



Adult Child Eligibility Guide

Rules and requirements for dependent and non-dependent health coverage

Overview: Dependent adult-child eligibility changes as children reach key age milestones. Review the provisions below to determine eligibility for medical, dental, and vision coverage.

AGE 19 25 **Dependent Adult Child**

Eligible for medical, dental, and vision coverage until the end of the calendar year in which the child turns 25.

- You must provide the majority of the child's financial support.
- The child must remain unmarried.

AGE 19 26 **Non-Dependent Adult Child (Affordable Care Act)**

Under the ACA, an adult non-dependent child may continue medical coverage only until the end of the month in which the child turns 26.

- The child does not need to be dependent on you for financial support.
- The child does not need to reside with you.
- The child may be married.
- The child is not required to be a full-time student.

AGE 25+ **Extended Dependent Coverage**

Continued medical, dental, and vision coverage may be available beyond the calendar year in which the child turns 25 if one of the following conditions is met:

- **Full-Time Student Status:** Enrolled in 12+ undergraduate credits or 6+ graduate credits per semester; you provide majority financial support; and the child is unmarried.
- **Incapacity / Functional Impairment:** The child has a severe physical or intellectual impairment preventing self-sustaining employment. *(Note: Mental illness alone is not considered a qualifying cause of incapacity under this provision.)*

Support Staff Medical Eligibility Exception

For Support Staff members, full-time student status **does not extend** medical insurance eligibility beyond age 26.



Life Events & Enrollment Changes

Action required within 30 days of qualifying life event

Important Rule: Most enrollment modifications require written notification to the Benefits Office within **30 days** of the qualifying event. Contact the Benefits Office immediately to ensure compliance.

Loss of Other Coverage

If you previously declined enrollment for yourself or your dependents (including your spouse) due to other health insurance, you may enroll if that coverage ends. You must submit your request within **30 days** after loss of coverage.

Marriage, Birth, or Adoption

If you gain a new dependent through marriage, birth, adoption, or placement for adoption, you have **30 days** from the event date to enroll your new dependent in benefit coverage.

Legal Separation or Divorce

Coverage for a former spouse ends on the exact date of legal separation or divorce. Do not assume coverage continues automatically simply because a court decree requires you to provide insurance.

Notification Obligation

You must notify the Benefits Office immediately when a life event renders a dependent ineligible. Failure to provide timely notice can lead to personal financial liability for claims incurred.

Critical Notice: Removal of Former Spouse

If you fail to request the removal of a former spouse within 30 days of a divorce or legal separation, medical claims may continue to be processed improperly. You will be held personally liable for reimbursement of all claims paid after eligibility ended.



Donna McVay
Benefits Coordinator
Business Services

Walled Lake Consolidated Schools

Educational Services Center
850 Ladd Road, Building D
Walled Lake, MI 48390
Phone: 248/956-2046

COBRA Continuation Coverage Rights Public-Sector General Notice for Employees and Covered Spouses

Plan covered by this notice: The Walled Lake Consolidated Schools group health coverage in which you are enrolled (the "Plan").

You are receiving this notice because you and/or your spouse recently became covered under the Plan. Federal COBRA law may allow you and certain family members to temporarily continue group health coverage if coverage would otherwise end because of certain life or employment events.

Keep this notice for your records. You do not need to elect COBRA or take action now simply because you received this notice.

What is COBRA continuation coverage?

COBRA continuation coverage allows certain employees, spouses, and dependent children to temporarily continue group health coverage after a qualifying event causes that coverage to end. Each qualified beneficiary generally has an independent right to elect COBRA and is responsible for the applicable premium.

If a qualifying event occurs, you will receive a separate COBRA election notice explaining your election rights, deadlines, cost, payment requirements, and how to enroll.

A child born to or placed for adoption with a covered employee during a period of COBRA continuation coverage may also become a qualified beneficiary.

When can COBRA become available?

COBRA may become available when group health coverage is lost because of a qualifying event.

Employee

- Employment ends for a reason other than gross misconduct.
- Hours of employment are reduced and coverage is lost.

Covered spouse

- The employee's employment ends or hours are reduced and coverage is lost.
- The employee dies.
- The employee becomes entitled to Medicare and that event causes the spouse to lose coverage.
- The employee and spouse divorce or legally separate and coverage is lost.

Covered dependent child

- The employee's employment ends or hours are reduced and coverage is lost.
- The employee dies.
- The employee becomes entitled to Medicare and that event causes the child to lose coverage.
- The parents divorce or legally separate and coverage is lost.
- The child no longer meets the Plan's eligibility requirements for dependent coverage.

IMPORTANT - SOME EVENTS MUST BE REPORTED BY YOU

You or another qualified beneficiary must provide written notice to the WLCSD Benefits Office within 60 days after:

- A divorce or legal separation that results in loss of Plan coverage; or
- A covered child no longer meeting the Plan's eligibility requirements for dependent coverage.

How to provide notice: Mail or hand-deliver written notice to WLCSD Benefits Office, Donna McVay, Benefits Coordinator, 850 Ladd Road, Building D, Walled Lake, MI 48390. Include the employee name, the affected family member, the qualifying event, the date of the event, and current contact information.

Questions: (248) 956-2046. If required notice is not provided within the applicable deadline, COBRA rights may be lost.

How long can COBRA continuation coverage last?

- Generally up to 18 months after termination of employment or reduction in hours.
- Up to 29 months when the federal disability-extension requirements are satisfied.
- Up to 36 months for certain qualifying events affecting a spouse or dependent child, including a qualifying second event.

Actual eligibility and the maximum continuation period depend on the qualifying event and the specific circumstances.

Disability extension

If a qualified beneficiary is determined under Title II or XVI of the Social Security Act to be disabled, and the disability existed at any time during the first 60 days of COBRA continuation coverage, the initial 18-month period may be extended by up to 11 months, for a maximum of 29 months. To obtain the extension, a qualified beneficiary must notify the WLCSD Benefits Office of the Social Security disability determination within 60 days after the date of the determination and before the original 18-month COBRA period ends. If Social Security later makes a final determination that the individual is no longer disabled, the WLCSD Benefits Office must be notified within 30 days after that determination.

Second qualifying event

A spouse or dependent child already receiving COBRA because of an employee termination or reduction in hours may qualify for an extension to a maximum of 36 months, measured from the original qualifying event, if a second qualifying event occurs during the initial 18-month period (or during a 29-month disability extension) and the other federal requirements are met.

To protect the right to an extension, notify the WLCSD Benefits Office in writing within 60 days after any second qualifying event, including divorce or legal separation, loss of dependent-child status, death of the covered employee, or the covered employee becoming entitled to Medicare.

What does COBRA cost?

Individuals who elect COBRA generally pay the full cost of continuation coverage. The regular COBRA premium may be up to 102% of the total cost of coverage. During an eligible 11-month disability extension, the premium for the additional months may be up to 150% of the Plan's total cost of coverage when the disabled qualified beneficiary participates in the extension. Your COBRA election notice will provide the actual premium, payment deadlines, and payment instructions that apply at that time.

COBRA can end before the maximum period if required premiums are not paid on time or another federal early-termination condition applies.

Other health coverage may be available

COBRA may not be your only option. Depending on your circumstances, you may also qualify for coverage through another employer or a spouse's employer, a special enrollment period in another group health plan, coverage through the Health Insurance Marketplace, Medicaid, or other health coverage.

Marketplace information: [HealthCare.gov](https://www.healthcare.gov)

Keep your contact information current

Notify the WLCSD Benefits Office if your address or the address of a covered family member changes. Keep copies of any COBRA-related notices or documents you send to WLCSD.

Questions?

Walled Lake Consolidated Schools Benefits Office | Donna McVay, Benefits Coordinator | 850 Ladd Road, Building D, Walled Lake, MI 48390 | (248) 956-2046

Important: This notice is a summary of public-sector COBRA rights and responsibilities and does not completely describe all COBRA requirements or Plan terms. For additional Plan information, contact the WLCSD Benefits Office. Applicable federal law and the governing Plan documents control.

Federal Public-Sector COBRA Information: Walled Lake Consolidated Schools is a public-sector employer. Public-sector COBRA continuation coverage is governed by the Public Health Service Act and administered by the U.S. Department of Health and Human Services through the Centers for Medicare & Medicaid Services (CMS). [CMS Public Sector COBRA Continuation Coverage](https://www.cms.gov/medicare/medicaid-support/public-sector-cobra)

403(b) & 457(b) Retirement Savings

2026 Employee Guide



THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) and/or 457(b) retirement plan. These plans allow eligible employees to save for the future through payroll contributions.

Education: www.omni403b.com/Employees/Education

WHY SAVE WITH A TSA?

- You do not pay income tax on allowable pre-tax contributions until withdrawal, usually in retirement.
- Pre-tax investment gains are tax-deferred; eligible Roth investment gains may be tax-free.
- Retirement assets can generally be carried from one employer to another.

403(b) / 457(b) Maximum Allowable Contribution Limits IRS Limits for Elective Deferrals and Annual Additions

2026 (IRS-Confirmed Limits)				
Standard Elective Deferral Limit (Age 49 and under)	Age 50+ Catch-Up Contribution Limit (Ages 50 to 59 or age 64 and over)	Higher Catch-Up Contribution Limit (Ages 60, 61, 62 or 63 during 2026)	403(b) 15-Year Service Catch-Up (if eligible and permitted by the plan)	Defined-Contribution Annual Additions Limit (All sources of contributions)
\$24,500	\$8,000	\$11,250	Up to \$3,000	\$72,000

Employee Elective Contribution Maximums (Before Optional 15-Year Service Catch-Up)		
Age 49 and under	Age 50 to 59 or age 64 and over	Age 60 to 63
\$24,500	\$32,500	\$35,750
15-Year Service Catch-Up, if eligible: up to \$3,000 additional.		

Combined Limits for Elective and Non-Elective Contributions (Including Applicable Age Catch-Up)		
Age 49 and under	Age 50 to 59 or age 64 and over	Age 60 to 63
\$72,000	\$80,000	\$83,250

WHAT COULD REGULAR SAVING BECOME?

Future value illustration assuming 6% growth

Monthly	5 Years	15 Years	20 Years
\$200	\$13,954	\$58,164	\$92,408

Illustration only. Actual investment results will vary.

Financial Wellness Center

Learn more about retirement savings plans, managing personal finances, college funding options, and navigating Social Security.

- Calculators
- Videos
- Financial planning resources

www.usrbpfinancialwellness.com

Ready to Start Saving?

Choose a provider, open your account, then submit your Salary Reduction Agreement.



Participating TSA Investment Providers 403(b) and 457 Plan Options

Investment Provider	403(b)	403(b) Roth	457	457 Roth
Ameriprise Financial / RiverSource	✓			
Aspire Financial Services	✓	✓		
Consolidated Financial Corp. – Lincoln	✓	✓	✓	
Corebridge Financial (formerly AIG/VALIC)	✓	✓	✓	✓
Equitable (formerly AXA)	✓	✓	✓	✓
Fidelity Management Trust	✓	✓		
GLP & Associates	✓	✓	✓	✓
MetLife	✓	✓	✓	✓
PenServ SmartSAV (formerly Foresters)	✓	✓	✓	✓
The Legend Group	✓	✓	✓	✓
Vanguard Fiduciary Trust Co.	✓	✓		



Available account types vary by investment provider.

Contact your selected provider for additional information about their products and services.

How Do I Start Contributing to a TSA?

The same three steps, simplified so they are easy to scan and use.

1

Choose an investment provider

Review the authorized provider list above. Compare options, fees, and investment choices, then select the provider that fits your needs.

Provider information: www.omni403b.com

2

Open your account

Contact your selected investment provider and establish your account. Your account must be open before you submit the Salary Reduction Agreement.

Your provider can answer account and investment questions.

3

Complete and submit your Salary Reduction Agreement

Choose the amount you want to contribute each pay period and complete the online Salary Reduction Agreement. Your employer is then notified to begin payroll contributions.

Submit online: www.omni403b.com/SRA

403(b) / 457(b) Investment Provider Directory

Provider contacts + available TSA account types



Ameriprise Financial / RiverSource

Bill Osborne
Barbara Buschen
Dave Kaminski

Phone: (248) 655-5021
Fax: (248) 244-9047

✓ 403(b) 403(b) Roth 457 457 Roth

Aspire Financial Services

Harber Group

Ashley Harber
Cell: (989) 233-9642
Phone: (855) 5-HARBER
Fax: (765) 393-1084
ashley@HarberGroup.com

✓ 403(b) ✓ 403(b) Roth 457 457 Roth

Consolidated Financial Corp. - Lincoln

Tom Maxey, President
Kay Hockenberry, Assoc. Office Support Mgr.
Todd Matthews
Barbara Vorenberg

Phone: (248) 351-6000
Phone: (800) 232-2383
Fax: (248) 351-6001

matthet@consolidated-financial.com
vorenbeb@consolidated-financial.com

✓ 403(b) ✓ 403(b) Roth ✓ 457 457 Roth

Corebridge Financial (formerly AIG/VALIC)

Anthony Moyle
(248) 228-7007

Corebridge Financial
1-800-448-2542

✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth

Edward Jones / Aspire

Jackie Duggan
(248) 348-0423
Fax: (877) 276-0024
Northville, MI 48167

Corey Wacker
(734) 635-3951
41074 7 Mile Rd.
Suite D
Northville, MI 48167

✓ 403(b) ✓ 403(b) Roth 457 457 Roth

Equitable (formerly AXA)

Thomas M. Carey, CLU, ChFC
Thomas.carey@equitable.com

Alyssa Daher
Alyssa.daher@equitable.com

Alyssa Flevaris
Alyssa.Flevaris@equitable.com

Toll Free: (855) 350-3566
Phone: (248) 519-5531
Fax: (248) 519-5539

525 E. Big Beaver Rd
Suite 205
Troy, MI 48083

✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth

403(b) / 457(b) Investment Provider Directory

Provider contacts + available TSA account types



Fidelity Management Trust Phone: (800) 343-0860 Press # three times to connect directly to a representative. Walled Lake Schools Client Number: 59811 After opening the account, complete an OMNI Salary Reduction Agreement (SRA). ✓ 403(b) ✓ 403(b) Roth 457 457 Roth	GLP & Associates Michael McEvilly, Supervisory Rep. Geoffry Schuetz Richard Commyn II Phone: (800) 637-1660 Phone: (248) 489-0101 Fax: (248) 489-0108 ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth
The Legend Group M3 Investment Services Michael J. Pesendorfer Christine Fogg Michelle M. Tomei Phone: (888) 844-7872 Phone: (248) 543-3400 Fax: (248) 543-3402 www.m3investmentservices.com ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth	MetLife Phil Andrews (586) 944-7300 MetLife Resources Phone: (800) 818-8828 Fax: (616) 233-1739 Assistant: Maureen ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth
PenServ SmartSAV (Cetera) Brian Johnson, Branch Mgr. Kurt Ebel Vicki Filipiak, CFP® Emily Stead Phone: (800) 229-3940 Phone: (248) 663-5400 vicki.filipiak@ceterainvestors.com ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth	Vanguard Fiduciary Trust Co. vanguard403bservices.com investor.vanguard.com/403b-plans/participant ✓ 403(b) ✓ 403(b) Roth 457 457 Roth

Investment Providers No Longer Authorized for New Accounts

The following Investment Providers are no longer authorized to establish new accounts for this plan. Employees currently contributing to one of these Investment Providers may continue their contributions without interruption.

- ProEquities / Eschels
- Fiduciary Trust Intl - Franklin Templeton **
- Lincoln Investment Planning **

403(b) / 457(b) Investment Provider Directory

Provider contacts + available TSA account types



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The Legend Group M3 Investment Services Michael J. Pesendorfer Christine Fogg Michelle M. Tomei Phone: (888) 844-7872 Phone: (248) 543-3400 Fax: (248) 543-3402 www.m3investmentservices.com ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth	MetLife Phil Andrews (586) 944-7300 MetLife Resources Phone: (800) 818-8828 Fax: (616) 233-1739 Assistant: Maureen ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth
PenServ SmartSAV (Cetera) Brian Johnson, Branch Mgr. Kurt Ebel Vicki Filipiak, CFP® Emily Stead Phone: (800) 229-3940 Phone: (248) 663-5400 vicki.filipiak@ceterainvestors.com ✓ 403(b) ✓ 403(b) Roth ✓ 457 ✓ 457 Roth	Vanguard Fiduciary Trust Co. vanguard403bservices.com investor.vanguard.com/403b-plans/participant ✓ 403(b) ✓ 403(b) Roth 457 457 Roth

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Walled Lake Consolidated Schools

Benefits Office | 850 Ladd Road, Building D | Walled Lake, MI 48390 | (248) 956-2046

Health Insurance Marketplace Coverage Options

and Your WLCSD Health Coverage

New-Hire Notice - Provided to All Employees

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

You are receiving this notice because federal law requires employers covered by the Fair Labor Standards Act to provide employees with information about Health Insurance Marketplace coverage options. This notice is provided to all employees, regardless of benefit eligibility, full-time or part-time status, or enrollment in a WLCSD health plan.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace is a service that helps individuals and families compare and enroll in private health insurance coverage. Marketplace plans, eligibility rules, enrollment periods, financial assistance, and contact options are available through HealthCare.gov.

Could I qualify for lower-cost Marketplace coverage?

Possibly. Depending on your household income and the health coverage available to you through WLCSD or another employer, you may qualify for a premium tax credit or other savings through the Marketplace. The Marketplace, not WLCSD, determines whether you qualify for financial assistance.

How could WLCSD coverage affect Marketplace savings?

If WLCSD offers you employer-sponsored health coverage that meets federal affordability and minimum-value standards, you generally will not qualify for a premium tax credit for your own Marketplace coverage. Family members may have different eligibility depending on the cost of family coverage and household circumstances.

If you choose Marketplace coverage instead of employer-sponsored coverage, you may lose access to any employer contribution WLCSD would otherwise make toward your health coverage. Employer and employee contributions to an employment-based health plan may receive favorable federal tax treatment, while Marketplace premiums are generally paid on an after-tax basis.

When can I enroll through the Marketplace?

Marketplace enrollment is available during the annual Open Enrollment Period. You may also qualify for a Special Enrollment Period after certain life events or loss of other health coverage. Dates and eligibility rules can change, so use HealthCare.gov for current information.

Marketplace help: [Health Insurance Marketplace at HealthCare.gov](https://www.healthcare.gov)

Marketplace Call Center: 1-800-318-2596 | TTY: 1-855-889-4325

WLCSD employer information for a Marketplace application

If you apply for Marketplace coverage, you may be asked for information about your employer. The following WLCSD information can be used for that purpose.

Item	WLCSD information
Employer name	Walled Lake Consolidated School District
Employer Identification Number (EIN)	38-6003049
Employer address	850 Ladd Road, Building D, Walled Lake, MI 48390
Employer phone	248-956-2007
Benefits contact	Donna McVay, Benefits Coordinator
Benefits phone	248-956-2046
Benefits email	DonnaMcVay@wlcsc.org

About WLCSD health coverage

WLCSD offers employer-sponsored health coverage to employees and dependents who meet the eligibility rules for their employee group and plan. Eligibility can vary by bargaining unit, position, hours, and plan terms. For the coverage available to you, review your WLCSD enrollment materials or contact the Benefits Office.

WLCSD health coverage is intended to meet applicable federal minimum-value and affordability requirements. Marketplace financial-assistance eligibility is determined by the Marketplace using your household income, the coverage offered to you, and other applicable factors.

If you are considering Marketplace coverage

- Compare premiums, deductibles, out-of-pocket costs, provider networks, prescription coverage, and effective dates before changing coverage.
- Do not cancel WLCSD coverage until you understand when replacement coverage will begin and whether you can re-enroll in WLCSD coverage later.
- Contact the WLCSD Benefits Office if you need information about the health coverage available through your employment.

Questions about WLCSD coverage?

Donna McVay, Benefits Coordinator | Walled Lake Consolidated Schools Benefits Office | 248-956-2046

Email: [Donna McVay - WLCSD Benefits](#)

Federal notice information

This WLCSD notice is a modified employer Marketplace notice based on U.S. Department of Labor guidance under FLSA section 18B. Employers may use the federal model or a modified version that contains the required information.

[U.S. Department of Labor - Notice to Employees of Coverage Options](#)

This notice is informational and does not replace WLCSD plan documents, enrollment materials, or Marketplace eligibility determinations.

Important Notice from Walled Lake Consolidated School District 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 the Walled Lake Consolidated School District 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. Walled Lake Consolidated School District has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Walled Lake Consolidated School District coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Walled Lake Consolidated School District coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Walled Lake Consolidated School District 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.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 November to join.

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

Contact The Benefits Office for further information.

NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through the Walled Lake Consolidated School District 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: 09/21/2026
Name of Entity/Sender: Walled Lake Consolidated School District
Contact-Position/Office: Donna McVay / Benefits Coordinator
Address: 850 Ladd Road, Building D
 Walled Lake, MI 48390
Phone Number: 248.956.2046

Women's Health & Cancer Rights Act of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

Reconstruction of the breast on which the mastectomy has been performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
Prostheses and physical complications for all stages of a mastectomy, including lymph edema (swelling associated with the removal of the lymph nodes).

The group health plan must determine the coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Newborn & Mother's Health Protection Act (NMHPA)

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth.

In general, group health plans and health insurance issuers that are subject to NMHPA may **NOT** restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

Michelle's Law

Under Michelle's Law (H.R. 2851), existing health benefits must be continued for dependent postsecondary students if a serious illness or injury requires they take a medical leave of absence from school or change their student status.

Beginning October 8, 2009, individual and group plans must continue a student's coverage up to a year from the first day of the absence or change in status or date on which such coverage would have otherwise ended under the terms of the plan.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalh Hipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myak Hipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS Medicaid	CALIFORNIA Medicaid
Website: http://myar Hipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: h Hipp@dhcs.ca.gov

COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA Medicaid
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	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA Medicaid	ILLINOIS 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	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA Medicaid	IOWA Medicaid and CHIP (Hawki)
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	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
KANSAS Medicaid	KENTUCKY Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA Medicaid	MAINE Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	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	MINNESOTA Medicaid
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI Medicaid	MONTANA Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov
NEBRASKA Medicaid	NEVADA Medicaid
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE Medicaid	NEW JERSEY Medicaid and CHIP
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	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ 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)
NEW YORK Medicaid	NORTH CAROLINA Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA Medicaid	OKLAHOMA Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON Medicaid	PENNSYLVANIA Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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)
RHODE ISLAND Medicaid and CHIP	SOUTH CAROLINA Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA Medicaid	TEXAS Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH Medicaid and CHIP	VERMONT Medicaid
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/	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA Medicaid and CHIP	WASHINGTON Medicaid
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	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA Medicaid and CHIP	WISCONSIN Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)	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 July 31, 2026, 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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 5/31/2029)



Walled Lake Consolidated Schools

Benefits Office | 850 Ladd Road, Building D | Walled Lake, MI 48390
Donna McVay, Benefits Coordinator | (248) 956-2046 | DonnaMcVay@wlcsd.org

HIPAA Special Enrollment Rights

Initial Notice for Employees Offered WLCSD Group Health Coverage

Why you are receiving this notice. Federal HIPAA rules give eligible employees and dependents certain rights to enroll in a group health plan outside the regular enrollment period after specific life or coverage events. To use these rights, you must request enrollment within the applicable deadline.

DEADLINES AT A GLANCE

30 days: loss of other coverage or employer contributions; marriage; birth; adoption; placement for adoption.

60 days: loss of Medicaid or CHIP coverage; eligibility for Medicaid or CHIP premium assistance.

Loss of other health coverage

If you or an eligible dependent declined WLCSD coverage while covered under another group health plan or health insurance, you may be able to enroll if that other coverage later ends because of a qualifying loss of eligibility or because the other employer stops contributing toward the coverage.

- Examples include divorce or legal separation, loss of dependent status, death, termination of employment, reduction in hours, or certain plan/service-area changes.
- If the other coverage is COBRA, special enrollment is generally available when COBRA is exhausted.
- Request enrollment within 30 days after the other coverage ends or the employer contribution stops.

Marriage, birth, adoption, or placement for adoption

If you gain a new dependent through marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse, and/or eligible dependents.

- Request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Marriage coverage begins no later than the first day of the first calendar month after the Plan receives the completed request.
- Birth, adoption, or placement coverage begins no later than the date of the event, subject to eligibility rules.

Medicaid or CHIP special enrollment

- Loss of Medicaid or CHIP eligibility: request WLCSD enrollment within 60 days after coverage ends.
- Eligibility for Medicaid or CHIP premium assistance: request enrollment within 60 days after the eligibility determination.

How to request special enrollment

Do not wait for the next open enrollment period. Contact the WLCSD Benefits Office promptly and complete any required enrollment materials within the applicable 30-day or 60-day period.

WLCSD Benefits Office

Donna McVay, Benefits Coordinator
(248) 956-2046 | DonnaMcVay@wlcsd.org
850 Ladd Road, Building D, Walled Lake, MI 48390

Important: Special enrollment rights apply only if the employee or dependent otherwise meets the Plan's eligibility requirements. This notice is a summary of federal special enrollment rights and does not replace WLCSD plan documents or eligibility rules.

Federal reference: [HIPAA Special Enrollment - 45 CFR § 146.117](#)