2024 - 2025

EMPLOYEE BENEFITS GUIDE

Jamestown
PUBLIC SCHOOLS

WHAT'S INSIDE

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IMPORTANT CONTACTS

Medical Blue Cross Blue Shield of ND 1-844-363-8457 www.bcbsnd.com	**Near-Site Clinic** Medallus Medical 701-368-4380 www.jamestownurgentcare.com
Dental Sun Life 1-800-786-5433 www.sunlife.com	**Vision** Sun Life - VSP Choice Network 1-800-786-5433 www.sunlife.com
Employee Assistance Program (EAP) Village EAP 1-800-627-8220 www.villageEAP.com Password: VillageEAP	**Life Insurance/LTD** Lincoln Financial 1-800-423-2765 www.lfg.com
Voluntary Worksite Benefits Aflac Aflac HQ: 1-800-922-4909 Claims Fax: 1-877-442-3522 www.aflac.com	**Aflac Local Rep** Derek Mosset: Office: 701-952-4909 Cell: 701-934-5495 Fax: 701-952-4910 Derek_Mosset@us.aflac.com
Aflac Local Admin Rep Cindy Wendel: Office: 701-490-0120 Fax: 701-490-3208 districtclaims@yahoo.com	

We encourage you to read the entire enrollment guide before you enroll. This benefit guide gives a brief description of what is in the official summary plan documents for these plans. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement. If there is conflict between this guide and the official plan document, the official plan documents will govern in all cases. Jamestown Public Schools reserves the right at any time to change or terminate these plans.

ENROLLMENT & ELIGIBILITY

Welcome to the Jamestown Public Schools Benefits Program!

Jamestown Public Schools strives to provide a balanced, comprehensive benefits program for its employees. The Jamestown Public Schools Employee Benefits program offers core benefits, such as Medical, Dental, Vision, and Life insurance as well as voluntary & supplemental benefits that help maximize your coverage options.

The premium deductions for benefits are taken out September through May.

This booklet is designed to help you understand the coverages, premiums and options for this year. This is a reference for you and your family to make informed insurance decisions based on your specific needs. If you have questions, please contact your Human Resources Department.

Enrollment Instructions

All full-time employees working at least **30 hours per week** are eligible for coverage on the **1st day of the month following date of hire**. If you terminate employment or change to a part-time status, your coverage will terminate on the last day of the month in which the change/termination occurs.

Please note: It is important that you enroll in a timely manner. If you do not enroll within your first 30 days of employment, you will not be eligible to enroll without a qualifying life event until the next open enrollment period.

Open enrollment for benefits beginning September 1, 2024 will begin on August 12, 2024 and last through August 30, 2024.

Qualifying Life Events

The following events allow you to change your benefits outside the open enrollment period:

- You get married, divorced, or legally separated
- You add a dependent child through birth, adoption, or change in custody
- Your spouse or a dependent passes away
- Your dependent loses coverage or gains other coverage
- Your spouse loses or qualifies for coverage through his or her employer

If you have a change in status, you must notify Human Resources to complete the necessary change forms within **30 days** of the change. You will need to present documentation, such as a birth, marriage, or divorce decree.

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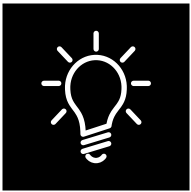
Not sure if you have a qualifying event?

Need help changing your elections?

Please contact Human Resources.



MEDICAL INSURANCE TERMINOLOGY

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, Copays and Coinsurance all accumulate towards the OOPM. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a copay for prescription drugs.

Preventive Care

These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Certificate of Coverage

The Certificate of Coverage is a summary of the master plan document. It is available for members through their own secure member website. If changes are made to the master plan, amendments to the Certificate of Coverage will be posted.

MEDICAL PLAN

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of an unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Identifying small problems early through preventive screenings can help prevent those things from turning into significant issues. In most cases, early detection leads to a more effective and cost-contained treatment plan.

Jamestown Public Schools offers a PPO Medical plan option through Blue Cross Blue Shield (BCBS) of North Dakota. The BCBS Medical plan covers a wide range of services, from preventive and routine care, to hospitalization and surgery. This is a general summary of your benefits; please refer to your Summary of Benefits and Coverage (SBC) or a copy of the policy for additional details.

*Visit www.bcbsnd.com/members.rx-tools to view the list of covered medications and which medications fall under the Preventive category.

Annual Deductible Single / EE + Dependent / Family	$1,250 / $1,875 / $2,500
Out-of-Pocket Maximum Single / EE + Dependent / Family	$9,450 / $14,175 / $18,900
Preventive Care	Covered 100%
Office Visits	$40 Primary / Specialist, then covered 80%
Emergency Room	$250 Copay, then covered 80%
Urgent Care	$75 Copay, then covered 80%
Inpatient Hospital	Covered 80% After Deductible
Outpatient Hospital	Covered 80% After Deductible
Chiropractic Visits	$40 Copay, then covered 80%
Mental Health Inpatient Outpatient	Covered 80% After Deductible First 5 visits plan pays 100%, then a $40 Copay and 80% After Deductible
Prescriptions Value Based Drugs (see BCBSND list) Formulary Formulary Specialty Non-Formulary Non-Formulary Specialty	$0 Copay $20 Copay, then covered 80% $150 + 20% Coinsurance $20 Copay, then covered 50% $150 + 50%

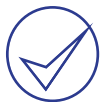
FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/members/find-a-doctor to find providers in the Blue Cross Blue Shield of North Dakota network and save money.

NEAR-SITE CLINIC

Walk-In Care, Urgent Care, Primary Care, Chiropractic Care

Most general medical visits are at no cost to employees



Great availability during open hours

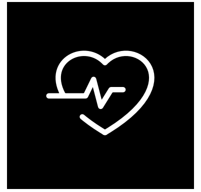
No appointments required for urgent care and minimal wait times for walk-in care

Preventive care focused

Trusted care with caring providers

NEAR-SITE CLINIC
Medallus Medical
701-368-4380
www.jamestownurgentcare.com

GLP-1 DRUG COVERAGE



Alternative No Cost Benefit for Diabetic Care and Managed Medical Weight Loss
For the Employees/Dependents on the Jamestown Public Schools Medical Insurance Plan.

In an effort to provide professional clinical counseling, one on one diet and life-style guidance and affordability, Jamestown Public Schools has partnered with Medallus Medical as an optional GLP-1 prescribing resource for our Jamestown Public Schools groups, their employees and dependents.

Semaglutide

Take better control of your insulin and weight today with Semaglutide. Named Ozempic in the Diabetic Class and Wegovy in the Weight Loss Class. Medallus will screen for qualifying markers and assist you in getting started - which includes introduction to optional Registered Dietitians for lifestyle and behavior management programs.

Tirzepatide

Take better control of your insulin and weight today with Tirzepatide. Name Mounjaro in the Diabetic Class and Zepbound in the Weight Loss Class. Tirzepatide's dual agonism of GLP-1 and GIP offers a comprehensive approach to glucose control and weight loss.

Diabetic diagnosis for GLP-1 drugs:

Brand-formulary $20 + 20% coinsurance

$0 copay / 90-day supply utilizing Medallus and a compound pharmacy

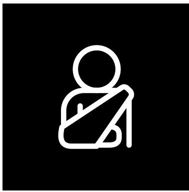
Non-diabetic diagnosis for GLP-1 drugs:

No coverage through health plan

$40 copay* / 90-day supply utilizing Medallus and a compound pharmacy

**$40 copay effective as of 09/01/2024*

Contact Us Today To See If You Qualify!



MEDICAL GAP PLAN 1

MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: $0 (this plan does not include a deductible)
Inpatient Hospital Benefits: $1,500 per covered person, 3 times per family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: $1,500 per covered person, 3 times per family
This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

Ambulance Benefit: $2,000 per covered person, 3 times per family
This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

Additional Benefit Options

- Infusion Therapy Rider
- Emergency Condition Benefit Endorsement - pays for treatment received in a hospital emergency room or urgent care center for sickness when the insured person is not subsequently considered an inpatient.
- Dependent Child Pregnancy - pays for treatment or medical care of a dependent child's pregnancy after a waiting period of 10 months.
- Accident Indemnity Benefit Rider - $1,000 per covered person per accident
- Critical Illness Indemnity Benefit Rider - $10,000 per covered person

Coverage Type	Monthly Premium
Employee	$44.64
Employee + 1	$88.88
Family	$133.63

MEDICAL GAP PLAN 2

MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: $0 (this plan does not include a deductible)
Inpatient Hospital Benefits: $5,000 per covered person, 3 times per family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: $2,500 per covered person, 3 times per family

This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
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- Accident Indemnity Benefit Rider - $1,000 per covered person per accident
- Critical Illness Indemnity Benefit Rider - $10,000 per covered person

Coverage Type	Monthly Premium
Employee	$88.60
Employee + 1	$184.85
Family	$273.71

HOW TO SUBMIT A CLAIM

Employees receive an ID card after enrollment. This should be presented at the time of service so providers are paid directly after the employee's major medical carrier determines what is owed. If this is not done at time of service, employees can submit a *TransConnect®* claim form, UB04, or CMS1500 (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what is owed after what they paid.

EXCLUSIONS

No benefits are payable for any expenses incurred:

- During any period the insured person is not insured under the Comprehensive Medical Plan
- As the result of suicide or any attempted suicide, while sane or insane
- For any intentionally self-inflicted injury or Sickness
- For rest care or rehabilitative care and treatment
- For voluntary abortion except:
  - Where the insured person's life would be endangered if the fetus were carried to term; or
  - Where medical complications have arisen from abortion
- As a result of an insured persons participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority
- As a result of a insured person's commission of a felony
- As a result of a insured person's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- As a result of a insured person's traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- As a result of a insured person's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a Physician or taken according to the Physician's instructions
- For the treatment of mental illness, alcoholism or substance abuse provided as an Outpatient
- For sex changes, except for medically necessary treatment including gender affirmation surgery for gender dysphoria and related health conditions
- For experimental treatment, drugs, or surgery. As it pertains to this exclusion, experimental treatment, drugs or surgery means:
  - The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
  - Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis;

  - Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis;
  - The drug or device is used for a purpose that is not approved by the FDA; or
  - Surgery or therapy not endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies
- For any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion
- For Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit. (not applicable to sole proprietors or partners not covered by Workers' Compensation)
- For dental or vision services, unless:
  - Resulting from an Accident occurring while the insured person's insurance under the Policy is in force and such services are performed within 12 months of the date of such Accident;
  - Due to congenital disease or anomaly of an insured newborn child; or
  - Consisting of a surgical procedure to remove cataracts
- For routine examinations such as health exams, periodic check-ups, or routine physicals
- For any expense for which benefits are excluded under the insured person's Comprehensive Medical Plan
- For expenses related to Radiation Therapy or Chemotherapy such as: prescribed medications for side effects, physical exams, checkups, treatment consultations and planning, or any similar expenses. Radiation Therapy or Chemotherapy does not include laser or stereotactic surgery

TERMINATION OF INSURANCE

Insurance on an insured will end on the earliest of the following dates:

- The end of the last period for which premium has been paid
- The policy is terminated
- The employer ceases to participate in this insurance
- The insured retires
- The insured ceases to be on active service
- The insured's coverage in the underlying medical plan ends

Insurance on a dependent will end on the earliest of the following dates:

- The insured's insurance terminates
- The end of the last period for which premium has been paid
- The dependent no longer meets the definition of dependent
- The dependent's coverage in the underlying medical plan ends
- The policy is modified so as to exclude dependent insurance

The company may end the insurance if:

- Any insured person submits a fraudulent claim
- Participation requirements are not met
- On any premium due date, if the company or employer sends written notice 31 days in advance requesting termination
- If the underlying medical plan terminates

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VOLUNTARY DENTAL PLAN

Your dental health is a priority. We offer generous coverage through Sun Life. You have two dental plans to choose from.

The Dental Plan encourages preventive treatment and allows you to achieve good oral health while minimizing your out-of-pocket dental expenses.

Dental Plan	High Plan	Low Plan
Plan Year Deductible Individual Family	 $50 $150	 $50 $150
Annual Benefit Maximum	$2,000 per participant	$1,000 per participant
Preventive* & Diagnostic (deductible does not apply)	Covered 100%	Covered 100%
Basic Services (Fillings, Posterior Composite Filling, Extractions)	Covered 80% after deductible	Covered 70% after deductible
Major Restorative Services (Crown, Root Canal, Implants)	Covered 50% after deductible	Covered 40% after deductible
Orthodontics	Covered 50% up to lifetime max of $2,000 per child, for children up to age 26.	Not Covered

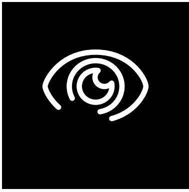
Employees working 20 hours or more per week are eligible.

***Preventive Rewards:** members can get up to $1,000 added to their annual maximum for the next year. The amount added is based on their paid claims for preventive services during the prior year. Example: If you incur $500 in preventive services in 2024, your annual maximum for 2025 would go from $2,000 to $2,500.

Monthly Premium		
Coverage Type	High Plan	Low Plan
Employee	$65.60	$43.84
Employee +1	$120.87	$75.80
Family	$211.71	$133.23

LOOKING FOR A DENTIST?

1-800-786-5433
member.sunlifeconnect.com/findadentist/#/



VOLUNTARY VISION PLAN

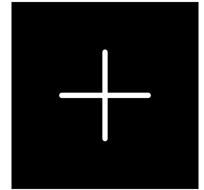
Jamestown Public Schools offers a comprehensive voluntary Vision Plan provided by Sun Life on the VSP Choice network. The Vision Plan helps pay the cost of periodic eye examinations and necessary lenses and frames, if prescribed. Employees working 20 hours or more per week are eligible.

Vision Plan	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$10	Every 12 months
Prescription Glasses		$25	See frame and lenses
Frame	• $150 allowance frame • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	Included $95 - $105 $150-175	
Contacts (instead of glasses)	• $150 allowance for contacts; Copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months

Coverage Type	Monthly Premium
Employee	$10.07
EE + 1	$20.37
Family	$32.80

PLEASE NOTE:
ID cards are <u>not needed</u> with Sun Life VSP Choice network and you will not receive one. Members simply identify themselves as a Sun Life VSP Choice network member - the doctor does the rest.

EMPLOYEE ASSISTANCE PROGRAM



An Employee Assistance Program (EAP) offers short-term confidential counseling on all aspects of life at no cost to you. Employees and household members can confidentially address and resolve personal and work related challenges including:

- **Relationship issues** - Marriage counseling, family counseling, parent/child counseling, etc.
- **Emotional health issues** - Stress, anxiety, depression, grief, elder parent challenges
- **Drug and alcohol issues** - Assessments, evaluation and prevention education)- this does not include treatment
- **Workplace issues** - Sexual harassment, dealing with difficult people, handling conflict, changes, job stress
- **Crisis counseling** - Talk to a counselor 24/7
- **Wellness Education classes** - Drug & alcohol education, stress management, parenting, couples education
- **Legal issues** - Family law (divorce, wills, custody) and civil law (housing, harassment, motor vehicle). Receive free telephonic advice from a local lawyer and a 25% discount with the lawyer if additional assistance is required.
- **Financial Issues** – Budget counseling, debt management, retirement planning, student loan planning or repayment through the Village Financial Resource Center.

The number of sessions available to a covered individual's household is equal to the number of household members times (x) four (4). As an example, a household with five (5) members would have access to a maximum of 20 sessions (5 members x 4/member = sessions) per 12 month period. Any number of those sessions can be used by any member of the household up to the total number. There is a minimum of 8 sessions per household.

THE VILLAGE INSTITUTE

Confidential Assistance is available 24 hours a day, 7 days a week!
Call 1-800-627-8200 to schedule an appointment.
www.villageEAP.com

LIFE, AD&D, AND LTD BENEFITS

Basic Life and AD&D

Jamestown Public Schools provides basic life coverage as well as Accidental Death and Dismemberment coverage for all active, full-time employees working at least 20 hours per week.

Basic Life & AD&D Benefits	
Employee	$25,000
Accidental Death (AD&D)	$25,000
Accelerated Death Benefit	If you are terminally ill, advance payout of 75% not to exceed $250,000
Age Reduction	35% at age 65, additional 15% at age 70
Conversion	If your employment ends, you can apply for an individual policy without evidence of insurability within 31 days.
Monthly Premium	Refer to District Human Resources

Employees who work more than 20 hours per week are eligible to participate in the plan. Employees will receive pro-rated benefits based on the number of hours worked and the balance of cost will be the responsibility of the employee.

Long-Term Disability Coverage (LTD)

Jamestown Public Schools provides LTD coverage for all active employees working at least 30 hours per week whose regular job assignment extends beyond the school year.

LTD Benefits	
Minimum Benefit	Greater of $100 or 10% of gross disability payment
Benefits Begin	After 90 day elimination period/30 day accumulation feature
Pre-Existing Condition	3 months prior/12 months insured
Coverage Basis/Maximum Benefit Non-Certified Staff Teachers Administration	66.67% Up to $3,000 per month 66.67% Up to $4,200 per month 66.67% Up to $6,000 per month
Monthly Premium	Refer to District Human Resources

Voluntary Life Insurance and AD&D

Voluntary Life Insurance is in addition to the basic life insurance. Voluntary Group Life Insurance provides term life insurance at low rates. Current coverage includes financial protection in the event you, your spouse and/or one of your dependents die while covered under this benefit.

Voluntary Life & ADD Benefits	
Employee	Increments of $10,000 up to maximum of $500,000. Guaranteed Issue – up to $200,000
Spouse	Increments of $5,000 up to 50% of employee's life or $150,000. Guaranteed Issue – up to $35,000
Unmarried Dependent Children	Increments of $1,000 up to $10,000 **Live birth to 14 days old:** $500 **14 days old-6 months:** $1,000 **6 months-26 years:** full benefit amount

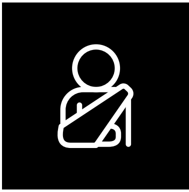
Age Reduction: Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Payment of premium does not guarantee coverage. Employee must be actively at work, and spouses/dependents cannot be sick, injured or confined or coverage may not take effect.

Monthly premium per $10,000 purchased

Age	Cost for employee & spouse
15-24	$0.63
25-29	$0.72
30-34	$0.90
35-39	$1.17
40-44	$2.07
45-49	$3.51
50-54	$5.76
55-59	$9.00
60-64	$14.04
65-69	$25.20
70-74	$45.18
75+	$45.18
Children	$0.63 per $10,000 of coverage

AD&D (automatically included)	
Employee	$0.14
Spouse/Child	$0.14



VOLUNTARY WORKSITE INSURANCE

Aflac Hospital Advantage

Policy Series A49000

Health care costs are on the rise for both employers and consumers and Aflac Hospital Advantage is there to help. This policy pays cash benefits that can be used to help with those out-of-pocket hospital expenses that may not be fully covered by major medical insurance.

Aflac Cancer Care

Policy Series A78000

Today, the chances of surviving cancer are better than ever, but the financial impact of cancer treatments can be devastating. An Aflac Cancer Care insurance policy can help you and your family better cope financially, and emotionally, if a diagnosis of cancer ever occurs.

Aflac Critical Care Protection

Critical Care Protection helps provide comfort to individuals who are concerned with the financial liability caused by a serious health event. It offers multiple coverage options to accommodate almost any budget. Unlike other critical illness insurance policies on the market, Critical Care Protection helps cover expenses from the initial diagnosis through treatment and provides options for more robust health coverage.

Aflac Short-Term Disability

Policy Series A57600

For many individuals, a temporary loss of income can have long-term financial consequences. An Aflac Short-Term Disability insurance policy provides a monthly benefit amount when an individual is disabled due to a covered accident or illness and is unable to work. Having disability insurance can help provide a sense of security, knowing that if the unexpected should happen, you will still receive a monthly income.

Aflac Accident Indemnity Advantage

Policy Series A35000

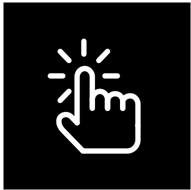
Aflac Accident Indemnity Advantage insurance policies pay cash benefits to help provide peace of mind during the different stages of care and recovery. Benefits can be used to help pay for emergency treatment, broken bones, lacerations, concussions, broken teeth, and ambulance transportation, as well as for treatment-related transportation and lodging.

Additional Benefits Available:

Life insurance, dental insurance, & Wage Works non-reimbursed medical & dependent daycare benefits.

For more information on Aflac, contact Derek Mossett at 701-952-4909 or by email at Derek_Mosset@us.aflac.com

MOBILE APP



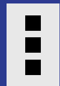
ADD THE ICON TO YOUR SMARTPHONE FOR QUICK ACCESS!

iPhone

Tap the Share Icon in Safari's lower menu bar

Tap the "Add to Home Screen" icon

Android

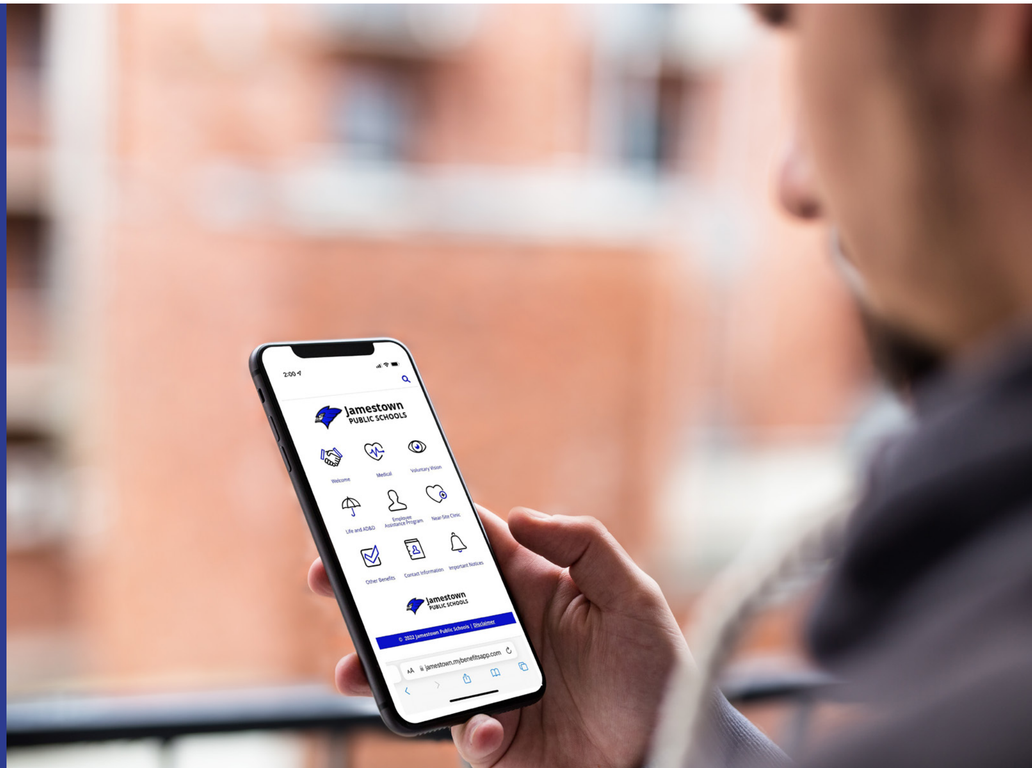

Tap this Icon in the top right menu bar

Select: "Add to Home Screen"

Windows Phone

Tap this Icon in the lower right corner

Select: "Pin to Start"



Jamestown Benefits App

What information can I access on the Benefits mobile app?

- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information
- Find online provider directories

Go To
jamestown.mybenefitsapp.com

Will the mobile app work on my device?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

Add to my home screen

Simply type the web address into you phones internet browser and follow the instructions listed here.

IMPORTANT NOTICES

Important Notice 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 Jamestown Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the Plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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. Jamestown Public Schools has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2024. If you enroll from October 15th through December 7th in 2024, your coverage will begin on January 1, 2025. 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.

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 Jamestown Public Schools and don't join a Medicare drug plan within 63 continuous days aft er 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 the 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 November 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 Jamestown Public Schools changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug Coverage....

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

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Medicare Part D 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).

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Jamestown Public Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA SPECIAL ENROLLMENT NOTICE

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in Jamestown Public Schools' health plan for you or your dependents (including your spouse/ domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days aft er 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Jamestown Public Schools will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in Jamestown Public Schools group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under Jamestown Public Schools group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

WHAT IS COBRA CONTINUATION COVERAGE?

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

If you are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

If the Plan provides health care coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Jamestown Public Schools has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify Jamestown Public Schools of the qualifying event.

REQUIRED NOTICE

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days aft er the qualifying event occurs. Contact your employer and/or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

HOW IS COBRA COVERAGE PROVIDED?

Once Jamestown Public Schools receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered

to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered Employees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitle to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify Jamestown Public Schools in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact Jamestown Public Schools and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

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

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to Jamestown Public Schools. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep Jamestown Public Schools informed of any address changes. You should also keep a copy, for your records, of any notices you send to Jamestown Public Schools.

PLAN CONTACT INFORMATION

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024.
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: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp

Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2
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: https://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
HIPP Phone: 1-800-967-4660
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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
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: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739
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
Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
NEVADA - Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
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: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid & CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059
TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

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

U.S. Department of Labor Employee Benefits Security Administration

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

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

www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

PAPER REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

Form Approved OMB No. 1210-0149 (expires 12-31-2026)

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides

some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[12]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1]Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2]An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2024 and July 10, 2024, you can request this special enrollment in the employment-based health plan through September 8, 2024. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact: BCBS North Dakota.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Employer name: Jamestown Public Schools.

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.

Employer Identification Number: 45-6001634
Employer phone number: 701-252-1950
Employer address: 207 2nd Ave. SE, PO BOX 269
Jamestown, ND 58401
Who can we contact about employee health coverage at this job?

Contact about coverage: Kristi Grounds Phone number: 701-252-1950

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

As your employer, we offer a health plan to:

Some employees. Eligible employees are some part time employees who work an average of 20 hours per week, and all full-time employees who work an average of 30 hours per week.

With respect to dependents: Eligible dependents and legal spouses and children.

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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

HIPAA requires that at this time we advise you that a copy of the Privacy Notice is available by: Contacting Human Resources and requesting a hard copy

Please contact us for more information: Jamestown Public Schools Human Resources: 701-252-1950

For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Avenue, S.W. Washington, D.C. 20201

Toll Free: 877-696-6775

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