Open Enrollment
Amherst Exempted Village Schools
May 2018

TO: All F/T employees and COBRA Participants

Be Informed:

- New legislation includes plan enhancements
- Understand your rights to join the plan, add dependents or change plans.
- Understand your responsibilities when adding or removing a dependent

It is imperative that you read this document in its entirety so that you do not miss important enrollment deadlines.

During the month of May, any eligible employee and/or dependents who is not already covered may enroll in our medical coverage through Medical Mutual of Ohio. This is an annual opportunity and other than a "qualifying event", the only opportunity to join the plan until the next open enrollment.

During the open enrollment period, insurance carriers must accept all enrollees regardless of their medical conditions. To enroll for coverage or to add dependents, you must complete and return your application to Regina Zaborski by June 1, 2018 for a July 1, 2018 effective date. Applications completed and received after June 1, 2018, will be considered late and the applicant will be unable to enroll in our benefit programs until our next open enrollment period unless they have a qualifying event.

SPECIAL ENROLLMENT

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 toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If your dependents experience a loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP) a 60-day special enrollment period is available to enroll in our health plan.

To request special enrollment or obtain more information contact Regina Zaborski. If you fail to enroll during the 31-day special enrollment period, the next opportunity to do so will be next year's open enrollment period.

REMOVING A DEPENDENT

Qualifying events can also trigger the loss of coverage and subsequent COBRA rights. You must provide us with notification of a qualifying event such as legal separation, divorce, and dependent children who are no longer eligible for coverage. Federal legislation allows you 30 days to notify us of the occurrence of one of those events. If you fail to notify us of a qualifying event in a timely fashion, you or your dependent may lose important continuation rights and/or you may lose premium contributions that you've paid after the qualifying event

REMEMBER: IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH NOTIFICATION WHEN YOU OR ONE OF YOUR DEPENDENTS INCURS A QUALIFYING EVENT. FAILURE TO DO SO COULD MEAN THE LOSS OF VALUABLE BENEFITS.

HIPAA PRIVACY

Amherst Exempted Village Schools complies with the HIPAA Privacy Regulations. If you would like a copy of our HIPAA Privacy policy, please refer to the current group certificate of coverage.

LIFE INSURANCE

If you are enrolled in group life insurance, Open Enrollment is a good time to update your life insurance beneficiary. Please see Human Resources to obtain a life insurance beneficiary form.

HEALTHCARE MARKETPLACE / PRIVATE INDIVIDUAL POLICIES

The annual open enrollment for the healthcare marketplace and private individual policies is November 1, 2018 through December 15, 2018. Coverage is only available during open enrollment unless you experience a special enrollment event or qualifying event. Refer to www.healthcare.gov for more information.

BENEFIT CERTIFICATE AVAILABILITY

Your most current benefit booklet can be downloaded from our insurance carrier website by logging in to your personal account or calling the Customer Service phone number on the back of your ID card.

COORDINATION OF BENEFITS – OUR GROUP HEALTH PLAN AND MEDICARE

Your coverage may be reduced if you and/or your covered dependents are eligible for Medicare but are not enrolled in Medicare Parts A and/or B.

The Centers of Medicare and Medicaid determine if Medicare or your group health plan will pay primary depending on the reason for Medicare eligibility and by the number of employees at our Company.

If you and/or one of your covered dependents are eligible for Medicare due to disability, Medicare pays benefits before an employer that employs fewer than 100 employees. If you and/or one of your covered dependents are eligible for Medicare due to age (age 65 or older), the employer sponsored group health plan with more than 20 employees must pay benefits before Medicare. There are other special requirements for individuals that are eligible for Medicare due to end stage renal disease.

At the time that you and/or your dependents become eligible for Medicare (for any reason), you should contact the HR Department to discuss whether or not you are required to enroll in Medicare Parts A and/or B.

Legislation Affecting Employee Benefit Plans

DEPENDENT COVERAGE FEDERAL LEGISLATION – TO AGE 26

To cover dependent children to the age of 26, they must meet the following requirements:

- The dependent can be married or unmarried. However, coverage is not extended to spouses or children of adult dependents, i.e. grandchildren.
- The dependent of the employee is as defined in your benefit booklet.
- The law does not require the dependent to live with or be financially dependent upon the parent.

PREVENTIVE CARE

Certain preventive care services are covered at 100%, based on age, gender and frequency as determined by the U.S. Preventive Services Task Force. Please see your certificate of coverage for more details.

ADDITIONAL INTERNAL AND EXTERNAL APPEALS

Should a claim be denied you now have additional rights and appeal opportunities. You will receive notice of these rights from your medical carrier at the time of your claim denial.

NEWBORNS' ACT DISCLOSURE

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

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 deductibles and coinsurance applicable to other medical and surgical benefits provide under our plan(s). If you would like more information on WHCRA benefits, contact your plan administrator.

ACCESS TO OBSTETRICAL AND GYNECOLOGICAL (OB/GYN) CARE

You do not need prior authorization from our insurer or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our insurer's network who specializes in gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services or following a pre-approved treatment plan. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the phone number on the back of your insurer identification card or refer to the insurer's website.

CHOICE OF PRIMARY CARE PHYSICIAN

If our plan requires a designation of a primary care physician (PCP), you have the right to designate any PCP who participates in our Insurer's Network and who is available to accept you or your family members. For more information on how to select a PCP and for a list of PCP's, contact the telephone number on the back of your insurer identification card. For children, you may designate a pediatrician as a PCP. At this time, our plan does not require you to designate a PCP.

MICHELLE'S LAW

This law allows college students who are away from school due to serious illness to remain on their parent's plan even if they are not a full-time student. Although Healthcare Reform has made this law somewhat irrelevant, it could apply if the student is not a resident of the State of Ohio.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to- z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshe alth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp. htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2018, 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.