



# **PACE North Employee Benefit Guide 2020**



Peterson McGregor

# 2020 Employee Benefit Guide

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.*

MEDICAL

DENTAL

VISION

GROUP LIFE

## Pick the Best Benefits For You and Your Family

PACE North strives to provide a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

The elections you make during open enrollment will become effective on 01/01/2020.

QUESTIONS? Please don't hesitate to reach out to the Human Resource Department.

## Contents included in this document are as follows:

- Contact Information
- Plan Information
- Payroll Deductions
- Legislative Updates & Legal Notices

*If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see Important Notice from PACE North About Your Prescription Drug Coverage and Medicare for additional details.*

**The information in this guide applies to the PACE North Health and Welfare Plan, Plan number 501. This guide meets the requirements for a Summary of Material Modification as required by the Employee Retirement Security Income Act (ERISA). The company reserves the right to amend, modify, or terminate this Plan at any time and in any manner.**

## WHO IS ELIGIBLE FOR BENEFITS

Full time employees working at least 30 hours per week, and their eligible dependents. Regular part time employees who are promoted to full time will receive credit towards their new hire waiting period for their part time hours. Employees who are terminated and rehired within 6 months are not subject to a waiting period.

Eligible Dependents are defined as follows:

- Lawful spouse: The individual to whom you are legally married and who is not legally separated or divorced from you.
- Dependent child: Child related to you or your spouse by birth, marriage, legal adoption, or legal guardianship.

**For Medical:** Dependents who are less than 26 years old may be enrolled for coverage until the end of the year in which they turn 26 (married or unmarried).

**For Dental & Vision:** Dependents who are less than 26 may be enrolled until their 26th birthday.

**For New Hires:** Coverage will begin on the 1st of the month following 60 days of employment.

## STEPS OF OPEN ENROLLMENT

Review the benefit materials provided in your enrollment packet.

After you have determined your benefit elections, you will need to complete the enrollment forms and submit to HR in a timely manner from your hire date . Forms are available in the HR Department.

ANNUAL OPEN ENROLLMENT PERIOD – November

EFFECTIVE DATE – 01/01/2020

Once you have made your elections, you will not be able to change them until the next annual open enrollment period unless you have a qualified change (see below).

## MAKING CHANGES OUTSIDE OF OPEN ENROLLMENT

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's employment status or a change in coverage under another employer-sponsored plan

You have 30 days from the date of the qualifying event to notify HR of any changes that need to be made to your coverage.

**We are committed to a comprehensive Employee Benefit Program that helps our employees stay healthy, feel secure, and maintain a work/life balance. We are excited about the benefit package available to our employees and we hope you are pleased with the plans available to you and your family!**

## **Contact List** for when you have questions or need assistance!

### **MEDICAL**

Carrier: Priority Health  
Phone: 1-800-942-0954  
Website: [www.priorityhealth.com](http://www.priorityhealth.com)  
Network List: HMO  
Group #: 793729  
ID Card: Yes

### **DENTAL**

Carrier: Principal Financial  
Phone: 1-800-247-4695  
Website: [www.principal.com](http://www.principal.com)  
Network List: PPO  
Group #: 1120205  
ID Card: Yes

### **VISION**

Carrier: Principal Financial  
Phone: 1-800-247-4695  
Website: [www.vsp.com](http://www.vsp.com)  
Network List: Choice  
Group #: 1120205  
ID Card: Yes

### **GROUP LIFE AD&D**

Carrier: Mutual of Omaha  
Phone: 1-800-228-7104  
Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)  
Group #: G000BKSD



## **PETERSON MCGREGOR INSURANCE**

**Amber Boylan, Benefit Account Manager -Claims**  
**(231)944-7039**  
**[aboylan@team-pma.com](mailto:aboylan@team-pma.com)**

**Raquel Paulus, Employee Benefits Specialist-Sales**  
**(231) 944-7030**  
**[rpaulus@team-pma.com](mailto:rpaulus@team-pma.com)**

## Payroll Deductions Chart—

MEDICAL HMO \$500	MEDICAL HMO \$1,000
<p>Priority Health is our group medical plan provider. Please see benefit summary for plan details.</p> <p>Deductions monthly</p> <p>EMPLOYEE: \$100</p> <p>EE + SPOUSE: \$200</p> <p>EE + CHILD: \$150</p> <p>EE + CHILDREN: \$300</p> <p>EE + FAMILY: \$500</p>	<p>Priority Health is our group medical plan provider. Please see benefit summary for plan details.</p> <p>Deductions monthly</p> <p>EMPLOYEE: \$100</p> <p>EE + SPOUSE: \$200</p> <p>EE + CHILD: \$150</p> <p>EE + CHILDREN: \$300</p> <p>EE + FAMILY: \$500</p>
DENTAL	
<p>Principal Financial is our group dental plan provider. Please see benefit summary for plan details.</p> <p>Deductions monthly</p> <p>EMPLOYEE: \$15.00</p> <p>EE + SPOUSE: \$30.00</p> <p>EE + CHILD: \$35.00</p> <p>EE + FAMILY: \$60.00</p>	
VISION	
<p>Principal Financial is our group vision plan provider. Please see benefit summary for plan details.</p> <p>Deductions monthly</p> <p>EMPLOYEE: \$5.40</p> <p>EE + SPOUSE: \$10.23</p> <p>EE + CHILD: \$8.10</p> <p>EE + FAMILY: \$13.48</p>	
GROUP LIFE AD&D	
<p>Mutual of Omaha is our group Life AD&amp;D plan provider. Please see benefit summary for plan details.</p> <p><b>This benefit is 100% paid for by PACE North.</b> <b>There is no cost to you.</b></p>	

**REMEMBER:** The Affordable Care Act requires most individuals to obtain health coverage or pay a penalty. Due to the passage of the Tax Cuts and Jobs Act in 2017 the penalty starting in 2019 going forward will be \$0.



# MEDICAL

Each year PACE North analyzes our health care plan and sets renewal goals. We maintain a commitment to provide you and your dependents with a quality health care plan at an affordable cost. This year we are partnering with Priority Health to bring you the following options. Please review the information below to make the selection that works best for your family. The information below is a summary of your medical plans. For complete details and a full benefit summary please see human resources.

		Priority Health HMO \$500	Priority Health HMO \$1,000
Deductible (Calendar Year)		In-Network	In-Network
	Single	\$500	\$1,000
	Family	\$1,000	\$2,000
Coinsurance		80%*   20%	80%*   20%
Coinsurance Maximum+			
	Single	\$5,500	\$3,500
	Family	\$11,000	\$7,000
Out of Pocket Maximum^			
	Single	\$7,900	\$7,350
	Family	\$15,800	\$14,700
Covered Services			
	Office Visit	\$20 copay	\$20 copay
	Online Visit	\$0 copay	\$0 copay
	Specialist	\$50 copay	\$50 copay
	Routine Preventive Care	100%	100%
	Outpatient Diagnostic Lab	\$20 copay	\$20 copay
	X-Ray	\$50 copay	\$50 copay
	Emergency Room	\$250 copay after deductible	\$250 copay after deductible
	Urgent Care Facility	\$75 copay	\$75 copay
	Hospitalization	80% after deductible	80% after deductible
	Pharmacy	Preferred Generic \$5 Non Preferred Generic \$20 Preferred Brand \$60 Non Preferred Brand \$80 Preferred Specialty 20% (\$250 max) Non Preferred Specialty 20% (\$450 max)	Preferred Generic \$5 Non Preferred Generic \$20 Preferred Brand \$60 Non Preferred Brand \$80 Preferred Specialty 20% (\$250 max) Non Preferred Specialty 20% (\$450 max)

\*Most but not all services are covered at 80% after deductible. Certain covered services may have a lesser coinsurance. Please refer to your SBC for additional information.

+The coinsurance maximum limits the total amount of coinsurance you will pay for certain covered services during a coverage period and is included in the out of pocket maximum.

^The out of pocket maximum includes deductible, flat dollar copays and coinsurance amounts for all covered services— including cost sharing amounts for prescription drugs.

# DENTAL

*Your dental insurance will be provided through Principal. You may see any provider you like, but staying in Network saves you money. To find participating providers, visit: [www.principal.com](http://www.principal.com). The chart below provides a general summary of your plan benefits. For details and full benefit summary please see human resources.*

<b>Deductible (per calendar year)</b>		<b>In-Network</b>
	Individual	\$50
	Family	\$150
<b>Benefit Maximum (all services combined)</b>		
	Individual	\$1,000
<b>Covered Services</b>		
	Preventive Care (exams, cleanings)	100% (Deductible waived)
	Basic Services (fillings, extractions, bitewing x-rays)	80%
	Major Services (crowns, root canal, dentures)	50%
	Orthodontia	Not Covered

**Claims paid to out of network providers are subject to balance billing and other out of pocket costs.**

# VISION

*Your voluntary vision insurance will also be provided through Principal using the VSP choice network. The chart below provides a general summary of your plan benefits. For details and a full benefit summary please see human resources.*

Vision Benefits	Frequency	In-Network
Exam	12 months	\$10 copay
Contact Fit & Follow Up	12 months	\$25 copay
Lenses	12 months	\$25 copay
Frames	24 months	\$130 allowance
Contact Lenses (instead of glasses)	12 months	\$130 allowance

**Claims paid to out of network providers are subject to balance billing and other out of pocket costs.**



# LIFE INSURANCE

*Your Life AD&D insurance is provided through Mutual of Omaha. The information below provides a general summary of your plan benefits. For details and a complete benefit summary please see human resources.*

We are proud to provide \$10,000 of Life & AD&D insurance to all eligible employees.

Life insurance can provide peace of mind for your loved ones so they know they are protected even if the unthinkable were to happen by providing financially for them after you're gone.

This benefit is 100% paid by PACE North and is no cost to you. Please make sure your beneficiary information is up to date with human resources.

## Basic EAP

PACE North



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

### We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- ✓ Emotional Well-Being
- ✓ Family and Relationships
- ✓ Legal and Financial
- ✓ Healthy Life Styles
- ✓ Work and Life Transitions

### EAP Benefits

- ✓ Access to EAP Professionals 24 hours a day, seven days a week
- ✓ Provides information and referral resources
- ✓ Service for employees and eligible dependents
- ✓ Online resources for:
  - Substance use and other addictions
  - Dependent and Elder Care resources

- ✓ Access to a library of educational articles, handouts and resources via [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

- Legal library and online forms
- Financial and online tools

### What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit [mutualofomaha.com/eap](https://mutualofomaha.com/eap) or call 800-316-2796 for confidential consultation and resource services.



Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

# Legislative Updates

## **The Women's Health and Cancer Rights Act**

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. 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
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-pays consistent with other coverage provided by the Plan.

## **Newborns' and Mothers' Health Protection Act**

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting the mother's or newborn's length of stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain pre-authorization for a stay of 48 hours or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

## **Mental Health Parity Act**

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental health benefits under the ABC Company's Medical Plans are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan. However, mental health benefits may be limited to a maximum number of treatment days per year or series per lifetime.

## **Health Insurance Portability and Accountability Act**

We, in accordance with HIPAA, protects your Protected Health Information (PHI). We will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

## **Continuation Required By Federal Law for You and Your Dependents**

Federal law enables your or your dependents to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependent(s) to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations. For additional information, contact Human Resources.

## **HIPAA Special Enrollment Rights**

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

**New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption** – If you have a new dependent as a result of marriage, birth, adoption or placement of adoption, you may be able to enroll yourself and/or your dependents. To be eligible for this special enrollment opportunity, you must request enrollment within **30 days** after the marriage, birth, adoption or placement for adoption. Contact Human Resources to request a special enrollment.

## **Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

## **For More Information or Assistance**

To request special enrollment or obtain more information, please contact Human Resources.

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

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

For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019.**

**Contact your State for more information on eligibility.**

ALABAMA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
ARKANSAS – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
IOWA – Medicaid
Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563
COLORADO – Health First Colorado & Child Health Plan Plus
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid
Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: Medicaid <a href="http://www.medicaid.georgia.gov">www.medicaid.georgia.gov</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
KANSAS – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
KENTUCKY – Medicaid
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570
LOUISIANA – Medicaid
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
MAINE – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739 or 651-431-2670

<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427

<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/">https://health.wyo.gov/healthcarefin/medicaid/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

## NOTICE OF PATIENT PROTECTIONS

When applicable, it is important that individuals enrolled in a plan or health insurance coverage know of their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization. Accordingly, the interim final regulations regarding patient protections under section 2719A of the Affordable Care Act require plans and issuers to provide notice to participants of these rights when applicable. The notice must be provided whenever the plan or issuer provides a participant with a summary plan description or other similar description of benefits under the plan or health insurance coverage. This notice must be provided no later than the first day of the first plan year beginning on or after September 23, 2010.

Priority Health generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Priority Health designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Priority Health at 1-800-942-0954.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Priority Health or from any other person (including a primary care provider) 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 pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Priority Health at 1-800-942-0954.

## Important Notice from PACE North About Your Prescription Drug Coverage and Medicare

*Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PACE North, 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. PACE North has determined that the prescription drug coverage offered by PACE North Medical Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current PACE North medical plan coverage will not be affected.

Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the PACE North medical plan during the open enrollment period under the Medical Plan.

### 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 PACE North, 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 November to join.

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

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PACE North 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](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**



# YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This privacy 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

**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 an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- 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 say “yes” to all reasonable requests.

### **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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

## 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 your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your

### **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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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
- Most sharing of psychotherapy notes
- In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

# YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This privacy 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.

## **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.

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

**Run our organization** -We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Bill for your services** -We can use and share your health information to bill and get payment from health plans or other entities.

### **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](http://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

## **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.

**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** -We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director** -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.

- 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/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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, in our office, and on our web site.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149

## PART A: General Information

Beginning in 2014, there is 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. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

### 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 (adjusted to 9.86% for 2019), 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 Leslie Etienne 231-252-3813.

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

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## 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.

3. Employer name PACE North		4. Employer Identification Number (EIN) 81-4749395	
5. Employer address 2325 N Garfield		6. Employer phone number 231-252-3818	
7. City Traverse City	8. State MI	9. ZIP code 49686	
10. Who can we contact about employee health coverage at this job? Leslie Etienne			
11. Phone number (if different from above)		12. Email address letienne@pacenorth.org	

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:

Full time employees working at least 30 hours per week. Full time physicians working at least 17.5 hours per week

- With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are:

Legal spouse and/or dependents of the employee

☐

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.



Peterson McGreggor