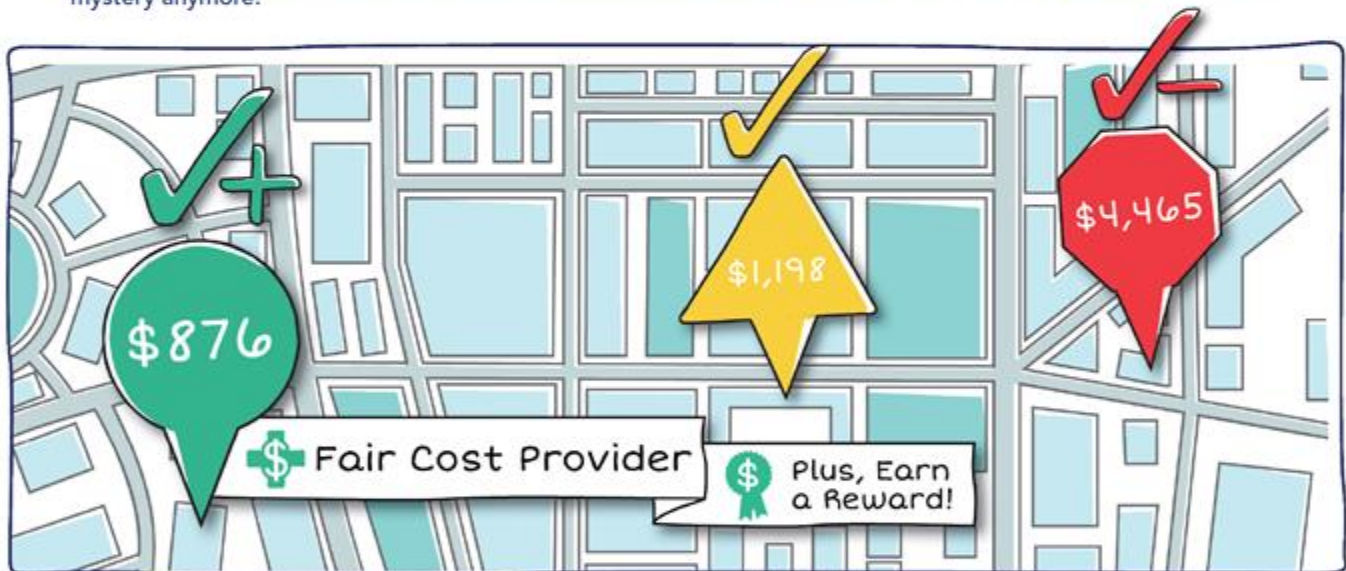


With Healthcare Bluebook you can find high-quality healthcare at a **Fair Price** quickly and easily.

DID YOU KNOW the price of a medical procedure from one facility to another can be different by hundreds or even thousands of dollars? It's true. Now you have the power to see these price differences and choose where you go for your medical procedures. PLUS, we'll show you quality ratings for inpatient procedures.

In addition, visiting **Fair Price** facilities for certain procedures could earn you a **reward**!

In just minutes you can search, find, and save on medical costs and find high-quality care. It doesn't have to be a mystery anymore.



✓+ Highest Quality

✓ Average Quality

✓- Lowest Quality

● At or Below **FAIR PRICE**

▲ Slightly Above **FAIR PRICE**

● Highest Price



Check It Out:
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800-608-6680

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the App:



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Healthcare Bluebook



Saving is Easy!

Just follow the steps below:

1 Log on to and bookmark:
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2 Search for your Procedure

3 See the Fair Price
& Quality Ratings

4 Select a Fair Price Facility

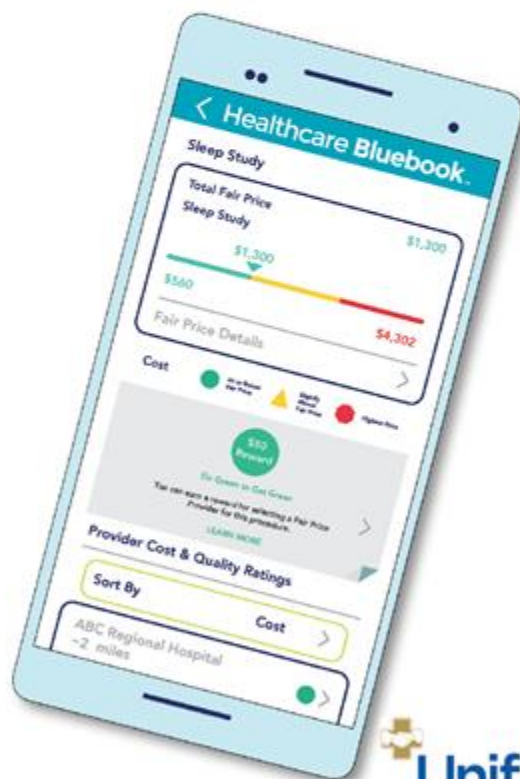
5 Save Money
& Earn Rewards (when available)

**Just ask your doctor to refer you
To a FAIR PRICE facility.**

Always check network status before scheduling.

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the Apple App Store or Google Play.



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800-608-6680**

Download
the App:



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DON'T PUT YOUR HEALTH ON HOLD

Earn \$600 for Preventive Care!

Preventive Care with an Incentive

North Montgomery cares about your health and recognizes the importance of preventive care to help you stay on top of your health.

By taking part in the Proactive MD Wellness voluntary incentive program, you will have the opportunity to complete a preventive health screening that includes fasting labs and a visit with your provider.

A Snapshot of your Health

Health screenings help you stay aware of your health status; they can reveal health issues you are currently at risk for and allow your care team to take preventive measures to keep you healthy. It keeps you in communication with your provider as the two of you navigate your results and create a personalized plan to prioritize your health.

Managing Care Comes With an Advantage

You are eligible to receive \$600 just by participating in the Proactive MD Wellness program. To qualify for the incentive, all steps must be completed by 12/31/23. Employees and spouses who are on the NMCSC insurance plan are able to participate in the program. Incentives are paid out on a rolling basis. The earlier you submit your packet, the earlier you get paid!



Step 1: Have a fasting lab blood draw and biometric measurements taken consisting of some of the most common measurements: glucose, cholesterol, and more.



Step 2: Follow up on your results with a provider.



Step 3: If you are completing your screening with your Primary Care Provider outside of the Crawfordsville Health and Wellness Center, please submit your completed screening sheet to nmontgomeryschoolswellness@proactive.md.

Your Privacy Is Important

North Montgomery Schools will not have access to any of your Private Health Information (PHI) through this program.

Schedule Your Appointment Today

Call the Crawfordsville Health and Wellness Center at **765.323.4689** to make your appointment



proactive **md**

Health Savings Accounts

HIGH DEDUCTIBLE HEALTH PLANS

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

A HDHP is a plan with a certain annual deductible amount and a maximum out-of-pocket limit as listed below:

- In-Network Deductible: **Orange Plan** - \$4,000 Single/\$8,000 Family **Blue Plan** - \$5,500 Single/\$11,000 Family
- In-Network Out-of-Pocket Maximum: **Orange Plan** - \$4,000 Single /\$8,000 Family **Blue Plan** - \$5,500 Single /\$11,000 Family Out-of-Pocket Max includes the Deductible)

Sometimes referred to as consumer-driven health insurance, a HDHP still covers you for catastrophic illness and injury—what health insurance was originally intended to do.

Office visits and prescription drugs are subject to the deductible. This means you pay a Cigna negotiated discount price instead of a fixed co-pay until you reach your deductible.

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA) AND HOW DOES IT WORK?

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings and your future.

It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses including medical, prescription drugs, dental, vision, certain premium expenses like COBRA and Medicare premiums, etc., both today and in the future.

The 2024 maximum annual contribution to an HSA is \$4,150 for single coverage and \$8,300 for family coverage. The IRS determines the contribution maximums annually. For employees age 55 or older, there is an opportunity for an additional \$1,000 contribution catch up.

ADVANTAGES OF AN HSA

- Money you put into your account is deducted pretax therefore reducing your taxable income.
- Money that stays in your account earns tax-free interest.
- Money you pay from your account to pay for your qualified healthcare expenses is not taxed.
- Money rolls over from year-to-year – no “use it or lose it” restriction.

WHO IS ELIGIBLE FOR AN HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered by any other plan that is not a qualified HDHP, with certain exceptions.
- You cannot be enrolled in Medicare or receiving Social Security.
- You cannot be claimed on another person’s tax return.
- You have not received VA medical benefits at any time over the past three months.

BASIC BENEFITS OF THE HIGH DEDUCTIBLE HEALTH PLAN

- Visits to any doctor or facility for covered service, just as usual.
- Your plan includes deductibles, coinsurance and a limit on what you pay out-of-pocket.
- Annual routine preventive care services are included in your plan. You generally do not pay for these services; not even an office visit co-pay.
- Certain Preventive Prescriptions are also included. On these the deductible is waived and you only pay the coinsurance.

WHEN DO I USE MY HSA?

After visiting a physician, facility, or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense. In addition, HSA dollars are available to pay for dental, vision and other expenses as well.

HOW DOES THE HDHP DEDUCTIBLE WORK?

Under the HDHP, your annual deductible and out-of-pocket maximum includes both medical and pharmacy expenses. All expenses are your responsibility until the deductible is reached (except qualified preventive care).

For single coverage, your annual deductible for the **Orange Plan** is \$4,000 per covered person per year. For family coverage, the annual deductible is \$8,000 per calendar year for all covered persons in a family.

The **Blue Plan** is \$5,500 per covered person per year. For family coverage, the annual deductible is \$11,000 per calendar year for all covered persons in a family.

Health Savings Accounts

HOW DOES THE HDHP WORK IF I GO OUT-OF-NETWORK?

Out-of-network coverage is covered in the same manner as it is today under your current PPO plans. You must satisfy the out-of-network deductible then expenses are covered at the out-of-network coinsurance level of 60 percent.

CAN INELIGIBLE EXPENSES BE REIMBURSED FROM AN HSA?

Ineligible disbursements from an HSA are subject to a 20 percent penalty. Neither the trustee, bank, insurance company nor NMCSC are required to determine if a claim submitted for reimbursement is a qualifying medical expense.

The employee is responsible to include the amount withdrawn from an HSA for a non-qualifying medical expense is added to the account beneficiary's income and subject to a 20 percent penalty. Where funds are distributed as a result of the account beneficiary's death, disability, or after he or she is eligible for Medicare, the 20 percent penalty does not apply.

WHY SHOULD I ELECT AN HSA?

Cost savings

- Tax Benefits
 - ✓ HSA contributions are excluded from federal income tax
 - ✓ Interest earnings are tax-deferred
 - ✓ Withdrawals for eligible expenses are exempt from federal income tax
- Unused money is held in an interest-bearing savings or investment account
- Lower employee contribution

Long-Term Financial Benefits

- Save for future medical expenses
- Funds roll over year to year
- This is your account, you take it with you if your employment at NMCSC ends

Choice

- You control and manage your healthcare expenses.
- You choose when to use your HSA dollars to pay for your healthcare expenses.
- You choose when to save your HSA dollars and pay healthcare expenses out of pocket.

WHO WILL ADMINISTER THE HSA?

Hoosier Heartland State Bank (HHSB) administers the HSA bank accounts for North Montgomery employees that are enrolled in the qualified High Deductible Health Plan. For more information on setting up and maintaining your HSA account go to www.myhhsb.com or call 1.866.372.4397

WHERE CAN I FIND MORE INFORMATION ON HSA'S?

To view statute, technical guidance and other customer friendly information released by the U.S. Department of Treasury, please visit:

<http://www.treas.gov/offices/public-affairs/hsa/>.



Health Savings Accounts

Employees electing the High Deductible Health Plan (HDHP) for 2024 can contribute up to \$4,150 (single) or \$8,300 (family) in a Health Savings Account (HSA). Your account is owned by you and is funded with tax-exempt dollars to help pay for eligible medical expenses not covered by your insurance plan (deductibles, co-insurance). **There are no monthly or annual fees required to maintain this account.**

Every employee that is participating in the High Deductible Health Plan and is eligible can open a Health Savings Account (HSA). Once your Health Savings Account is opened, you will receive a bank card or checks if you choose, to use when paying for qualified medical expenses. Contributions to the Health Savings Account are made by payroll deduction.

A Health Savings Account...

- An alternative to traditional health insurance.
- A savings product that offers a different way for consumers to pay for their health care.
- Enables you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
- Can only be utilized with a HDHP (High-Deductible Health Plan).
- Allows you to be in control of your medical expenses.
- Unused funds can be “rolled over” from year to year tax free. If you leave North Montgomery Schools your HSA account goes with you.

Why a Health Savings Account (HSA) May Be an Excellent Choice for You:

- It saves you money – 73% of the population spends \$500 or less on healthcare-related expenses. An HSA is paired with an HDHP (high-deductible health plan), which has a much lower premium than a traditional health plan.
- It's portable – You take it with you from job to job.
- It's a tax saver – Contributions are made with pre-tax dollars.
- It allows for an improved retirement account – rollover of funds accumulate tax-free, as does the interest. Plus, those ages 55 and older can make additional \$1,000 “catch-up” contribution.
- It puts money in your pocket – You never lose unused funds; they always roll over to the next year.

HOW DOES THE HSA WORK?

Once your Health Savings Account is opened, you will receive a bank card that will allow you to pay for qualified medical expenses. If you want checks you may also request them but there is a nominal fee required.

When visiting a physician, hospital, or other facility:

- When arriving for your appointment, provide them with your USG card.
- After your visit, your claim will be submitted to USG for processing.
- After the health care provider has received notification from USG that the claim has been processed, you will receive a billing statement outlining the balance you are responsible for.
- You then use your bank card to pay for these expenses.

When going to the Pharmacy:

- When picking up your medication, provide them with your USG insurance card.
- The pharmacy will run it through their system and provide you with a balance due.
- You then use your bank card to pay for these expenses at that time.

Voluntary Dental Insurance

All full-time employees working at least 30 hours per week are eligible to elect Dental Coverage. If you work at least 30 hours, you are eligible to receive contributions toward premiums from North Montgomery Schools. Your benefits are effective on the 1st day of your employment and terminate on the last day of employment.

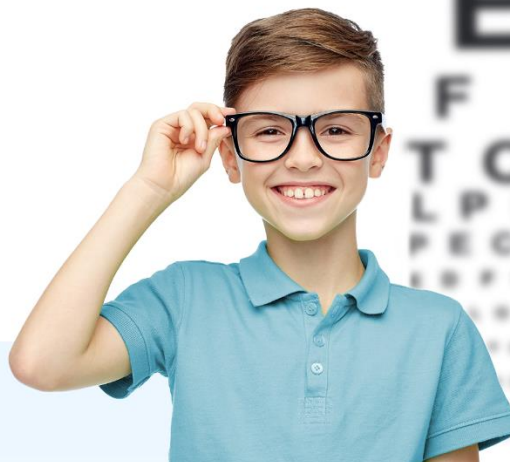
Dental coverage is through Unified Group Services. To locate a dental provider or for more information visit: www.unifiedgrp.com. Network is Cigna Dental, however, you are not required to use in-network providers

In Network	
Deductible (single/ Family)	\$0
Maximum Benefit	\$2,000 Per Person
Preventive Services	
Cleanings	
Oral Exams	
Bitewing X-rays	100%
Fluoride Treatments	
Sealants	
Basic Services	
Space Maintainers	
Fillings	80%
Full mouth X-rays (1 per 60 months)	
Pain Treatment	
Major Services	
Anesthesia	
Endodontics	
Periodontics	50%
Simple & Surgical Extractions	
Oral Surgery	
Bridges, Dentures, Crowns, Inlays, Onlays & Implants	
Orthodontic Services	50%
(dependent children to the end of the month in which they turn 19)	
Orthodontia Lifetime Maximum	\$2,000

Voluntary Vision Insurance

Exam – 100% of \$120 exam max benefit per calendar year

Materials – 100% of \$160 materials max benefit per Calendar Year. Combined covered expenses include but are not limited to lenses, frames, contacts, tinting, photograying and hardening of lenses.



Basic Life and AD&D (*Employer Paid*)

You are eligible for Basic Life coverage if you are a full time employee working at least 30 hours per week. Your benefits are effective on the 1st day of your employment and terminate on the last day of employment.

Employer Paid Basic Life & AD&D Insurance

The Company provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance. Benefits amounts are based on job classification. Please see your Human Resources department for more information

Age Reduction Schedule	65% at age 65
	40% at age 70
	20% at age 75
Additional Benefits	Accelerated Death Benefit
	Waiver of premium

Long Term Disability (*Employer Paid*)

You are eligible for Long Term Disability coverage if you are a full time employee working at least 30 hours per week. Your benefits are effective on the 1st day of your employment and terminate on the last day of employment.

Long-term Disability	
When am I covered?	Off the job
Benefit Amount	66 2/3% of earnings
Maximum Monthly Benefit	\$5,000
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age (SSNRA)



American Fidelity Voluntary Products

North Montgomery Community School Corporation



Plan for tomorrow, today.

Everyone knows health insurance doesn't pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

Get help with your options. Stop by and see an American Fidelity account manager.



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance

- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance

americanfidelity.com/info/critical-illness

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Each year, about **2.8 million children** between the ages of 5 and 14 are treated for sports and recreational-related injuries.

National Safety Council, Injury Facts; 2019 Web.



Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

americanfidelity.com/info/hospital-indemnity



Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

americanfidelity.com/info/life



Dependent Care Accounts

- allow you to repay yourself for eligible dependent care costs incurred during the plan year
- let you withhold your money from your paycheck, pre-tax, reducing your overall tax burden

americanfidelity.com/info/fsa



Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options.

This video library includes enrollment tips, insurance information, stories, and support options.

americanfidelity.com/videos

24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.



Get Started

Register at americanfidelity.com/register or download AFmobile and select the New User link.

Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.



Flexible Spending Accounts

An Easy Way to Pay for Expenses

Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?

Look at the example below. Jane makes \$4,000 per paycheck and is paid monthly. Under a Section 125 Plan, she would save \$82.96 a month. That's a savings of \$995.52 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

Earnings & Hours	Without 125	With 125	 A savings of \$995.52 a year
<i>Gross Pay</i>	\$4,000	\$4,000	
Health Insurance	-\$300	-\$300	
Health FSA Contribution	N/A	-\$300	
<i>Taxable Income</i>	\$3,700	\$3,400	
Taxes (Federal & State @ 20%)	-\$740	-\$680	
Less Estimated FICA (7.65%)	-\$283.05	-\$260.10	
Out-of-Pocket Medical Expenses	-\$300	N/A	
<i>Take Home Pay</i>	\$2,376.95	\$2,459.90	

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Flexible Spending Accounts

Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/fsa



To calculate medical costs that may not be covered by insurance, visit americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Eye exam/eyeglasses
- Physical therapy
- Chiropractic care
- Fertility treatments
- Prescriptions
- Contact lenses
- Laser eye surgery
- Prenatal care
- Copays
- Over-the-counter bandages
- Sunscreen with 15 SPF or higher
- Dental services
- Physical exams
- Walkers/wheelchairs

americanfidelity.com/eligible-expenses

Employee Payroll Deductions

Comparison of Premium Renewal Options Available for 2024

COVERAGE:	\$ Amount Paid by Sch Corp towards Eligible Employee's Premium Per Yr	H.S.A. Plan - Orange Deductible \$4,000/person \$8,000/family			H.S.A. Plan- Blue Deductible \$5,500/person \$11,000/family		
		26-pay Per Pay	Total Premium/yr	Employee Pays / Yr	26-pay Per Pay	Total Premium/yr	Employee Pays / Yr
Medical							
EMP	6,700.00	147.31	10,530.00	3,830.00	59.62	8,250.00	1,550.00
EMP + CH	8,535.00	315.77	16,745.00	8,210.00	260.19	15,300.00	6,765.00
EMP + SP	8,535.00	372.31	18,215.00	9,680.00	302.50	16,400.00	7,865.00
FAM	11,820.00	414.62	22,600.00	10,780.00	363.27	21,265.00	9,445.00
DBL FAM	13,320.00	356.92	22,600.00	9,280.00	305.58	21,265.00	7,945.00
Dental							
EMP	200.00	12.88	535.00	335.00	12.88	535.00	335.00
EMP + CH	400.00	19.62	910.00	510.00	19.62	910.00	510.00
EMP + SP	400.00	24.62	1,040.00	640.00	24.62	1,040.00	640.00
FAM/DBL FAM	600.00	31.73	1,425.00	825.00	31.73	1,425.00	825.00
Vision							
EMP	25.00	2.12	80.00	55.00	2.12	80.00	55.00
EMP + CH	25.00	3.27	110.00	85.00	3.27	110.00	85.00
EMP + SP	25.00	3.85	125.00	100.00	3.85	125.00	100.00
FAM/DBL FAM	25.00	5.77	175.00	150.00	5.77	175.00	150.00
Combination Med/Den/Vsn:							
EMP	6,925.00	162.31	11,145.00	4,220.00	74.62	8,865.00	1,940.00
EMP + CH	8,960.00	338.65	17,765.00	8,805.00	283.08	16,320.00	7,360.00
EMP + SP	8,960.00	400.77	19,380.00	10,420.00	330.96	17,565.00	8,605.00
FAM	12,445.00	452.12	24,200.00	11,755.00	400.77	22,865.00	10,420.00
DBL FAM	13,945.00	394.42	24,200.00	10,255.00	343.08	22,865.00	8,920.00

Note:

Open Enrollment must be completed by October 31, 2023.

The premium rates listed above will go into effect January 1, 2024.

DBL FAM for families that both spouses work for NMSCS.

Individuals who are 100% self-pay or retired will be responsible to pay the total premium amount.

When comparing premiums remember that if you are paying with pre-tax dollars you are saving approximately 25%. (the exact tax savings will vary depending on each persons tax situation).

Compliance Notices



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

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 Jim McBee, Director of Business & Transportation.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name North Montgomery Community School Corporation		4. Employer Identification Number (EIN) 35-1118169	
5. Employer address 480 W 580 N		6. Employer phone number 765-359-2112 ext. 130	
7. City Crawfordsville		8. State IN	9. ZIP code 47933
10. Who can we contact about employee health coverage at this job? Jim McBee			
11. Phone number (if different from above)		12. Email address jmcbee@nm.k12.in.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full time working 30 or more hours per week

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse or dependent children to age 26. Includes stepchild, adopted child, or child placed for adoption or legal guardianship. This includes a child for whom health coverage is required through a QMCSO.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/de-fault.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO –Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI) <https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program>
HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.in.gov/Medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/Medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPI_PROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.Medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <http://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcpf.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medica/serv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/pages/medical-hipp-program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <http://www.coverva.org/hipp>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/pr-ograms-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022 or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid
www.cms.hhs.gov
1.877.267.2323. Menu Option 4. Ext.61565

Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. 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 provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits

Women's Preventive Health Benefits

- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of

employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit dol.gov/ebsa/healthreform.

Currently, as a result of the 2017 Tax Cuts and Jobs Act, as of 2019, the Federal Penalty for individuals that do not have (or maintain) health insurance coverage for themselves, their spouse and children was reduced to \$0. However, several states have implemented an ACA-like individual mandate penalty. If you are considering not having health coverage, please contact your tax advisor about any potential penalties/fines in your state.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income); subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plan meets or exceeds the minimum coverage requirements set by PPACA. If you are eligible for our plan, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, your payments for coverage will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-based-coverage/>)

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: healthcare.gov).

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit healthcare.gov or call 800-318-2596.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit dol.gov/ebsa/healthreform.

Currently, as a result of the 2017 Tax Cuts and Jobs Act, as of 2019, the Federal Penalty for individuals that do not have (or maintain) health insurance coverage for themselves, their spouse and children was reduced to \$0. However, several states have implemented an ACA-like-individual mandate penalty. If you are considering not having health coverage, please contact your tax advisor about any potential penalties/fines in your state.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income); subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plan meets or exceeds the minimum coverage requirements set by PPACA. If you are eligible for our plan, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, your payments for coverage will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-based-coverage/>)

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: [healthcare.gov](https://www.healthcare.gov)).

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit [healthcare.gov](https://www.healthcare.gov) or call 800-318-2596.



NOTICE REGARDING WELLNESS PROGRAM

Healthy Directions is a voluntary wellness program available to all plan members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will be asked to complete a biometric screening, which will include a blood test that identifies biometric measures such as your cholesterol, glucose and triglyceride levels. You are not required to participate in the blood test or other medical examinations.

However, plan members who choose to participate in the wellness program will receive a \$600 incentive on a rolling basis. This is taxable. Although you are not required to participate in the biometric screening, only employees who do so will receive the payroll differential.

Confidentiality of Information

The wellness program and your employer listed below are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Directions will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. No one except the third party wellness program administrator for the wellness program will receive your personally identifiable health information. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, your employer will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact North Montgomery Schools Human Resources.