



## Health Plan Benefits – Enrollment Packet *2017*



Enrollment forms are due within 30 days of hire.

Make sure your form has been turned in to  
**Leiah Bainter or Ruthann Fisher** in the **Administration Office** by the Deadline.

Open enrollment for this plan is typically the month of November.  
Elections will be effective on January 1<sup>st</sup>.

# Greenfield-Central Community School Corporation

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**ADMINISTRATOR:** Dunn and Associates Benefit Administrators, Inc.  
Phone: (812) 378-9960  
(800) 880-9960  
Fax: (812) 378-9967  
4550 Middle Road, Suite A – PO Box 2369  
Columbus, IN 47202-2369

## CONTACTS:

Susan DeBolt, Benefit Analyst  
Tammy Shaw, Senior Benefit Analyst  
Dee Jessee, Claims Manager

Susan.DeBolt@dunnbenefit.com  
tshaw@dunnbenefit.com  
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## PRE-UTILIZATION:

Call Clinix at (800) 227-2298 prior to performing the following services to receive maximum benefits payable under the plan:



- Hospital Stays of 18 hrs or more
- Obstetrical Care (*call during 1<sup>st</sup> trimester*)
- Outpatient Surgical Procedures requiring an operating room or surgery center
- Outpatient Chemotherapy/Dialysis
- Skilled Nursing Facility
- Radiation Therapy
- Home Health Care
- Durable Medical Equipment
- PET Scans/MRI's/CT Scans

## IDENTIFICATION CARD:

Each employee will receive an ID card. Families will receive two cards. If additional cards are needed for dependent please request them from your Human Resource Department and additional cards will be provided.

## SUBMISSION OF CLAIMS:

In most cases, hospitals and doctors directly bill our office. Claim forms will not be necessary in these cases. If you wish to submit the claim yourself, claim forms will be available from Dunn & Associates.

## DATE OF CHANGE:

Dunn and Associates will begin processing all claims incurred after the date of January 1, 2017. Claims incurred on December 31, 2016 and prior should be submitted to the prior fully insured carrier.

## PPO NETWORK:

Your plan will utilize the Encore Health Network. In-network services at an Encore provider will be covered at the in-network rate (see Schedule of Benefits). If you have any questions concerning the status of a provider in the network, please contact Dunn & Associates. Please visit [www.encoreconnect.com](http://www.encoreconnect.com) to help find a provider in the network.



## DRUG PROGRAM:

Your drug program will be administered by KPP/Kroger Prescription Plans. **You are “not” limited to just Kroger pharmacies, the Kroger program works with both the national chains and many local independent pharmacies nationwide.** You will be able to pay a copay at the time of purchase at network pharmacies or via mail order. It will not be necessary to file a claim form with our office. Drug program information is included on your ID card. You may contact Kroger at (800) 482-1285 24/7 or you can visit their website at [www.kpp-rx.com](http://www.kpp-rx.com). Mail order information is available on their website or you may fill a 90 day prescription retail at the same copay as mail order.



## BENEFITS:

A summary of the benefits available is included in this packet. A Summary Plan Description booklet describing all benefits in detail will be supplied to each employee as soon as possible. It will also be available on-line.

*We look forward to servicing your account.  
Please feel free to call our office with your questions or concerns.*

# Greenfield-Central Community School Corporation

## Medical Benefits

The following benefits will be offered to Greenfield-Central Community School Corporation employees and their eligible dependents as of January 1, 2017.

This Schedule of Benefits includes the benefits available, coverage amounts and maximum amounts that apply under the Plan. However, Plan payment is not based solely on the Schedule of Benefits. For a complete understanding of whether a particular charge will be paid and at what level, all provisions outlined in this document must be reviewed. Refer to Summary Plan Description (SPD) for specific details. The SPD is the authoritative document over this brief summary of benefits.

### COMPREHENSIVE MEDICAL BENEFITS (Employee and Dependents)

BENEFIT DESCRIPTION	Traditional PPO		CDHP 1		CDHP 2		Wellness*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
	In and Out-of-network maximums accumulate separately.		In and Out-of-Network <b>combine</b> to satisfy same annual maximum.					
Pre-utilization	See pre-utilization section, A reduction in benefits will apply if pre-utilization requirements not met.							
Covered Expenses	70% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
	Unless otherwise stated under Special Conditions.							
Deductible (per calendar yr)  <i>S = Single and F = Family</i>	S - \$750 F - \$1,500	S - \$1,500 F - \$3,000	S - \$2,500 F - \$5,000		S - \$1,500 F - \$3,000		S - \$2,500 F - \$5,000	
	In- and out-of-network deductibles accumulate separately.		In and Out-of-Network <b>combine</b> to satisfy the deductible.					
Coinsurance Limit (per calendar yr)	S - \$2,250 F - \$4,500	S - \$4,500 F - \$9,000	S - \$1,500 F - \$3,000		S - \$1,500 F - \$3,000		S - \$1,500 F - \$3,000	
	In- and out-of-network coinsurance limits accumulate separately.		In and Out-of-Network <b>combine</b> to satisfy the coinsurance limit.					
Total Out-of-Pocket (per calendar yr)	S - \$3,000 F - \$6,000	S - \$6,000 F - \$12,000	S - \$4,000 F - \$8,000 Individual covered under Family coverage has an embedded limit of \$6,850		S - \$3,000 F - \$6,000		S - \$4,000 F - \$8,000 Individual covered under Family coverage has an embedded limit of \$6,850	
	In- and out-of-network out-of-pocket limits accumulate separately.		In and Out-of-Network <b>combine</b> to satisfy the out-of-pocket limit.					
Emergency Care (at Hospital/Facility)	70% after deductible	70% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Preventative Care	100% no deductible	50% no deductible	100% no deductible	60% no deductible	100% no deductible	60% no deductible	100% no deductible	60% no deductible
	<u>Preventative health care services include:</u> Evidence-based items or services that have a rating of “A” or “B” and are currently recommended by the U.S. Preventive Services Task Force, Immunizations that are currently recommended by the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention (CDCP), Evidence-informed preventive care and screenings (as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents, Additional preventative care and screenings (as provided for in the comprehensive guidelines supported by the HRSA) for women. Pediatric oral and vision exams will be covered under the preventative benefit in accordance to the recommendation in the PPACA.							

\*To enroll in this option you must have satisfied the Wellness Requirement through Humana Vitality for 2016 under the prior plan

# Greenfield-Central Community School Corporation

## Prescription Drug Benefits

This coverage will be administered by ~~XXXXXXSXXXXX~~: KPP/Kroger Prescription Plan

BENEFIT DESCRIPTION	Traditional PPO	CDHP 1	CDHP 2	Wellness*
	Employee Pays	Employee Pays	Employee Pays	Employee Pays
		Deductible must be met before prescription copays apply* <b>The CDHP plans must follow IRS High Deductible Health Plan HDHP guidelines in order to be used with Health Savings Accounts.</b> No deductible applies to preventive prescriptions – paid at 100%		
<b>Prescription Drug Benefit</b>				
<u>Retail Program</u> (30-day supply)				
Generic Drugs	\$20	After Deductible is met \$10	After Deductible is met \$10	After Deductible is met \$10
Brand Preferred	30% Min \$40 Max \$60	20% Min \$30 Max \$50	20% Min \$30 Max \$50	20% Min \$30 Max \$50
Brand Non-Preferred	50% Min \$70 Max \$90	40% Min \$50 Max \$70	40% Min \$50 Max \$70	40% Min \$50 Max \$70
Preventative (ACA mandate)	\$0	\$0	\$0	\$0
<u>Mail Order</u> (90-day supply)				
Generic Drugs	\$40	\$20	\$20	\$20
Brand Preferred	30% Min \$80 Max \$120	20% Min \$60 Max \$100	20% Min \$60 Max \$100	20% Min \$60 Max \$100
Brand Non-Preferred	50% Min \$140 Max \$180	40% Min \$100 Max \$140	40% Min \$100 Max \$140	40% Min \$100 Max \$140
Preventative (ACA mandate)	\$0	\$0	\$0	\$0
<u>Specialty Rx</u> (30-day supply)	50% Min \$100 Max \$175	40% Min \$75 Max \$150	40% Min \$75 Max \$150	40% Min \$75 Max \$150
Discounts are available through pharmacies participating in the Preferred network.  If an insured elects not to purchase a generic drug when available and approved by the physician, the employee will be responsible for the brand copay plus the difference in the cost of the generic and the brand name drug purchased.  Contact your Dunn & Associates or your pharmacy benefit manager for additional information regarding specialty rx.				

\*To enroll in this option you must have satisfied the Wellness Requirement through Humana Vitality for 2016 under the prior plan

# Greenfield-Central Community School Corporation

## Employee Medical Benefits Contributions

### Certified

2017 Greenfield-Central CSC <u>Certified</u> Health Insurance Premiums and Payments							
Plan	Coverage	Premium	2017 Employee Rate per 24 pays	Annual Employer Rate	Annual Employee Rate	2016 Employee Rate per 24 pays	2017 employee rate savings per year
<b>Wellness*</b>	Single	\$4,956.84	<b>\$46.25</b>	\$3,847.00	\$1,109.84	\$54.21	\$191.28
	Family	\$13,589.28	<b>\$192.97</b>	\$8,958.00	\$4,631.28	\$278.96	\$2,063.76
* To enroll in this option you must have satisfied the Wellness Requirement through Humana Vitality for 2016 under the prior plan							
<b>CDHP 1</b>	Single	\$5,523.12	<b>\$69.84</b>	\$3,847.00	\$1,676.12	\$77.81	\$190.56
	Family	\$15,022.92	<b>\$252.71</b>	\$8,958.00	\$6,064.92	\$338.70	\$2,063.76
<b>CDHP2</b>	Single	\$7,511.40	<b>\$152.69</b>	\$3,847.00	\$3,664.40	\$177.19	\$588.24
	Family	\$20,431.08	<b>\$478.05</b>	\$8,958.00	\$11,473.08	\$607.54	\$3,107.76
<b>Traditional PPO</b>	Single	\$15,081.40	<b>\$468.10</b>	\$3,847.00	\$11,234.40	\$408.40	(\$1,144.32)
	Family	\$36,881.08	<b>\$1,163.47</b>	\$8,958.00	\$27,923.08	\$1,240.31	\$3,643.44

### Classified

2017 Greenfield-Central CSC <u>Classified</u> Health Insurance Premiums and Payments							
Plan	Coverage	Premium	2017 Employee Rate per 24 pays	Annual Employer Rate	Annual Employee Rate	2016 Employee rate per 24 pays	2017 employee rate savings per year
<b>Wellness*</b>	Single	\$4,956.84	<b>\$34.25</b>	\$4,135.00	\$821.84	\$42.21	\$191.20
	Family	\$13,589.28	<b>\$118.02</b>	\$10,757.00	\$2,832.28	\$204.01	\$2,063.96
* To enroll in this option you must have satisfied the Wellness Requirement through Humana Vitality for 2016 under the prior plan							
<b>CDHP 1</b>	Single	\$5,523.12	<b>\$57.84</b>	\$4,135.00	\$1,388.12	\$65.81	\$191.32
	Family	\$15,022.92	<b>\$177.75</b>	\$10,757.00	\$4,265.92	\$263.74	\$2,063.84
<b>CDHP2</b>	Single	\$7,511.40	<b>\$140.69</b>	\$4,135.00	\$3,376.40	\$165.19	\$588.16
	Family	\$20,431.08	<b>\$403.09</b>	\$10,757.00	\$9,674.08	\$532.58	\$3,107.84
<b>Traditional PPO</b>	Single	\$15,081.40	<b>\$456.10</b>	\$4,135.00	\$10,946.40	\$396.40	(\$1,432.80)
	Family	\$36,881.08	<b>\$1,088.51</b>	\$10,757.00	\$26,124.08	\$1,165.36	\$1,844.56

## **Using the Lab Card program is as easy as 1-2-3...**

1 – When your physician orders laboratory work for you, show your Lab Card or Healthcare ID card with the Lab Card logo on it and **verbally request** to use the Lab Card Program. Your physician will then collect your specimen and send to Quest Diagnostics under the Lab Card benefit.

2 – **Any** physician can collect specimens and call Quest Diagnostics Lab Card Client Services at (800) 646-7788 for courier pick-up and supplies. In the event your physician does not participate with the Lab Card Program, simply take your test orders to an approved Lab Card collection site for the draw. Collection site locations can be found by calling Lab Card Client Services or by going to the website at [www.labcard.com](http://www.labcard.com).

3 – Your specimens will be processed through the Lab Card program at an approved Quest Diagnostics facility and results sent back to your physician (usually within 24 - 48 hours).

**For the most current** listing of collection sites available, please go to the website at [www.labcard.com](http://www.labcard.com). The website also provides you with other information and capabilities:

- Ability to print a temporary Lab Card / order a replacement Lab Card
- Instructions on how to use the Lab Card
- Printable Q&A for physicians
- “Contact my physician” feature to provide information on the Lab Card

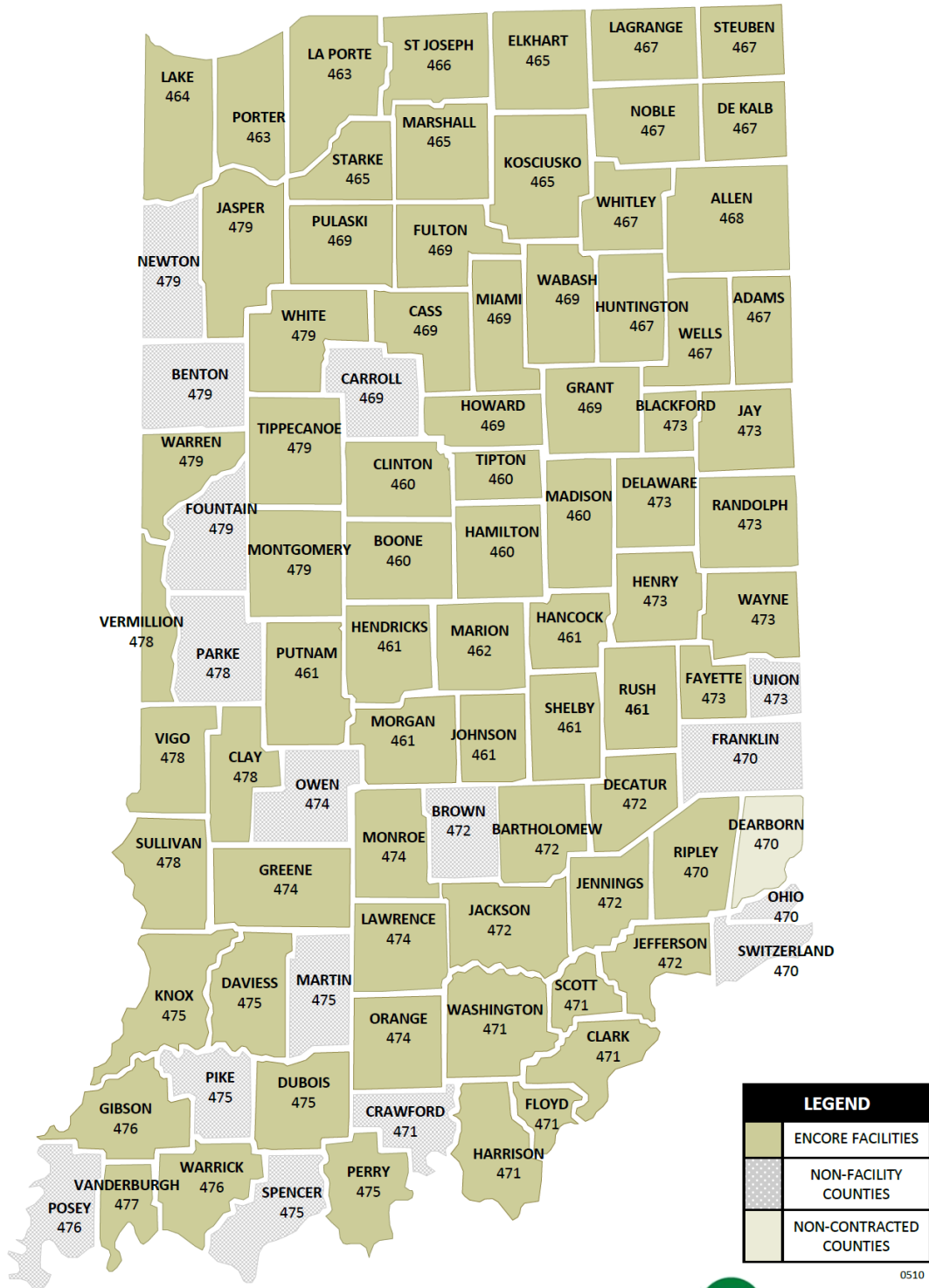
Program

**To receive the benefits** of the Lab Card program, you **must present** your Lab Card and **request** the Lab Card program at the time of service. The physician’s office and collection sites will need a copy of your Lab Card or Healthcare ID card with the Lab Card logo on it each time you go for services.

**Visit [www.labcard.com](http://www.labcard.com) to find a draw site near you.**

Facility Name	Address		County	City	ST	Zip	Phone
Bloomington Meadows Hospital	3600 N. Prow Road	Hospital	MONROE	Bloomington	IN	47404	(812) 331-8000
Columbus Regional Hospital	2400 E. Seventeenth Street	Hospital	BARTHOLOMEW	Columbus	IN	47201	(812) 379-4441
Community Hospital East	1500 N. Ritter Avenue	Hospital	MARION	Indianapolis	IN	46219	(317) 355-1411
Community Hospital South	1402 E. County Line Road	Hospital	MARION	Indianapolis	IN	46227	(317) 887-7000
Decatur County Memorial Hospital	720 N. Lincoln Street	Hospital	DECATUR	Greensburg	IN	47240	(812) 663-4331
Eskenazi Health	720 Eskenazi Avenue	Hospital	MARION	Indianapolis	IN	46202	(317) 639-6671
Franciscan St. Francis Health - Indianapolis	8111 S. Emerson Avenue	Hospital	MARION	Indianapolis	IN	46237	(317) 865-5000
Franciscan St. Francis Health - Mooresville	1201 Hadley Road	Hospital	MORGAN	Mooresville	IN	46158	(317) 831-1160
Hancock Regional Hospital	801 N. State Street	Hospital	HANCOCK	Greenfield	IN	46140	(317) 462-5544
Indiana University Health Bedford Hospital	2900 W. 16th Street	Hospital	LAWRENCE	Bedford	IN	47421	(812) 275-1200
Indiana University Health Bloomington Hospital	601 W. 2nd Street	Hospital	MONROE	Bloomington	IN	47403	(812) 336-6821
Indiana University Health-Methodist Hospital	1701 N. Senate Blvd.	Hospital	MARION	Indianapolis	IN	46202	(317) 962-2000
Indiana University Health Paoli Hospital	642 W. Hospital Road	Hospital	ORANGE	Paoli	IN	47454	(812) 723-2811
Indiana University Health-University Hospital	550 N. University Boulevard	Hospital	MARION	Indianapolis	IN	46202	(317) 944-5000
IU Health West Hospital	1111 N. Ronald Reagan Parkway	Hospital	HENDRICKS	Avon	IN	46123	(317) 217-3000
Jackson County Memorial Hospital dba Schneck Medical Center	411 W. Tipton Street	Hospital	JACKSON	Seymour	IN	47274	(812) 522-0160
Johnson Memorial Hospital	1125 W. Jefferson Street	Hospital	JOHNSON	Franklin	IN	46131	(317) 736-3300
King's Daughters' Hospital	1373 East State Road 62	Hospital	JEFFERSON	Madison	IN	47250	(812) 801-0800
King's Daughters Health-Hospice	1373 East State Road 62	Hospital	JEFFERSON	Madison	IN	47250	(812) 265-0671
Major Hospital	150 W. Washington Street	Hospital	SHELBY	Shelbyville	IN	46176	(317) 392-3211
Rehabilitation Hospital of Indiana	4141 Shore Drive	Hospital	MARION	Indianapolis	IN	46254	(317) 329-2000
Riley Hospital for Children at IU Health	702 Barnhill Drive	Hospital	MARION	Indianapolis	IN	46202	(317) 944-5000
Rush Memorial Hospital	1300 N. Main Street	Hospital	RUSH	Rushville	IN	46173	(765) 932-4111
Scott Memorial Hospital	1451 N. Gardner Street	Hospital	SCOTT	Scottsburg	IN	47170	(812) 752-8542
St. Vincent Dunn Hospital	1600 23rd Street	Hospital	LAWRENCE	Bedford	IN	47421	(812) 275-3331
St. Vincent Jennings Hospital, Inc.	301 Henry Street	Hospital	JENNINGS	North Vernon	IN	47265	(812) 352-4200
St. Vincent Salem Hospital	911 N. Shelby Street	Hospital	WASHINGTON	Salem	IN	47167	(812) 883-5881
Westview Hospital	3630 Guion Road	Hospital	MARION	Indianapolis	IN	46222	(317) 924-6661
Community Westview Hospital	3630 Guion Road	Hospital	MARION	Indianapolis	IN	46222	(317) 924-6661

# ENCORE NETWORK MAP



**You have internet access to:**

- ✓ BENEFITS INFORMATION
- ✓ PROVIDER NETWORK INFORMATION
- ✓ ELIGIBILITY INFORMATION
- ✓ CLAIMS DATA
- ✓ MESSAGE CENTER

**Accessing Dunn Online:**

*Easy as...*

1. visit our website [www.dunnbenefit.com](http://www.dunnbenefit.com)
2. click on the "benefits portal" link
3. register as a new user; once activated you will receive a confirmation email and be able to have benefits information at the tips of your fingers.

The *Patient Protection and Affordable Care Act* (PPACA) include health insurance market reforms that will bring immediate benefits to millions of Americans, including those who currently have coverage.

## **Extension of Dependent Coverage to Age 26**

The adult child will be eligible under this plan, regardless of whether the adult child is eligible to enroll in another employer-sponsored health plan. A plan that covers the adult child as an employee or spouse will be primary to this plan which covers the adult child as a dependent child.

## **Patient Protection Disclosure**

This plan does not require the designation of a primary care provider. You have the right to seek care from any primary care provider of your choice. Designation of a primary care physician is not required for children. You do not need prior authorization from this plan or Dunn and Associates Benefit Administrators, Inc. or from any other person (including a primary care physician) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in primary care, pediatrics, obstetrics, or gynecology, contact Dunn and Associates Benefit Administrators at 800-880-9960 or visit [www.dunnbenefit.com](http://www.dunnbenefit.com).

## **Grandfathered Plan Status**

This plan is considered to be a “Non-Grandfathered Plan” under the PPACA. Being a non-grandfathered plan means that the Plan includes certain consumer protections of the Affordable Care Act. Questions regarding which protections apply and which protections do not apply to a non-grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Dunn and Associates Benefit Administrators at 812-378-9960 or 800-880-9960. The Plan participant may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

## **Prohibition on Rescissions**

PPACA prohibits a group health plan from rescinding health coverage except in the case of fraud or intentional misrepresentation of a material fact.

## **Prohibition on Preexisting Condition Exclusions**

PPACA prohibits group health plans from denying coverage based on an applicant’s preexisting condition.

## **Preventative Care:**

Preventative health care services will be payable at 100% no deductible, according to Schedule A and B of Health Care Reform preventative care services. Visit [www.healthcare.gov](http://www.healthcare.gov) for these schedules or call Dunn & Associates.

## **Emergency Services:**

Non-grandfathered plans must pay for emergency services at the same rate for in-network and out-of-network providers claims that are considered to be emergencies. Non-emergency care received at a hospital emergency room will not be subject to this provision.

## **Clinical Trials:**

This plan will comply with the clinical trials process. Non-grandfathered plans must cover routine expenses for clinical trials for cancer and other life-threatening diseases and cannot discriminate against individuals for participating in the trial.

## **Revised Appeals Process:**

This plan will comply with the updated internal appeals process and will provide participants with information about the process. This plan will also adopt an external appeals process that, at a minimum, meets the Uniform External Review Model Reform promulgated by the National Association of Insurance Commissioners. The new procedures will include claims benefit determination (whether or not adverse) involving urgent care as soon as possible, but not later than 24 hours after the plan or insurer receives the claim.

# Important Noticed about Your Prescription Drug Coverage and Medicare

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Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage. Medicare prescription drug coverage became available in 2007 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

Your employer has determined that the prescription drug coverage they offer is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage. Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to enroll in a Medicare prescription drug plan and drop your employer's prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose the coverage with your employer and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

Contact our office for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if the coverage through your employer changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage, visit [www.medicare.gov](http://www.medicare.gov).

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 prescription drug plans. For more information about Medicare prescription drug plans:

Call your State Health Insurance Assistance Program (see 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Date:	December 2016
Name of Entity/Sender:	Greenfield-Central Community School Corporation
Contact--Position/Office:	Harold Olin, Superintendent
Address:	110 W North St. Greenfield, IN 46140
Phone Number:	317-462-4434

# Women's Health & Cancer Rights Act

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The Women's Health and Cancer Rights Act (WHCRA) was signed into law on October 21, 1998. The law requires that Employees are notified of the Maternity and Mastectomy benefits it encompasses periodically.

## **Maternity Benefits** (Precertification)

The Department of Labor (DOL) has issued an interim regulation that modifies the Newborns' and Mothers' Health Protection Act of 1996. The Newborns' and Mothers' Health Protection Act generally prohibits health insurance issuers and group health plans from restricting benefits for hospitalization 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. The DOL's interim regulation further clarifies (or modifies) this act by stating that Federal law generally does NOT prohibit the mother or newborn's attending health provider from discharging the mother or her newborn earlier than 48 hours after vaginal delivery or 96 hours after cesarean section when the provider has consulted with the mother first.

## **Mastectomy Surgery** (*Related Services Covered*)

The Women's Health and Cancer Rights Act of 1998, enacted as part of the Omnibus Budget Bill, requires that group health plans providing coverage for a mastectomy to also cover additional related charges. We are pleased to say that your plan does provide coverage for mastectomies; therefore, the following related services are now also covered under your plan:

Breast reconstruction of a surgically removed breast

Surgery and reconstruction of the other breast to produce a symmetrical appearance

Prostheses and treatment for physical complications from all stages of mastectomy, including lymphedemas

Applicable copayments and deductibles apply to these services as indicated in your Summary Plan Description.

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

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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, 2016. Contact your State for more information on eligibility –**

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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.

**INDIANA – Medicaid**  
**Healthy Indiana Plan for low-income adults 19-64**  
**Website:** <http://www.hip.in.gov>  
**Phone:** 1-877-438-4479

**IMPORTANT:**

This notice references the 2016 program. Only those that have been notified as having satisfied the Humana Vitality requirements in 2016 may select the "Wellness" plan option on January 1, 2017

# Notice Regarding Wellness Program

**Greenfield-Central Community School Corporation (GCCSC)** wellness program is a voluntary program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs to seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for glucose, cholesterol and PSA (optional). Employees who choose to participate in the biometric screenings will receive an incentive of reduced premiums for employee only and family coverage. Although you are not required to participate in the biometric screening, only employees who do so will receive the premium reduction. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **Leiah Bainter or Ruthann Fisher at the Greenfield-Central Community School Corporation, 110 W North St, Greenfield, IN 46140 or 317-462-4434**. The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as new options or additional activities to earn more credits. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and **GCCSC** may use aggregate information it collects to design a program based on identified health risks in the workplace, **GCCSC** will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the staff of **Humana Vitality Wellness Program** in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Limited information will be shared with the staff of Dunn and Associates in order to track and apply wellness credits. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Leiah Bainter or Ruthann Fisher at the Greenfield-Central Community School Corporation, 110 W North St, Greenfield, IN 46140 or 317-462-4434**.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### 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're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's 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 a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- 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?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Leiah Bainter or Ruthann Fisher (317) 462-4434**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please 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.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

EMPLOYER NAME	Greenfield-Central Community School Corporation
EMPLOYER IDENTIFICATION NUMBER (EIN)	35-1100181
EMPLOYER ADDRESS	110 W North St.
EMPLOYER PHONE NUMBER	317-462-4432
CITY, STATE, ZIP CODE	Greenfield, IN 46140
WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?	Leiah Bainter or Ruthann Fisher
PHONE NUMBER (IF DIFFERENT FROM ABOVE)	(317) 462-4434
EMAIL ADDRESS	<a href="mailto:lbainter@gcsc.k12.in.us">lbainter@gcsc.k12.in.us</a> or <a href="mailto:rfisher@gcsc.k12.in.us">rfisher@gcsc.k12.in.us</a>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

Please refer to the Eligibility Section of your Summary Plan Description booklet. If you do not have an SPD, one can be found at [www.dunnbenefit.com](http://www.dunnbenefit.com) or you may request one from your Human Resource Department.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

Please refer to the Eligibility Section of your Summary Plan Description booklet. If you do not have an SPD, one can be found at [www.dunnbenefit.com](http://www.dunnbenefit.com) or you may request one from your Human Resource Department.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.