



City of Huntington



Benefit Summary

(January 1, 2024 through December 31, 2024)

**Helping you make informed choices
about your employee benefits.**

Table of Contents

Benefits Overview.....	3
Medical Benefits.....	4
Dental Benefits	7
Flexible Spending Account	7
Voluntary Vision Insurance	8
Life and Accidental Death & Dismemberment Insurance.....	9
Short-Term Disability Coverage.....	9
Long-Term Disability Insurance	9
Know Your Numbers Incentive Program	10
Non-Tobacco User Incentive Program.....	11
Contact Information.....	12
Employee Contributions for Benefits (based on 24 pays).....	12
Legal Information	13

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

City of Huntington is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week and have 60 days of service. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and City of Huntington provides other benefits at no cost to you (life, accidental death & dismemberment, short-term disability and long-term disability). In addition, there is dependent life insurance and voluntary vision benefits with reasonable group rates that you can purchase through City of Huntington payroll deductions.

Benefits Offered

- » Medical
- » Dental
- » Short-Term Disability
- » Long-Term Disability
- » Life Insurance
- » Accidental Death & Dismemberment (AD&D)
- » Dependent Life
- » Voluntary Vision
- » Section 125 / Flexible Spending Account (FSA)



Eligibility

You and your dependents are eligible for City of Huntington benefits on the first day following 60 days of full-time employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or City of Huntington eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact City Human Resources within 30 days.

Teladoc

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:	Teladoc doctors can treat many medical conditions, including:	It is a convenient and affordable option for quality care.
<ul style="list-style-type: none"> » Are practicing PCP's, pediatricians and family medicine physicians » Average 15 years' experience » Are U.S. board-certified and licensed in your state » Are credentialed every three years, meeting NCQA standards 	<ul style="list-style-type: none"> » Cold and flu symptoms » Allergies » Sinus problems » Ear infection » Urinary tract infection » Respiratory infection » Skin problems » And more! 	<ul style="list-style-type: none"> » When you need care now » If you're considering the ER or urgent care for a non-emergency issue » On vacation, on a business trip, or away from home » For short-term prescription refills

Medical Benefits

Administered by Group Administrators, Ltd.

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through City of Huntington.

City of Huntington offers you a PPO medical plan. With the PPO, you may select where you receive your medical services. If you use Signature Care in-network providers, your costs will be less.

» Exclusive Provider Organization (EPO) three-tier plan design that allows the greatest savings by seeing EPO providers in Huntington as well as continued access to a wide variety of locations.

	EPO Tier 1	EPO In-Network Tier 2	Out-of-Network Tier 3
Lifetime Benefit Maximum	Unlimited		
Annual Deductible (single / family)	\$500 / \$1,000	\$1,500 / \$3,000	\$3,500 / \$7,000
Annual Out-of-Pocket Maximum (single / family) - includes deductible and copays	\$2,500 / \$5,000 (Additional \$3,000 / \$6,000 for Prescriptions)	\$5,500 / \$11,000	\$10,000 / \$20,000
Coinsurance	80% paid by the plan	70% paid by the plan	50% paid by the plan
Doctor's Office			
Primary Care Office Visit (office visit charge only)	\$25 copay		50% after deductible
Specialist Office Visit (office visit charge only)	\$50 copay		50% after deductible
Urgent Care	\$50 copay		50% after deductible
Telemedicine / Virtual Visits (office visit charge only)	\$25 copay		50% after deductible
Preventive Care (As defined by the U.S Preventive Task Force, includes but not limited to: routine exams, x-rays/tests, immunizations, well baby care and mammograms)	Covered in full		50% after deductible
Teladoc Visits	\$25 copay		Not covered
Prescription Drugs			
Retail—Generic Drug (34-day supply)	\$15		If you use a Non-Network Pharmacy, you are responsible for payment up front. You will be reimbursed in full minus any applicable copayment.
Retail—Formulary Drug (34-day supply)	\$30		
Retail—Non-formulary Drug (34-day supply)	\$50		
Specialty Pharmacy (30-day supply)	25% to a max of \$400, per script		Not covered for Specialty unless it is a Limited Distribution drug.
SaveonSP: to help save money on certain specialty medications. Select specialty medications classified under certain categories of non-essential health benefit may qualify for eligibility in the SaveonSP program. If you participate in this program, select specialty medications will be free of charge (\$0). To enroll, simply call SaveonSP at 800.683.1074 . Enrollment in the program is voluntary. If you choose not to participate, you will be responsible for 100% of the copay and that copay will not count towards your deductible or out-of-pocket maximums. If your specialty medication is not eligible for this program then your cost will be covered as indicated in the schedule of benefits.			
Mail Order—Generic Drug (90-day supply)	\$20		Not covered
Mail Order—Formulary Drug (90-day supply)	\$50		Not covered
Mail Order—Non-formulary Drug (90-day supply)	\$100		Not covered

	EPO Tier 1	EPO In-Network Tier 2	Out-of-Network Tier 3
Hospital Services			
Emergency Room	80% after deductible		
Inpatient Services	80% after deductible	70% after deductible	50% after deductible
Outpatient Surgery	80% after deductible		50% after deductible
Ambulance Service	80% after deductible		
Mental Health Services			
Inpatient Services	80% after deductible	70% after deductible	50% after deductible
Outpatient Services	80% after deductible		50% after deductible
Substance Abuse Services			
Inpatient Services	80% after deductible	70% after deductible	50% after deductible
Outpatient Services	\$25 copay for office visit; 80% after deductible for facility visits		50% after deductible
Other Services			
Maternity Services	80% after deductible	70% after deductible	50% after deductible
All Other Hospital / Physician Services	80% after deductible	70% after deductible	50% after deductible
Chiropractic Services \$1,000 annual maximum benefit	80% after deductible		50% after deductible
Physical, Occupational and Speech Therapy Services	80% after deductible		50% after deductible
Tobacco Cessation	Covered in full		Covered in full
X-Ray, Laboratory	80% after deductible		50% after deductible
Other Services	80% after deductible		50% after deductible

This is a brief summary of your medical benefits. Refer to your Summary Plan Description for complete plan details.

Working Spouse Rule

The City of Huntington Medical Plan does not provide or extend coverage to a spouse who is eligible for group health coverage through the spouse’s employer. Eligible City of Huntington employees must furnish written notice to the City of Huntington Human Resources Department that the employee’s spouse is eligible for coverage under the spouse’s employer’s group medical plan within 30 days of spousal eligibility.



Signature Care EPO Network

The Signature Care EPO (Exclusive Provider Organization) network is dedicated to providing members with the best healthcare providers at the best rate. Members receive the highest level of benefit coverage when utilizing one of these EPO facilities.

Call for more information:
(260) 266-5510
(800) 666-4449 toll free
www.ParkviewTotalHealth.com

Allen County, Indiana

- Parkview Hospital Randallia
- Parkview Regional Medical Center
- Parkview Behavioral Health
- Parkview Ortho Hospital
- Parkview Premier Surgery
- Parkview Inverness Surgery Center
- Parkview Endoscopy Center
- Parkview SurgeryONE

Other Indiana counties

- Parkview Huntington Hospital
- Parkview LaGrange Hospital
- Parkview Noble Hospital
- Parkview Wabash Hospital
- Parkview Warsaw
- Parkview Whitley Hospital
- Adams Memorial Hospital
- Cameron Memorial Community Hospital
- DeKalb Health
- Logansport Memorial Hospital

IU Health System

- IU Health Methodist Hospital
- IU Health Ball Memorial Hospital
- IU Health University Hospital
- IU Health Bloomington Hospital
- Riley Hospital for Children at IU Health
- IU Health Jay

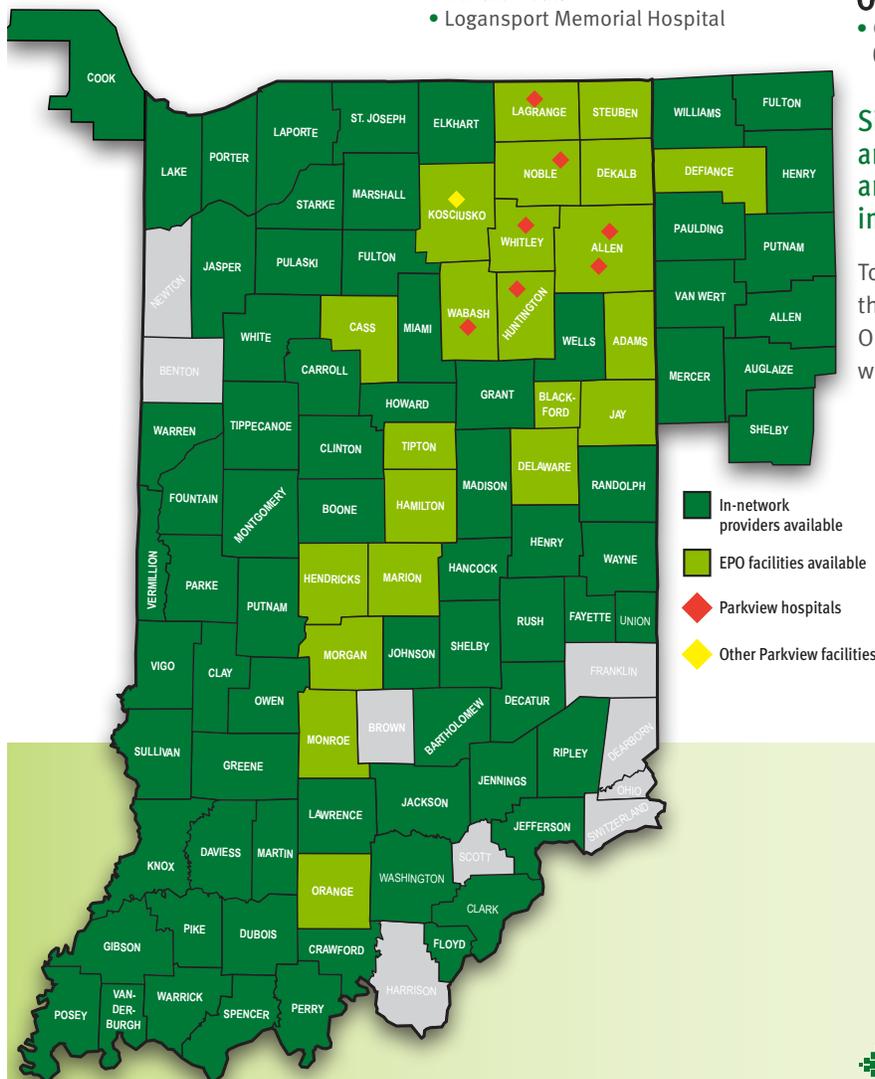
*for a complete listing of facilities, including additional IU facilities, please go to: www.ParkviewTotalHealth.com

Ohio counties

- Community Memorial Hospital (Defiance County)

Signature Care EPO facilities and in-network providers are located in the counties indicated on this map.

To view all Signature Care providers throughout Indiana and northwest Ohio, visit our online directory at www.ParkviewTotalHealth.com.



MKTG-32537 (03/18)



Dental Benefits

Administered by Group Administrators, Ltd.

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Huntington dental benefit plan.

Services	
Annual Deductible	\$50 per person
Annual Benefit Maximum	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%, after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%, after deductible
Orthodontia Services	50% to \$1,500 lifetime maximum (no deductible)

Flexible Spending Account

Administered by Group Administrators, Ltd.

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,050*
Dependent Care Spending Limit	\$5,000

Here's How an FSA Works

1. You decide the annual amount (up to the limits stated above) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA, so you actually pay your expenses with tax-free dollars.

*You are eligible to carry over up to \$610 to the next plan year if you have an unused balance at the end of the current plan year. Any carry over amount will not apply towards the \$3,050 maximum contribution.

Benefits Debit Card

Spending your FSA funds on eligible expenses has never been easier. The card allows you to avoid out-of-pocket expenses, cumbersome paperwork and reimbursement delays. One card can manage both dependent care and flexible spending.

Online and Mobile Access

Get account information from our easy-to-use online portal. See your account balance in real time, file a claim for reimbursement by snapping a photo of the receipt, and check on a claim status.

Voluntary Vision Insurance

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor

Service	In-Network (any VSP Signature provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$50
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$50
Lined Bifocal Lenses	\$25 copay	Up to \$75
Lined Trifocal Lenses	\$25 copay	Up to \$100
Lenticular Lenses	\$25 copay	Up to \$125
Frames — once every 24 months	\$25 copay; \$130 allowance; Additional \$20 allowance for Featured Frame Brands	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	Copay does not apply; up to \$130 allowance	Up to \$105

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.



Life and Accidental Death & Dismemberment Insurance

Insured by Mutual of Omaha

Life Insurance

Life insurance provides financial security for the people who depend on you. Beneficiaries of regular full-time employees will receive a lump sum payment if death occurs while employed by City of Huntington. The City provides basic life insurance of \$20,000 to benefits eligible employees at no cost. Benefits reduce to \$13,000 at age 65, \$10,000 at age 70, and \$5,000 at age 75.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. City of Huntington provides AD&D coverage of \$20,000 to full-time employees at no cost to you. This coverage is in addition to your life insurance described above if you are a regular full-time employee. Benefits reduce to \$13,000 at age 65, \$10,000 at age 70, and \$5,000 at age 75.

Please note the life insurance plan has an age reduction schedule that begins at age 65. Please refer to your certificate for details.

Supplemental Life Insurance

City of Huntington eligible employees can purchase additional life insurance.

Dependent Life Insurance

For full-time benefit eligible employees with spouses and/or dependent children age 14 days to 26 years old, the City of Huntington makes available life insurance in the following amounts:

- » Spouse—\$10,000
- » Dependent Child (age 14 days to 6 months)—\$300
- » Dependent Child (age 6 months to 26 years)—\$5,000

Please contact City Human Resources if you are interested in purchasing supplemental life insurance and dependent life insurance.

Short-Term Disability Coverage

Administered by Group Administrators, Ltd.

In addition to the LTD insurance provided by the City, you also have Short-Term Disability coverage available to you at no cost. Your benefit is 60% of your weekly base pay, up to \$460 per week for a maximum period of 26 weeks.

Benefit payments begin on the 8th day of disability due to illness or on the first day of disability due to an accident. Please see HR if you would like more information on this benefit.

Long-Term Disability Insurance

Insured by Mutual of Omaha

Disability insurance provides protection for one of your most valuable assets—your ability to earn an income. Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. The city provides Long-Term Disability insurance (LTD) coverage for you at no cost to you. As an eligible employee, you are automatically enrolled in this coverage.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly base pay, up to \$2,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue for 5 years or to social security normal retirement age, whichever is first.

Know Your Numbers Incentive Program

City of Huntington is committed to improving the quality of life for our employees. We feel we have a responsibility to promote a culture of health that extends past your working hours and becomes a part of your life. We hope to continue to initiate change that will help to impact the rising health care costs that affect us all.

We have determined one of the ways we can support healthier lifestyles for our employees is to promote knowing your numbers in addition to tobacco-use cessation. With that, City of Huntington is introducing our Know Your Numbers Incentive Program. Employees who qualify for the program and participate will be given a discount to the premium amount paid for medical plan coverage.

To ensure all employees understand how they become eligible for the incentive, the policies and conditions of the Know Your Numbers Incentive Program are detailed below:

Incentive Policy

The wellness effort known as the Know Your Numbers Incentive Program incorporates a benefit premium discount for Knowing Your Numbers related to health indicators such as cholesterol, blood pressure, blood sugar and body mass index. These are key indicators of your risk for serious illness. Knowing your numbers will allow you to make changes to improve your health and reduce your risk of developing chronic and/or serious illness.

Under the Program, the terms Know Your Numbers, means that the insured employee will participate in the Total Wellness Screening that is provided by the City or will provide proof that it has been completed with their medical provider. The City will cover the cost for each insured retiree, insured employee and insured spouse to complete:

- » PWP Personal Wellness Profile – Health Risk Assessment, biometric measurements and reporting
- » Comprehensive metabolic screening panel
- » Complete Blood Count (CBC)
- » A1C Glycohemoglobin – used to diagnose diabetes
- » TSH Thyroid Stimulating Hormone – used to diagnose Hyperthyroidism or Hypothyroidism
- » PSA Prostate Specific Antigen – For males over 50

Know Your Numbers Discount

All employees who meet the criteria of Know Your Numbers are eligible for a \$120 annual insurance premium discount (\$5.00 per pay). An employee is eligible for this discount if he/she:

- » Completes the program outlined above
- » Or is able to certify through their medical provider that wellness screening has already been completed for 2021

Participation in the Program

Participation in the program will be on an annual basis and you will be given the opportunity each fall to complete the screening prior to open enrollment each December.

We encourage you to include your doctor in your wellness efforts and they may also recommend programs available to you.

City of Huntington reserves the right to modify or terminate this program at any time.

Please contact City Human Resources for additional information.

Non-Tobacco User Incentive Program

City of Huntington is committed to improving the quality of life for our employees. We feel we have a responsibility to promote a culture of health that extends past your working hours and becomes a part of your life. We hope to initiate change that will help to impact the rising health care costs that affect us all.

We have determined one of the ways we can support healthier lifestyles for our employees is to promote tobacco-use cessation. With that, City of Huntington will continue our Non-Tobacco User Incentive Program. Employees who qualify for the program and sign an agreement will be given a discount to the premium amount paid for medical plan coverage.

To ensure all employees understand how they become eligible for the incentive, the policies and conditions of the Non-Tobacco User Incentive Program are detailed below.

Incentive Policy

The wellness effort known as the Non-Tobacco User Incentive Program incorporates a benefit premium discount for non-tobacco users, and tobacco cessation options that will assist in discontinuing usage of tobacco products.

Under the Program, the terms tobacco, non-tobacco user, and tobacco user have specific definitions. Tobacco is defined as any form of the tobacco plant, consumed for the effects of its addictive nicotine properties, that is not prescribed by a licensed medical professional. This term is applied to tobacco that can be smoked, chewed, and/or inhaled. A non-tobacco user is defined as an individual who does not currently use any form of tobacco. A tobacco user is defined as an individual who currently uses any form of tobacco, regardless of the method and frequency of use.

Non-Tobacco Use Discount

All employees who meet the criteria of non-tobacco user are eligible for a \$100 monthly insurance premium discount. An employee is eligible for this discount if he/she is able to certify through the Non-Tobacco Use Agreement and Request for Premium Reduction form that he/she:

- » Is not a user of tobacco products (cigarettes, cigars, chewing tobacco, snuff, etc.) regardless of method or frequency of use, or
- » Is a tobacco user and is currently enrolled in a tobacco cessation program or under their doctor's care for monitoring tobacco cessation treatment (documentation will be required.)

An employee is considered a tobacco user and therefore not eligible for the \$60 monthly insurance premium discount if he/she:

- » Is currently using any form of tobacco product (cigarettes, cigars, chewing tobacco, snuff, etc.) in any amount (including social use) and opts not to participate in the Non-Tobacco User Incentive Program.

Participation in the Program

All employees are required to certify their tobacco usage status annually during open enrollment on the Non-Tobacco Use Agreement and Request for Premium Reduction. Participation in the program will be on an annual basis and you will be given the opportunity to enroll each December during open enrollment.

In line with City of Huntington core values, employees are expected to be truthful when completing the Agreement. Proof of tobacco cessation effort will be required and should be attached to your signed Agreement. It is important to note that if you falsify your tobacco use status when completing the Agreement, you will be required to repay incentive amounts back to January 1, 2024. If you begin using tobacco products at any time during the year or if you no longer participate in a tobacco cessation program, you must rescind the Agreement by notifying the HR Department. They will remove the incentive from your paycheck accordingly.

Tobacco Cessation Support

The City of Huntington medical plan includes a smoking cessation benefit. The plan will pay for doctor's office visits and supplies such as nicotine patches, nicotine lozenges, nicotine gum, nicotine nasal spray, and prescriptions such as Chantix, Wellbutrin, Zyban at 100%, no deductible. Prescription supplies and medications can be purchased with your prescription drug card. You must get a claim form for non-prescription or over the counter supplies and tobacco cessation programs from Human Resources and submit to Group Administrators for reimbursement.

Additionally, there are numerous tobacco cessation programs available including:

- » The American Lung Association online program Freedom from Smoking (www.ffsonline.org)
- » Indiana Tobacco Quitline **1.800.QUIT.NOW (1.800.784.8669)** or www.quitnowindiana.com

We encourage you to include your doctor in your smoking cessation efforts and they may also recommend programs available to you.

City of Huntington reserves the right to modify or terminate this program at any time.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Group Administrators, Ltd.	800.323.1683	www.groupadministrators.com
Dental	Group Administrators, Ltd.	800.323.1683	www.groupadministrators.com
Voluntary Vision	VSP	800.877.7195	www.vsp.com
Life Insurance	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Flexible Spending Account	Group Administrators, Ltd.	800.323.1683	www.groupadministrators.com
Long-Term Disability	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Short-Term Disability	Group Administrators, Ltd.	800.323.1683	www.groupadministrators.com
Human Resources	City Human Resources	260.356.1400, ext. 2602	N/A
Teladoc	Teladoc	800.362.2667	www.teladoc.com

Employee Contributions for Benefits (based on 24 pays)

Benefit Plan	Bimonthly	Know Your Numbers Incentive Program
Medical Plan – Non-Tobacco User		
Employee	\$70.00	\$65.00
Employee + Spouse	\$143.15	\$138.15
Employee + Child(ren)	\$126.15	\$121.15
Family	\$183.70	\$178.70
Medical Plan – Tobacco User		
Employee	\$120.00	\$115.00
Employee + Spouse	\$193.15	\$188.15
Employee + Child(ren)	\$176.15	\$171.15
Family	\$233.70	\$228.70
Dental Plan	Bimonthly	
Employee	\$2.65	
Employee + Spouse	\$5.25	
Employee + Child(ren)	\$4.50	
Family	\$7.35	
Vision Rates	Bimonthly	
Employee	\$5.57	
Employee + Spouse	\$9.38	
Employee + Child(ren)	\$9.57	
Family	\$15.43	
Dependent Life Insurance		
The cost for dependent life is \$2.51 per month		

Legal Information

You and City of Huntington have a number of legal obligations and requirements to which both you and the city must adhere. These include your obligation to provide accurate information to the city when you enroll in your benefits and the city's obligation to provide certain coverages in accordance with various applicable laws. This section provides you with information about these legal obligations and requirements.

This booklet does not constitute a contract of employment. The brief benefits summaries in this booklet are not intended to be complete descriptions of each of the respective benefit plans. Please consult the Summary Plan Description (SPD) or Plan Document for the respective plan for definitions of terms. If there are discrepancies between the information in this booklet and the SPDs and other legal documents of any of the Plans, the SPDs and other legal documents will govern.

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 **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 **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, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/of/ applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspreassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742

OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
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 and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act Notice

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- » Reconstruction of the breast upon which the mastectomy has been performed,
- » Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- » Prostheses, and
- » Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- » interfere with a woman's rights under the plan to avoid these requirements, or
- » offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

If you have questions about the plan coverage, please contact your Human Resources department.

Newborns' and Mothers' Health Protection Act of 1996

The Medical Plans 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, the Medical Plans may not, under federal law, require that a provider obtain authorization from the Plans for prescribing a length of stay less than 48 hours (or 96 hours, as applicable).

Michelle's Law (pending regulations)

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under the group medical plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under the group medical plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact your Human Resources Department.

Special Enrollment Rights Provisions

If you decline to enroll in medical and dental coverage for yourself or your dependents (including your spouse) because you have other health insurance coverage, you may in the future enroll yourself or your eligible dependents outside the usual open enrollment period if you or your dependent loses eligibility for the other coverage or the other employer ceases to make employer contributions for the other coverage. In order to become covered after the loss of other coverage, you or your eligible dependent must enroll within 31 days after the other coverage ends. However, if you or your dependent declined coverage because of other coverage provided through COBRA, you or your dependent must wait until the next open enrollment period unless the entire period of coverage available under the COBRA coverage has been exhausted. An individual need not elect COBRA coverage under another health plan in order to use these special enrollment provisions. Proof of eligibility is required within the 31-day period.

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may receive coverage for yourself and your new dependent if you enroll in coverage within 31 days after the marriage, or within 60 days after the birth, adoption or placement for adoption. (The special working spouse rules described in this booklet will apply to new spouses.) For new births, the date of birth will be the effective date of coverage. For adoptions, the date of adoption or date of placement for adoption, whichever is earlier, will be the effective date of coverage.

Fraud Against the Plan

You are responsible for the accuracy of the dependent information you provide to the company. You should check to make sure you are in compliance with the spouse and dependent eligibility rules. Insurance fraud increases the cost of medical, dental, life and other benefits. If you knowingly, and with intent to defraud or deceive any benefit plan, file a statement of claim containing any false, intentionally incomplete or misleading information, or if you allow such a claim to be submitted on behalf of you or one of your dependents, you will be responsible for the consequences. These consequences include, but are not limited to, retroactive termination of coverage and/ or reimbursement to the plan for payments made from the plan. The plan also may choose to pursue civil and/or criminal action.

IMPORTANT NOTICE FROM CITY OF HUNTINGTON 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 under the City of Huntington PPO Plan, 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. City of Huntington has determined that the prescription drug coverage offered by the PPO 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 to December 7.

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 coverage under the City if Huntington PPO Plan will not be affected. You can keep this coverage and this plan will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage under the City if Huntington PPO Plan, be aware that you and your dependents may 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 City of Huntington 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 your Human Resources department. 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 City of Huntington 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: 11/1/2023
Name of Entity/Sender: City of Huntington
Contact, Position/Office: Annette Carroll,
Director of Operations
Address: 300 Cherry Street
Huntington, IN 46750
Phone: 260.356.1400, ext. 2602

Notice Of Privacy Practices Ask us to correct health and claims records

- » **You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To request a correction, you must submit your request in writing to the Privacy Officer.**

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- » Get a copy of your health and claims records
- » Correct your health and claims records
- » Request confidential communication
- » Ask us to limit the information we share
- » Get a list of those with whom we've shared your information
- » Get a copy of this privacy notice
- » Choose someone to act for you
- » File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- » Answer coverage questions from your family and friends
- » Provide disaster relief
- » Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- » Help manage the health care treatment you receive
- » Run our organization
- » Pay for your health services
- » Administer your health plan
- » Help with public health and safety issues
- » Do research
- » Comply with the law
- » Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- » Address workers' compensation, law enforcement, and other government requests
- » Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

- » You can ask to see or get a copy of your health and claims records and other health information we have about you. You must submit your request in writing to the Privacy Officer.
- » We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- » You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To request a correction, you must submit your request in writing to the Privacy Officer.
- » We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- » You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- » We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- » You can ask us not to use or share certain health information for treatment, payment, or our operations.
- » We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- » You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- » We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- » You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- » If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- » We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- » You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- » You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1.877.696.6775**, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- » Share information with your family, close friends, or others involved in payment for your care
- » Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- » In these cases we never share your information unless you give us written permission:
 - » Marketing purposes
 - » Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- » We can use and disclose your information to run our organization and contact you when necessary.
- » We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- » Preventing disease
- » Helping with product recalls
- » Reporting adverse reactions to medications
- » Reporting suspected abuse, neglect, or domestic violence
- » Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- » We can share health information about you with organ procurement organizations.
- » We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- » For workers' compensation claims
- » For law enforcement purposes or with a law enforcement official
- » With health oversight agencies for activities authorized by law
- » For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- » We are required by law to maintain the privacy and security of your protected health information.
- » We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- » We must follow the duties and privacy practices described in this notice and give you a copy of it.
- » We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact Information:

For questions regarding this notice or to receive further information, please contact the Plan's Privacy Officer at:

Director of Human Resources Privacy Officer
City of Huntington
260.356.1400, ext. 2602
300 Cherry Street
Huntington, IN 46750
Annette.Carroll@huntington.in.us

Effective Date of This Notice:

November 1, 2023 (original notice effective April 14, 2004)

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting

