



**NORTHLAND PINES SCHOOL DISTRICT**  
*2023 Employee Benefits Guide*



# Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2023 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

## In the First 30 Days

Enroll in these plans or waive coverage:

- Security Health HMO Premier
- Security Health Simply One
- EBC Flex Plan
- Delta Dental
- Delta Vision
- Group Life & Additional Life
- Short Term Disability & Long Term Disability

## At Any Time During The Year

Enroll in these plans:

- Health Savings Account Contributions
- 403(b) or 457(b) Contributions

## Table of Contents

Benefits Enrollment Checklist	1	Flexible Spending Accounts (FSA)	9
Carrier Contacts	2	Dental Plan	10
Medical Plans	3	Vision Plan	11
Medical Plan Highlights	4	Short Term Disability (STD)	12
Understanding Your Care Options	5	Long Term Disability (LTD)	12
Health Reimbursement Account (HRA)	6	Life and AD&D Insurance	13
Health Savings Account (HSA)	7	403(b) & 457(b) Providers	14
HSA Contributions	8	Required Federal Notices	15

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.





## Carrier Contacts

<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical	Security Health Plan	800.472.2363 <a href="https://www.securityhealth.org/providers">https://www.securityhealth.org/providers</a>
Dental	Delta Dental of WI	800.236.3712 <a href="https://www.deltadentalwi.com/s/">https://www.deltadentalwi.com/s/</a>
Vision	Delta Vision	844.848.7090 <a href="https://www.deltadentalwi.com/vision">https://www.deltadentalwi.com/vision</a>
Life & AD&D	The Standard	800.628.8600 <a href="https://www.standard.com/individual/contact-us">https://www.standard.com/individual/contact-us</a>
Short Term Disability	The Standard	800.368.2859 <a href="https://www.standard.com/individual/contact-us">https://www.standard.com/individual/contact-us</a>
Long Term Disability	The Standard	800.368.1135 <a href="https://www.standard.com/individual/contact-us">https://www.standard.com/individual/contact-us</a>
HRA	Diversified Benefits	800.234.1229 <a href="https://www.dbsbenefits.com">https://www.dbsbenefits.com</a>
COBRA	Diversified Benefits	800.234.1229 <a href="https://www.dbsbenefits.com">https://www.dbsbenefits.com</a>

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Northland Pines School District provides eligible employees a Qualified High Deductible Health Plan administered by Security Health Plan (SHP).

- The High Deductible Health Plan is a qualified plan, meaning it allows members the opportunity to contribute funds, pre-tax, to a Health Savings Account (HSA) that can be used to pay for health care expenses.

The district plan is offering two network plan options through Security Health Plan: **Premier Network & Simply One.**

Find a participating health care provider in your plan by going to: <https://www.securityhealth.org/providers>.

There is no coverage for out-of-network providers or hospitals, unless in cases of emergency, or in cases where services have been prior authorized by Security Health Plan.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SOBs) for detailed medical plan coverage information.

## Eligibility

- All full-time employees

## And Their...

- Spouses
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26.

## Terms To Know

### Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

### In-Network Coinsurance

Plan Pays 100%

.....  
You Pay 0%



# Medical Plan Highlights

Security Health Plan HMO Premier & SimplyOne	<b>HMO PLAN</b> <b>IN-NETWORK COVERAGE ONLY</b>	
<b>Deductible</b>		
Single		\$3,000
Family		\$6,000
<b>Out-of-Pocket Maximum</b>		
Single		\$4,000
Family		\$8,000
<b>Coinsurance</b>		100%
<b>PHYSICIAN SERVICES</b>		
Routine / Preventive Care	Select Services Covered In Full	
Virtual Care	Subject to Deductible	
Primary Care Physician	Subject to Deductible	
Specialist	Subject to Deductible	
<b>HOSPITAL SERVICES</b>		
Inpatient	Subject to Deductible	
Outpatient	Subject to Deductible	
<b>Walk-in Clinics   Urgent Care   ER</b>		
Urgent Care	Subject to Deductible	
Emergency Care	Subject to Deductible	
<b>Prescription Drugs</b>	<b>Retail – 34 Day Supply</b>	<b>Mail Order – 90 Day Supply</b>
Generic	\$20 Copay	2 Copays
Brand	\$40 Copay	2 Copays
Non-Preferred	\$100 Copay	2 Copays
Specialty	25% Coinsurance	

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.





Premier Monthly Rates	Employee Cost	Employer Cost
<b>Employee</b>	\$109.32	\$801.71
<b>Family</b>	\$239.79	\$1758.46

SimplyOne Monthly Rates	Employee Cost	Employer Cost
<b>Employee</b>	\$93.18	\$683.28
<b>Family</b>	\$204.37	\$1498.72



# Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services	Approximate Wait Time	Average Member Cost
 <b>Care My Way</b>	<ul style="list-style-type: none"> <li>○ Colds or flu</li> <li>○ Sinus Infection</li> <li>○ Allergies</li> </ul>	<ul style="list-style-type: none"> <li>○ Minor rash</li> <li>○ Minor burn</li> <li>○ Minor cut</li> </ul>	<p style="text-align: center;"><b>15</b> Minutes or Less</p> <p style="text-align: center;"><b>\$0</b></p>
 <b>Your Doctor's Office</b>	<ul style="list-style-type: none"> <li>○ Preventative services</li> <li>○ Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>○ Medical problems that are not an immediate, serious threat to your health or life</li> </ul>	<p style="text-align: center;"><b>1 Week</b> or More</p> <p style="text-align: center;"><b>\$150-\$200</b></p>
 <b>Urgent Care</b>	<ul style="list-style-type: none"> <li>○ Sprains or strains</li> <li>○ Mild asthma attack</li> <li>○ Sore throat</li> <li>○ Earaches</li> </ul>	<ul style="list-style-type: none"> <li>○ Minor broken bone</li> <li>○ Minor cut</li> <li>○ Minor infection</li> <li>○ Minor rash</li> </ul>	<p style="text-align: center;"><b>20 – 30</b> Minutes</p> <p style="text-align: center;"><b>\$150-\$400</b></p>
 <b>Emergency Room</b>	<ul style="list-style-type: none"> <li>○ Sudden change in vision</li> <li>○ Sudden trouble talking</li> <li>○ Large open wounds</li> <li>○ Major burn</li> </ul>	<ul style="list-style-type: none"> <li>○ Severe head injury</li> <li>○ Heavy bleeding</li> <li>○ Chest pain</li> <li>○ Major broken bone</li> </ul>	<p style="text-align: center;"><b>3 – 12</b> Hours</p> <p style="text-align: center;"><b>\$1,600- \$2,000</b></p>



# Health Reimbursement Arrangement (HRA)

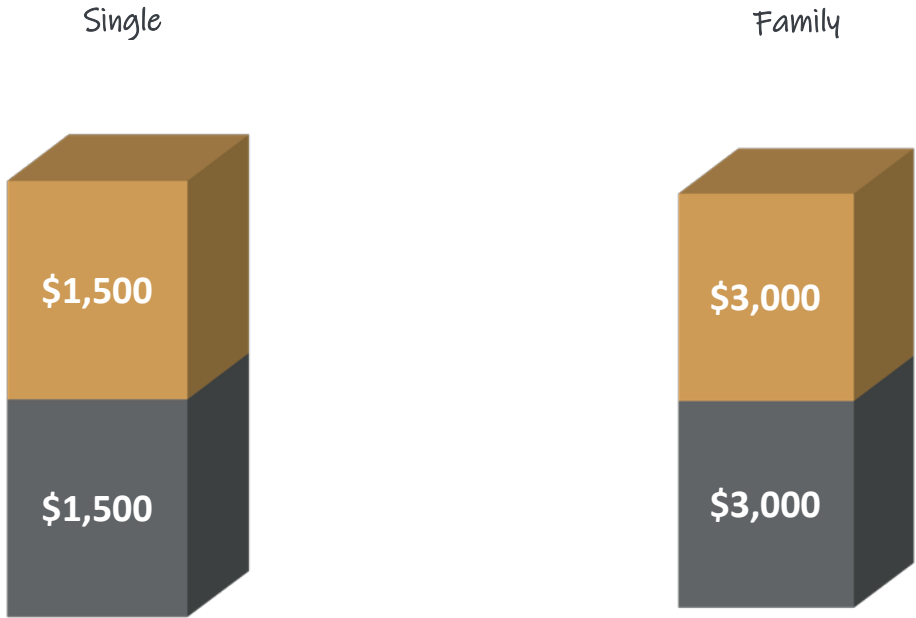
## How does a Health Reimbursement Arrangement work?

Employees are required to cover the **FIRST**

- \$1,500 for single coverage
- \$3,000 for family coverage

Health Reimbursement Account (HRA) covers the **NEXT**

- \$1,500 for single coverage
- \$3,000 for family coverage



 YOU PAY **FIRST**       HRA PAYS **NEXT**



# Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free. For all health care-related accounts, eligibility is based on your enrollment in a qualified high deductible health plan.

## Health Savings Account

Northland Pines School District offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, you may open an HSA account with the bank or institution of your choice.

## How the HSA works

<b>Money Goes In</b>	Pretax contributions* from you, up to a total of: <ul style="list-style-type: none"><li>○ \$3,850 for individual coverage</li><li>○ \$7,750 if you enroll your spouse and/or child(ren)</li><li>○ An extra \$1,000 if you are age 55 or older</li></ul>
<b>Money Goes Out</b>	You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.  When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.
<b>Have Money Left? It Rolls Over!</b>	Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave Northland Pines School District, you can take it with you.

\* If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## Eligibility

- You must be enrolled in a HDHP
- You cannot have any other "impermissible coverage." If your spouse has a General Purpose FSA or a non-HDHP plan, you are not eligible to contribute to an HSA.
- You or your spouse cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return



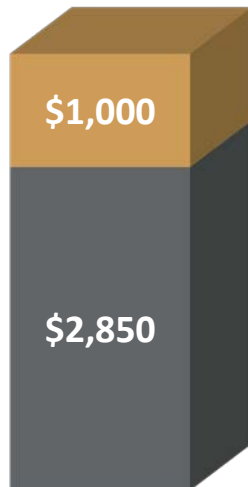


# HSA Contributions

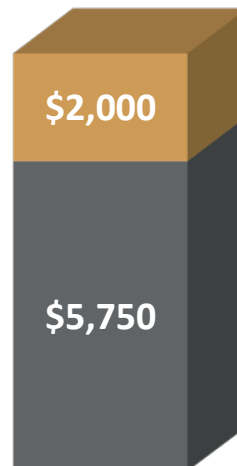
## Did You Know?

Northland Pines School District is committed to the health and well-being of our employees. We recognize that healthy and happy employees are more successful at home and at work. To promote that success, the district contributes up to \$1,000 for a single and \$2,000 for a family to your Health Savings Account, annually. Those hired mid-calendar year may receive a pro-rated district HSA contribution.

Single Contribution




Family Contribution



 YOU **CONTRIBUTE**

 NORTHLAND PINES SCHOOL DISTRICT **CONTRIBUTES**

 IN ADDITION TO THE DISTRICTS DEPOSIT, YOU MAY ALSO CONTRIBUTE AN ADDITIONAL:

*\$2,850 Single, \$5,750 Family.*

*\*For individuals age 55+, an additional \$1,000 "Catch-up" Contribution can be made in 2023.*

The Northland Pines School District is **not** responsible for HSA contributions that exceed IRS limits.



# Flexible Spending Account (FSA)

Northland Pines School District offers three types of Flexible Spending Accounts:

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

## Standard or Traditional FSA

The Standard Health Flexible Spending Account provides employees who do not take the district health insurance with an opportunity to pay for certain eligible out-of-pocket medical, vision and dental expenses on a pre-tax basis (governed by IRC 105 and 125).

## Limited Health Care FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

## Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You cannot contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

## Reminder: "Use it or lose it"

You have 90 days after December 31st to submit receipts for Dependent Care FSA; however, you must use the amount in your account by December 31st or the balance will be forfeited.



# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why Northland Pines School District offers a dental plan administered by Delta Dental of WI.

<b>Delta Dental – PPO and Premier Dentist</b>		
<b>Individual Annual Maximum</b>		<b>\$1,000</b>
<b>Deductible</b>		
Employee Only		\$0
Family		\$0
<b>Preventive Care Services</b>		
Exams		100%
Cleanings		100%
Fluoride Treatments		100%
X-Rays		100%
Space Maintainers		100%
Sealants		100%
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>		0%
<b>Basic Restorative Services</b>		
Fillings		100%
Endodontics – Surgical / Non-Surgical		100%
Periodontics – Surgical / Non-Surgical		100%
Extractions – Surgical / Non-Surgical and other oral surgery <i>(Deductible Applies)</i>		100%
<b>Major Restorative Services</b>		
Crowns, Inlays, Onlays		100%
Bridges and Dentures		100%
Repairs and Adjustments to Bridges and Dentures		100%
Implants		100%
<b>Orthodontic Services</b>		
Coinsurance		50%
Individual Lifetime Maximum		\$1,500
Dependents Eligible to Age		26
Full-Time Students Eligible to Age		26
<b>Monthly Rates</b>	<b>Employee Cost</b>	<b>Employer Cost</b>
<b>Employee</b>	\$6.12	\$44.91
<b>Family</b>	\$16.47	\$120.78



# Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Northland Pines School District provides a vision plan administered by Delta Vision.

<b>Delta Vision</b>	<b>In-Network</b>	<b>Out-of-Network (Reimbursement)</b>
<b>Frequency</b>		
Vision Exam	Once per 12 months	
Frame	Once per 24 months	
Lenses	Once per 12 months	
Contact Lenses	Once per 12 months	
<b>Annual Vision Exam</b>	\$10 Copay	\$35
<b>Contact Lens (fit and follow-up)</b>		
Conventional	Member pays up to \$55 \$150, then 15% off	\$40 \$120
Disposable	\$150	\$120
Medically Necessary***	Paid in Full	\$200
<b>Allowance Summary</b>		<b>Up To</b>
Frames	\$150, then 20% off	\$75
Elective Contacts	\$150, then 15% off	\$120
Medically Necessary Contacts	Paid in Full	\$200
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
<b>Lens Options</b>		
UV Coating	\$15	None
Tint	\$15	None
Standard Scratch	\$15	None
Standard Polycarbonate	\$40	None
Standard Anti-Reflective	\$45	None
<b>Monthly Premiums</b>		
	<b>Employee Cost</b>	<b>Employer Cost</b>
<b>Employee</b>	\$0.70	\$5.11
<b>Family</b>	\$1.74	\$12.73



# Protection Plans

## Short Term Disability (STD)

Northland Pines School District’s Short Term Disability plan is administered by The Standard and paid for by the employee. This benefit pays a weekly percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury.

The Standard	Benefit Highlights
Premium	Employee Paid
Weekly Benefit	60% to \$1,000
Sickness Benefit Begins On	8th Day
Accident Benefit Begins On	8th Day
Maximum Benefit Duration	53 Days

### Employee Premiums

Age	Per \$10
00-24	\$.884
25-29	\$.884
30-34	\$.930
35-39	\$.520
40-44	\$.320
45-49	\$.325
50-54	\$.347
55-59	\$.448
60-64	\$.567
65-69	\$.567
70 and over	\$.567

*for a full listing of weekly premiums, please contact HR*

## Long Term Disability (LTD)

Northland Pines School District’s Long Term Disability plan is administered by The Standard and paid for by Northland Pines School District. This benefit pays a monthly percentage of your salary if you become disabled and are unable to work for an extended period of time.

The Standard	Benefit Highlights
Premium	Employer Paid
Monthly Benefit	90% to a maximum benefit of \$10,500
Elimination Period	60 Days
Maximum Benefit Duration	Age 65 or Social Security normal retirement age or 3 years and 6 months, whichever is longest

**NOTE:** Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.



# Protection Plans (continued)

## Group Term Life and Accidental Death & Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by Northland Pines School District. As an eligible employee, you are covered for Group Term Life and AD&D insurance at no cost to you.

Northland Pines School District offers a Group Term Life Insurance benefit of 1 time your annual salary plus accidental death and dismemberment insurance coverage. Specific details of the plan are covered in the Plan Certificate.

### The Standard Plan Highlights

Premium	Northland Pines School District pays this premium at 100%
Amount of Life Insurance Benefit	1x annual salary, with a maximum benefit of \$200,000
Amount of AD&D Benefit	Equal to term life

## Voluntary Life Insurance

In addition to the Basic Term Life and AD&D insurance, you have the option to purchase Supplemental Life Insurance coverage for you and your eligible family members. Please see a representative from the Benefits Department with any questions.

### The Standard Plan Highlights

Employee Coverage (\$10,000 increments)	\$500,000
Spouse Coverage (\$5,000 increments)	\$150,000
Child Coverage	\$10,000

### Employee and Spouse Premiums

Age	Per \$1,000
00-24	\$.050
25-29	\$.060
30-34	\$.080
35-39	\$.090
40-44	\$.100
45-49	\$.150
50-54	\$.230
55-59	\$.430
60-64	\$.660
65-69	\$1.270
70 and over	\$2.060

*for a full listing of weekly premiums, please contact HR*

### AD&D Premiums

Employee (Per \$)	\$.020
Spouse (Per \$)	\$.020

### Child Premiums

Voluntary Term Life and AD&D	\$.200
Voluntary Term Life Only	\$.030



# 403(b) / 457(b) Tax Sheltered Annuity Plans

The district offers a few 403(b) & 457(b) plans to help you build retirement savings. You may contribute to your 403(b) and/ or 457(b) plan through automatic payroll deduction, up to the annual IRS maximums.

Northland Pines School District maintains a list of current approved 403(b) and 457(b) vendors. To enroll, contact the vendor of your choice and establish an account with them. Once your account has been established, contact the district for a Salary Deduction agreement form.

## 403(b) Plan Providers

AXA Equitable, Regular or Roth	<a href="http://www.axa-equitable.com">http://www.axa-equitable.com</a>	Alex Cramer Alex.Cramer@equitable.com 414.430.4458
Oppenheimer Funds, Regular or Roth	<a href="https://www.oppenheimerfunds.com">https://www.oppenheimerfunds.com</a>	800.225.5677
WEA Trust, Regular or Roth	<a href="http://www.weatrust.com">http://www.weatrust.com</a>	800.279.4030

## 457(b) Plan Providers

Wisconsin Deferred Compensation (WDC) Program	<a href="https://wdc457.empower-retirement.com">https://wdc457.empower-retirement.com</a>	877.457.9327
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*Fees may apply. Contact individual company for fee specifics.*



# REQUIRED FEDERAL NOTICES

*The required federal notices are provided to clients as a resource. Client assumes all responsibility for any additional notices or disclosures provided along with these template notices. Client also assumes all responsibility for any and all changes made to the template notices provided to the client by M3. Clients are encouraged to consult with their own employee benefits attorney regarding program compliance.*





## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the Northland Pines School District Payroll & Benefits Coordinator.



## HIPAA NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Effective Date of Notice:** January 1, 2022

### **Who will follow this notice:**

This notice describes the health information practices of Northland Pines School District, Dental Plan, Flexible Spending Account or Health Reimbursement Arrangement that of any third party that receives medical information from or for us to assist us in providing your medical and dental benefits.

### **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

### **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Northland Pines School District for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

### YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a “designated record set,” for as long as the Plan maintains your medical information in the designated record set.

“Designated record set,” means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed the following individual: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**

All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14<sup>th</sup>, 2003.

To request an accounting of disclosures, address your request to the following individual: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the following individual: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: **Business Manager at Northland Pines School District, 1800 Pleasure Island Road, Eagle River, WI 54521 (715) 479-4473**.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.



## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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 your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator Security Health Plan



## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Northland Pines 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. Northland Pines School District has determined that the prescription drug coverage offered by the Northland Pines School District Health 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 15<sup>th</sup> to December 7<sup>th</sup>.

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.

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



## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### 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 Northland Pines School District coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Northland Pines School District coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### 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 Northland Pines 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.

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 Northland Pines School District changes. You also may request a copy of this notice at any time.

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.





## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...**

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://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:** 01/01/2022

**Name of Entity/Sender:** Northland Pines School District

**Contact--Position/Office:** Business Manager

**Address:** 1800 Pleasure Island Road, Eagle River WI 54521

**Phone Number:** (715) 479-4473

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.



## MARKETPLACE COVERAGE NOTICE – **New Hires within 14 Days**

### **GENERAL INFORMATION**

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you are eligible for depends on your household income.

### **DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.83% of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1

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.



## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: NORTHLAND PINES SCHOOL DISTRICT
Employer Identification Number (EIN) 39-1173350
Employer Address:: 1800 PLEASURE ISLAND RD EAGLE RIVER, WI 54521
Employer Phone Number: (715) 479-6487
Who can we contact about employee health coverage at this job: <a href="mailto:stbrost@npsd.k12.wi.us">stbrost@npsd.k12.wi.us</a>

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.



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

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

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

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

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

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

<p><b>ALABAMA-Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>            Phone: 1-855-692-5447</p>	<p><b>CALIFORNIA-Medicaid</b></p> <p>Website:            Health Insurance Premium Payment (HIPP) Program  <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>            Phone: 916-445-8322            Fax: 916-440-5676            Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>
<p><b>ALASKA-Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program            Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>            Phone: 1-866-251-4861            Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>            Medicaid Eligibility:  <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>	<p><b>COLORADO-Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>            Health First Colorado Member Contact Center:            1-800-221-3943/ State Relay 711            CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>            CHP+ Customer Service: 1-800-359-1991/ State Relay 711            Health Insurance Buy-In Program            (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>            HIBI Customer Service: 1-855-692-6442</p>
<p><b>ARKANSAS-Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>            Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p><b>FLORIDA-Medicaid</b></p> <p>Website:  <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>            Phone: 1-877-357-3268</p>



## CHIP (continued)

<p><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>          Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>          Phone: (678) 564-1162, Press 2</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>          Phone: 1-800-862-4840          TTY: (617) 886-8102</p>
<p><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64          Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>          Phone: 1-877-438-4479</p> <p>All other Medicaid          Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>          Phone 1-800-457-4584</p>	<p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>          Phone: 1-800-657-3739</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>          Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>          Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>          HIPP Phone: 1-888-346-9562</p>	<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>          Phone: 573-751-2005</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>          Phone: 1-800-792-4884</p>	<p><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>          Phone: 1-800-694-3084          Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>          Phone: 1-855-459-6328          Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>          Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>          Phone: 1-855-632-7633          Lincoln: 402-473-7000          Omaha: 402-595-1178</p>
<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>          Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>          Medicaid Phone: 1-800-992-0900</p>
<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>          Phone: 1-800-442-6003          TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>          Phone: -800-977-6740.          TTY: Maine relay 711</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>          Phone: 603-271-5218          Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>



## CHIP (continued)

<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Medicaid Phone: 609-631-2392                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710</p>	<p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>                      Phone: 1-888-828-0059</p>
<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>	<p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>                      Phone: 1-800-440-0493</p>
<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                      Phone: 919-855-4100</p>	<p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>                      CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>                      Phone: 1-877-543-7669</p>
<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>                      Phone: 1-844-854-4825</p>	<p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>                      Phone: 1-800-250-8427</p>
<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                      Phone: 1-888-365-3742</p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>                      Medicaid Phone: 1-800-432-5924                      CHIP Phone: 1-800-432-5924</p>
<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>                      Phone: 1-800-699-9075</p>	<p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>                      Phone: 1-800-562-3022</p>
<p><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>                      Phone: 1-800-692-7462</p>	<p><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                      Medicaid Phone: 304-558-1700                      CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                      Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>	<p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>                      Phone: 1-800-362-3002</p>
<p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                      Phone: 1-888-549-0820</p>	<p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>                      Phone: 1-800-251-1269</p>



## CHIP (continued)

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

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

