

Table of Contents

Important Information	1
Making Mid-Year Changes.....	2
Eligibility	3
Employee Contributions	4
Medical	5
Prescription Drugs	9
Online Visits.....	11
Dental	12
Vision	13
Flexible Spending Accounts	14
Life/AD&D.....	17
Basic Life/AD&D	17
Optional Life/AD&D	17
The Standard Additional Services.....	18
Sick Bank & Disability.....	20
Sick Bank	20
Long-Term Disability	20
403(b) Universal Availability Notice	21
Employee Assistance Program	22
Family & Medical Leave of Absences	23
Legal Notices.....	24
Contact Information	33

Information about Medicare

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the attached Creditable Coverage Notice for details.



Important Information

This Guide will give you an overview of the benefit plans we sponsor. You will need to make decisions about your 2025 benefit elections.

Enrollment

Each year in the fall, you have the opportunity to review or make changes to your current elections during the open enrollment period. Human Resources will communicate any plan changes, rates, and provide instructions on how to make changes to your benefits during this time. Changes made during Open Enrollment will be effective January 1.

Open Enrollment

During this period you may add, drop, or modify coverage. You will be locked into the plan selections from January 1 through December 31, unless there is a qualifying change in status event (marriage, divorce, birth, adoption or change in custody of a child, death of a dependent, change in employment status). All changes must be made within 30 days of the event.

New Hire Enrollment

Initial Enrollment in Rochester Community Schools benefit plans must be completed by the date established in your new hire orientation, and no later than 30 calendar days from date of employment. Once you make your elections, coverage will remain in effect through the end of the plan year, December 31, unless you have a qualified change in status event. If you do not experience a change in status event, you must wait until the next annual open enrollment period to make changes.



Medical



Rochester Community Schools offers the following medical plan options:

- Blue Cross Blue Shield of Michigan — PPO
- Blue Cross Blue Shield of Michigan — PPO High Deductible Health Plan (**HDHP**) with a Health Savings Account (**HSA**)
- Opt-Out

The Blue Cross Blue Shield of Michigan medical plans are “self-funded”. This means that each medical claim is paid directly by Rochester Community Schools instead of an insurance company. Blue Cross Blue Shield of Michigan (BCBSM) is paid to manage the administration of the plan and your claims.

By self-funding, Rochester assumes a managed/capped financial risk, but in turn is able to adjust contributions and rates according to plan usage. Therefore, the more favorable our usage is, the more money available to keep cost increases to a minimum for our employees.

About Your Plans

“**PPO**” stands for Preferred Provider Organization. As a BCBSM PPO member, you have access to the worldwide network of BCBSM PPO providers. To find BCBSM PPO providers, visit www.bcbsm.com. You don’t need to choose a Primary Care Physician with a PPO—you can see any provider you want to see, even a specialist. There’s a lot of freedom with PPO plans. You can see non-PPO providers, but your benefits will be reduced and you’ll pay more out-of-pocket.

If you and your dependents are covered under another group medical and prescription drug plan, you may be eligible for the **Opt-Out** bonus. This taxable bonus is paid annually during the month of December in lieu of medical and prescription drug coverage. To be eligible to receive this bonus, you must complete the attestation acknowledgement on the Benefit Election Form.

BCBSM—Save Money and Live Healthier with Blue365

Blue Cross Blue Shield of Michigan members are eligible for special savings on a variety of healthy products and services from businesses in Michigan and across the United States.

Member discounts with Blue365 offers exclusive deals on things like:

- Fitness and wellness: Health magazines, fitness gear and gym memberships.
- Healthy eating: In-store discounts, cookbooks, cooking classes and weight-loss programs.
- Lifestyle: Travel and recreation.
- Financial Health: Pet insurance and cell phone providers.
- Personal care: Lasik and eye care services, dental care and hearing aids.

Show your BCBSM ID card at the participating local retailers or use an offer code online to take advantage of these savings. You can view all savings in one place through your member account at bcbsm.com.



Prescription Drugs



Specialty Drugs

Specialty drugs are prescription medications that require special handling, administration, or monitoring. These drugs are used to treat complex, chronic and often costly conditions, including asthma, cancer, multiple sclerosis, rheumatoid arthritis, Hepatitis, Chronic Kidney Failure and other conditions. A list of specialty drugs is available online at bcbsm.com. If your medication is included in the **Specialty Drug Guide** you can:

- Get your prescription drugs delivered to your home by mail ordering them through Walgreens Specialty Pharmacy (formerly known as Option Care), our specialty drug vendor. Download the Specialty Drug Brochure for ordering instructions, or call Walgreens Specialty Pharmacy at 1-866-515-1355 to order.
- Fill your prescription at a retail pharmacy. Not all pharmacies will dispense specialty drugs, so call your pharmacy to verify that they will fill your prescription.
- If filling your prescription at a retail pharmacy outside of Michigan, you must make sure the pharmacy you will be using participates in the out-of-state specialty pharmacy network.

Specialty drugs are only available in a 30 calendar day supply, whether you choose to fill them at a retail pharmacy or through mail order. BCBSM may limit the initial quantity of select specialty drugs (15 calendar days). Your copay will be reduced by one-half for this initial fill.

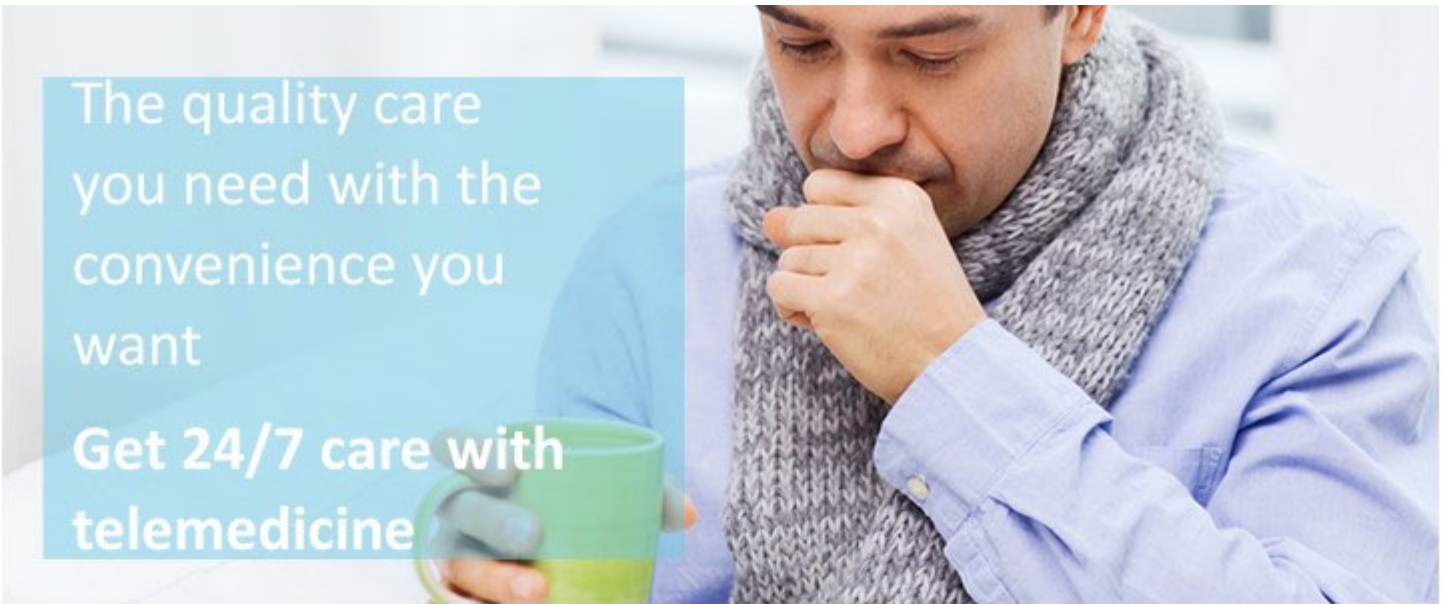
Mandatory Generic Program

The mandatory generic program requires that prescriptions be filled with a generic product, if available.

- If your doctor writes a prescription for a brand name drug when a generic alternative is available, the pharmacy will dispense the generic drug and you will pay the generic copay.
- If you request the brand name drug, you will pay the brand name copay and the cost difference between the brand name and generic drugs.
- If the doctor writes “Dispense as Written (DAW)” on the prescription, the pharmacy will dispense the brand name drug and you will pay the brand name copay and the cost difference between the brand name and generic drugs.
- If your doctor deems it medically necessary for you to take the brand-name version of a drug with a generic equivalent, they can contact the Blue Cross Blue Shield Clinical Help Desk to seek approval to waive the added cost. Your doctor will be the one who initiates the approval process and they should be familiar with how to do so.



Online Visits



The quality care
you need with the
convenience you
want

Get 24/7 care with
telemedicine

Finding time to go to the doctor when you get sick can be a challenge, especially when it's for a routine illness, such as allergies or a cold. Save time and money by calling Blue Cross Online Visits!

What are Blue Cross Online Visits?

Blue Cross Online Visits provides you and your family members with 24/7 access to online medical and behavioral health services anywhere in the U.S. You'll talk to a U.S. Board Certified provider via phone or video consultation, who will diagnose and treat your issue. You'll save yourself the hassle and higher cost of going to the doctor's office. Prescriptions can also be called in to your pharmacy for added convenience!

What Can Be Treated By Blue Cross Online Visits?

- Allergies
- Cold
- Flu
- Sinus Infection
- Rashes
- Ear Ache
- Sore Throat
- Anxiety

Note: Blue Cross Online Visits are available to all employees enrolled in medical coverage. You must register with Blue Cross Online Visits prior to your first consultation.

How Does It Work?

STEP 1: CREATE YOUR ACCOUNT

Sign up via phone, mobile app, or online.



1-800-835-2362



bcbsm.com/virtualcare

STEP 2: REQUEST A CONSULTATION

Access Blue Cross Online Visits via phone, mobile app, or

STEP 3: TALK WITH A PHYSICIAN

A physician will review your medical history and contact you within minutes.

STEP 4: RESOLVE THE ISSUE

A physician will diagnose and prescribe medication, if medically necessary, and send to your pharmacy of choice.





Basic Life/AD&D

The District provides a Basic Life and AD&D benefit of \$45,000 to employees working 30+ hours per week. If you opt-out of Medical coverage through the District, you will receive an additional Life and AD&D benefit of \$50,000 (for a total of \$95,000 of coverage). Rochester Community Schools pays the full cost for this coverage. Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if your death is a result of an accident. You may also receive a portion of the benefit for other losses (limb, eyesight, etc.) if the loss is a direct result of an accident.

Your coverage is insured by **The Standard**.

Benefits reduce based on age and terminate at retirement. Coverage effective dates and increases in coverage may be delayed if someone is disabled on the date coverage is scheduled to take effect. Review the carrier booklet for details.

A Note About Imputed Income: Any employee whose company-paid life insurance amount exceeds \$50,000 will have the value of the insurance over \$50,000 applied as imputed income when calculating income taxes. These amounts are taxable to you and will be withheld as payroll tax and will be reported on your W-2. The monthly rate of imputed income is determined by multiplying the age-banded rate by the amount of insurance over \$50,000. These rates are found on Table 1 of IRS Code Section 79. For more information, consult your tax advisor.

Optional Life/AD&D

We offer employees and their dependents the opportunity to purchase Life/AD&D coverage above and beyond what is provided by the District. Optional Life/AD&D coverage is also insured by **The Standard**.

Evidence of insurability is required for coverage above the Guarantee Issue Amounts listed in the chart below. It is also required if you waive coverage when you are initially eligible, and choose to enroll at a later date; or you apply to increase your coverage during open enrollment.

Benefits reduce based on age and terminate at retirement. Coverage effective dates and increases in coverage may be delayed if someone is disabled on the date coverage is scheduled to take effect. Review the carrier booklet for details.

*In order for Spouse Life coverage to be elected, the employee must elect Additional Employee Life coverage. Additionally, the Spouse Life coverage cannot exceed 100% of the Additional Employee Life election. When the Employee or Spouse reach age 70, their respective coverage reduces to 50% of the original amount, per the Reduction In Insurance schedule.

Employee	\$10,000 increments up to \$500,000 Guarantee Issue Amount: \$200,000
Spouse *	\$10,000 increments up to \$150,000 Guarantee Issue Amount: \$50,000
Children	\$2,500 increments up to a maximum of \$10,000 Guarantee Issue Amount: \$10,000

Notice of Continuation Rights

In the event your Life and AD&D insurance coverage ends, you have 31 days from that date to apply for continuation of that coverage, so you may maintain some level of benefit by paying the premium directly to the carrier.

Please refer to the Life and AD&D benefit books, for additional information and instructions on how to apply for continuation. Depending on your situation, you may not be eligible for all continuation options. It is also possible that your premium for coverage continuation will be different from what you pay as an employee of Rochester Schools.



Additional Services

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.
- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742



Sick Bank & Disability

Sick Bank

The first thirty (30) work days of illness or disability will not be covered by the Bank, but must be covered by the member's own accumulated sick leave or absence without pay.

The thirty (30) work day qualifier will only be required for the first occurrence of the same illness or disability within a two (2) year period of time.

If a member has more than forty (40) days in his/her personal sick bank, he/she must use all personal bank days down to forty (40) days before entering the sick bank.

While drawing sick leave benefits, a member cannot be receiving any other pay from the Board.

A maximum of two hundred ten (210) days in a two (2) year period of time can be drawn by a member who is a twelve (12) month employee from the Bank. A less than twelve (12) month employee may draw a maximum of one hundred eighty (180) days in a two (2) year period of time from the Bank.

The Bank will be controlled by a committee composed of two (2) Association members selected by the Association, and two (2) administrators selected by the Superintendent, but final authority in regards to the interpretation of this policy will rest with the Board.

A member drawing from the Bank will receive eighty percent (80%) of his/her regularly hourly rate.



Long-Term Disability

We offer a Long Term Disability (LTD) plan to provide income to employees who are disabled for an extended period of time. Rochester Community Schools pays the full cost for this coverage. This coverage is insured by **The Standard**.

Your coverage effective date or any increase in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Please review the carrier booklet for details.

Item	LTD Benefit
Monthly Benefit	66.67% of earnings to a monthly maximum of \$2,600
Elimination Period	364 days
Benefit Period	Benefits are payable up to age 65. Benefits are limited to 24 months in a person's lifetime for mental illness conditions and self-reported symptoms unless you are confined to a hospital.
Definition of Disability	Disability is the inability to perform the substantial duties of your regular occupation due to injury or sickness during the elimination period and the next 24 months. After this period, it is the inability to perform the substantial duties of <i>any</i> occupation which you are qualified by education, training or experience.
Pre-existing Conditions	Benefits aren't payable for a disability that is caused by, or contributed to by a pre-existing condition, if the disability starts before the end of your first twelve months of coverage. A sickness or injury is pre-existing if, during the three months before your coverage effective date, you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines.



Family & Medical Leave of Absences

Employees are required to notify HR if they will be absent for more than five (5) full consecutive days in order for a determination to be made as to whether the absence qualifies under the FMLA. Approved FMLA begins on the first day of the absence. FMLA is unpaid time off. Paid time is determined by individual employee contracts.

Employees may take a leave of absence for one of the following reasons:

- Birth of employee's child and to care for newborn child;
- Placement of a child with employee for adoption or foster care;
- To care for spouse, child or parent who has a serious health condition;
- When the employee's own serious health condition renders the employee capable of performing the functions of his/her job;
- Military Family Leave Entitlements (see Department of Labor website)

If the employee is not eligible for FMLA leave, they may request a personal or medical leave of absence. Medical and personal leave of absences requires the employee to follow the same instructions and provide the same documentation.

Step 1: Eligibility Requirements

To be eligible for FMLA, employees must have been employed by Rochester Community Schools for at least 12 months and worked 1,250 hours during the 12 month period preceding the commencement of the leave.

Step 2: Required Paperwork

Employees are asked to submit the Request for Leave of Absence to the HR Benefits Coordinator as soon as possible to begin the leave process. A meeting to discuss the leave of absence is recommended 30-60 days prior to first date of leave. A Certification of Healthcare Provider must be completed and returned 30 days prior to leave, if foreseeable.

Step 3: Notice of Eligibility and Rights & Responsibilities

If the employee does or does not meet the requirements for FMLA, the HR Benefits Coordinator will provide the Notice of Eligibility and Rights & Responsibilities paperwork to the employee within 5 days of when the employee submitted the FMLA paperwork.

Step 4: Designation Notice

The HR Benefits Department will provide the employee with a Designation Notice for the following reasons:

- Certification of Healthcare Provider has been received and FMLA is approved
- Employee needs to provide additional clarification to determine if the event qualifies under FMLA
- The event does not qualify for FMLA and is not approved
- Your have exhausted your FMLA leave entitlement in the applicable 12 month period

Step 5: Staff member's return from Leave of Absence

All employees are required to submit a "release to work" from their health care provider. This doctor's note needs to be submitted to the HR Benefits Department prior to the employee's first day back to work.

Paperwork and information is available at

<https://www.rochester.k12.mi.us/about-us/departments/human-resources/benefitsfmlainjuryreporting>



Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>



Legal Notices

<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p>VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>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</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>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)</p>
<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>



Legal Notices

To see if any other states have added a premium assistance program since July 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

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Rochester Community Schools is committed to the privacy of your health information. The administrators of the Rochester Community Schools Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting David Murphy - Director of Human Resources & Employee Relations at 248-726-3118 or DMurphy@rochester.k12.mi.us.



Legal Notices

Notice of Creditable Coverage

Important Notice from Rochester Community Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rochester Community Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Rochester Community Schools has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

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

If you decide to join a Medicare drug plan while enrolled in Rochester Community Schools coverage as an active employee, please note that your Rochester Community Schools coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Rochester Community Schools coverage as a former employee.

You may also choose to drop your Rochester Community Schools coverage. If you do decide to join a Medicare drug plan and drop your current Rochester Community Schools coverage, be aware that you and your dependents may not be able to get this coverage back.



Legal Notices

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 Rochester Community Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Rochester Community Schools changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 01, 2025
Name of Entity/Sender:	Rochester Community Schools
Contact—Position/Office:	David Murphy - Assistant Superintendent, Human Resources
Office Address:	52585 Dequindre Rochester, Michigan 48307-1944 United States
Phone Number:	248-726-3118



Contact Information

Provider/Benefit	Contact Information	
Blue Cross Blue Shield of Michigan (BCBSM) Medical	Claim and eligibility questions	(877) 790-2583 www.bcbsm.com
	To find PPO providers	(800) 810-2583 www.bcbsm.com
	Pharmacy questions Mail Order	(855) 811-2223 www.optumrx.com
Blue Cross Blue Shield of Michigan (BCBSM) Dental	General info / finding a provider	(888) 826-8152 www.bcbsm.com/bluedental
Blue Cross Blue Shield of Michigan (BCBSM) Vision	General info / finding a provider	(866) 852-8947 http://www.heritagevisionplans.com/
BASIC Flexible Spending Accounts	Claim and service questions	(800) 444-1922 https://cda.basiconline.com/login
The Standard Basic Life/AD&D, Optional Life/AD&D, Long Term Disability	Life/AD&D & Long Term Disability Beneficiary Resources Travel Assistance (US & Canada)	(888) 937-4783 https://www.standard.com/individual/contact/contact-us
HelpNet Employee Assistance Program	All Issues	(800) 969-6162 www.helpneteap.com User ID: rcs Password: employee
The OMNI Group 403(b)	All Issues	(877) 544-6664 www.omni403b.com or www.403bwhyme.com

