



Merrill Area Public School District

2024-25 Employee Benefits Guide



Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2024-25 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

In the First 31 Days of Hire or During Open Enrollment

Enroll in these plans or waive coverage:

- € Aspirus Health Plan
- € Delta Dental
- € Delta Voluntary Vision
- € The Standard: Short-term Disability, Additional Life
- € Guardian: Voluntary Accident & Critical Illness
- € EBC: Limited Flex Spending & Dependent Care Flex Spending



At Any Time During The Year

Enroll in these plans:

- € Health Savings Account
- € Voluntary 403B Retirement Plan
- € Additional Life (The Standard) – Evidence of Insurability will be required for all late applicants
- € Short-Term Disability (The Standard) – Extended waiting period applies if you do not apply within 31 days of becoming initially eligible
- € Accident & Critical Illness (Guardian – Limitations Apply)

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



Carrier Contacts

Coverage	Carrier	Contact
Medical	Aspirus Health Plan	866-631-5404 www.aspirushealthplan.com
Flexible Spending Account (FSA)	Employee Benefit Corporation (EBC)	800.346.2126 www.ebcflex.com
Dental	Delta Dental	800.236.3712 www.deltadentalwi.com
Vision	Delta Dental	844.848.7090 www.deltadentalwi.com
Short-Term & Long-Term Disability	The Standard	800.378.5742 www.standard.com
Voluntary Accident / Critical Illness	Guardian	888.482.7342 www.guardiananytime.com

Understanding Your Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Merrill Area Public Schools provides eligible employees access to a Qualified High Deductible Health Plan administered by Aspirus Health Plan. Both plans have the same benefits and allow you to have a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses. The difference is in the networks:

1. Aspirus Health Plan Signature HMO Plan offers the lowest premiums and features Aspirus Health Care and affiliated providers and does not provide any coverage – outside of the network – except for emergency room services or with an approved referral from Aspirus Health Plan.
2. Aspirus Health Plan Freedom Network Point-of-Service Plan. This is a 2-Tier plan – meaning that it does provide both in and out-of-network coverage. This option features the Aspirus Health Plan Freedom Network which provides additional access to WI-based providers in addition to all of the providers in the Signature Network but does have a higher premium cost.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Aspirus Health Plan network that you select. Find a participating health care provider in your area by going to: <https://p1.aspirushealthplan.com/find-a-doctor/>

For emergency room services, benefits always pay at the “in-network” level regardless of whether the hospital is considered in-network or not. Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

- o All full-time employees

And Your...

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

Terms To Know

Deductible

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

Copay

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

Out-of-Pocket Maximum

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

Coinsurance

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

Medical Plan Highlights

ASPIRUS HEALTH PLAN FREEDOM NETWORK	POS \$2,000 \$4,000	
	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	100%	80%
PHYSICIAN SERVICES		
Routine / Preventive Care	Select Services Covered In Full	Deductible, then 80%
Virtual Care	Deductible, then 100%	N/A
Primary Care Physician	Deductible, then 100%	Deductible, then 80%
Specialist	Deductible, then 100%	Deductible, then 80%
HOSPITAL SERVICES		
Inpatient	Deductible, then 100%	Deductible, then 80%
Outpatient	Deductible, then 100%	Deductible, then 80%
WALK-IN CLINICS / URGENT CARE / ER		
Urgent Care	Deductible, then 100%	Deductible, then 80%
Emergency Care	Deductible, then 100%	
PRESCRIPTION DRUG		
	Retail / Mail Order	
Generic	\$10	
Brand	\$40	
Non-Preferred	\$80	
Specialty	25% to \$250	

* **Selecting a Provider:** Using a Network provider maximizes your benefits. You can find a Network provider by clicking on Find a doctor at <https://p1.aspirushealthplan.com/find-a-doctor/>. If you go to a provider outside this Network, you will likely have higher out-of-pocket costs. For more information, please see Reimbursement Notifications for Non-Network Providers and/or view your Certificate at www.aspirushealthplan.com.

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

Freedom RATES	24 Pay Period 7/15/24 >	20 Pay Periods (Teachers)	18 Pay Periods (10 & 11 Month Support Staff)
Single	\$62.24	\$74.69	\$82.99
Family	\$141.28	\$169.54	\$188.38

**The district will again be offering cash-in-lieu of \$4,000
If waiving, you must sign a waiver form with Human Resources**

Medical Plan Highlights

ASPIRUS HEALTH PLAN SIGNATURE NETWORK	HMO \$2,000 \$4,000 IN-NETWORK COVERAGE ONLY	
Deductible		
Single		\$2,000
Family		\$4,000
Out-of-Pocket Maximum		
Single		\$4,000
Family		\$8,000
Coinsurance		100%
PHYSICIAN SERVICES		
Routine / Preventive Care		Select Services Covered In Full
Virtual Care		Deductible, then 100%
*Primary Care Physician		Deductible, then 100%
Specialist		Deductible, then 100%
HOSPITAL SERVICES		
Inpatient		Deductible, then 100%
Outpatient		Deductible, then 100%
WALK-IN CLINICS / URGENT CARE / ER		
Urgent Care		Deductible, then 100%
Emergency Care		Deductible, then \$200 Copayment
PRESCRIPTION DRUG		
		Retail / Mail Order
Generic		\$10
Brand		\$40
Non-Preferred		\$80
Specialty		25% to \$250

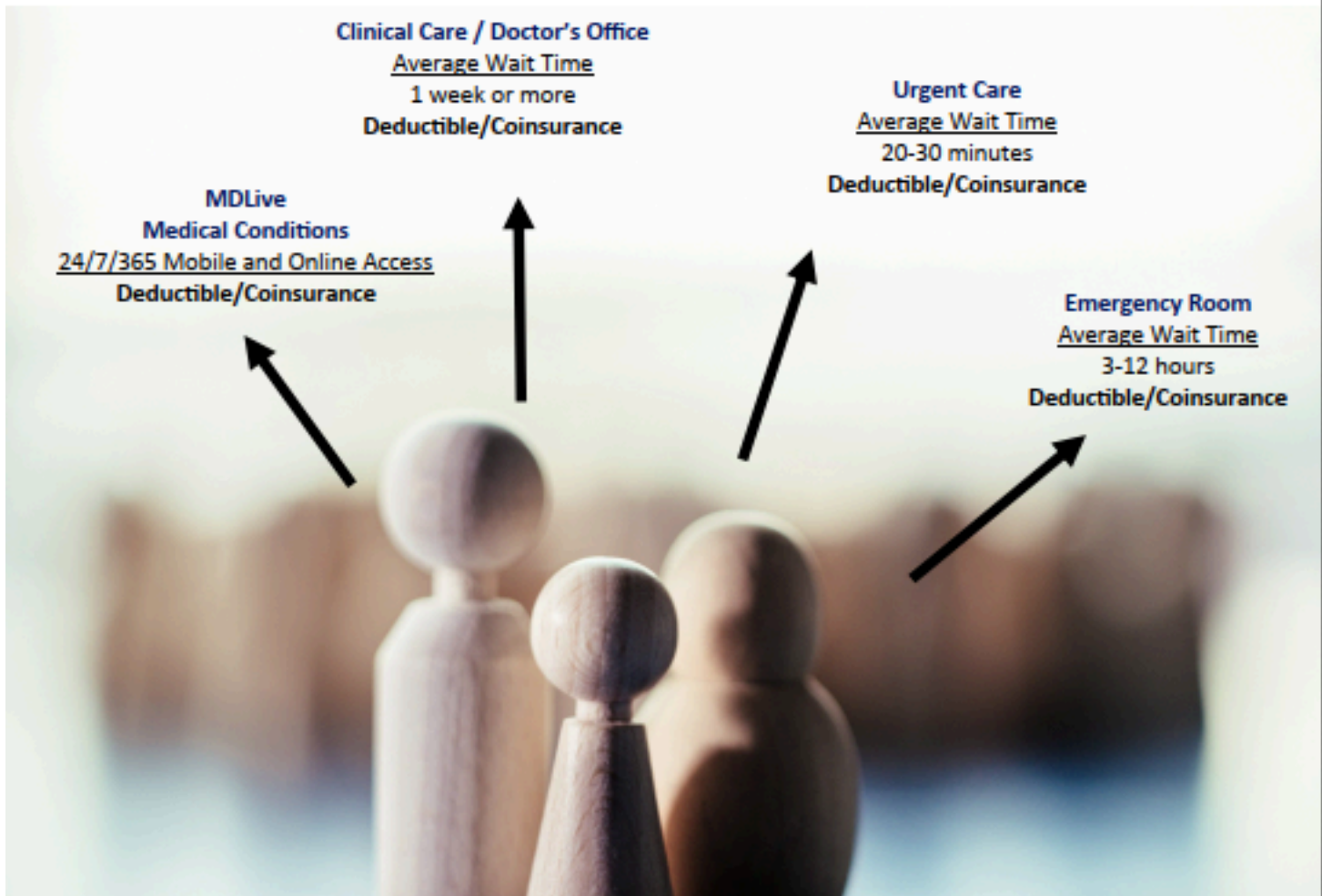
***Please Note:** Upon enrollment, members are required to elect a **Primary Care Physician (PCP)**. Otherwise, a randomized provider will be assigned by Aspirus Health Plan. Each member within a household may have a different PCP. The role of the PCP is to manage and direct your care by referring to other physicians or specialists within the network.

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

Signature RATES	24 Pay Period 7/15/24 >	20 Pay Periods (Teachers)	18 Pay Periods (10 & 11 Month Support Staff)
Single	\$41.05	\$49.26	\$54.73
Family	\$93.18	\$111.82	\$124.24
The district will again be offering cash-in-lieu of \$4,000 If waiving, you must sign a waiver form with Human Resources			

Understanding Your Care Options

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



WHEN TO GO WHERE

MDLive	CLINICAL CARE	URGENT CARE	EMERGENCY ROOM
Approximate Cost See Below	Approximate Cost \$175 - \$235	Approximate Cost \$850 - \$900	Approximate Cost \$2,500 - \$3,500
General Health \$50 Dermatology \$59 Counseling \$90 Psychiatry \$250 MDLive.com	Preventive Services Vaccinations Medical problems that are not an immediate, serious threat to your health or life	Sprains and strains Mild asthma attack Sore throat Minor broken bone Minor cut Minor infection or rash Earaches	Sudden change in vision Sudden trouble talking Large open wounds Severe head injury Heavy bleeding Chest pain Major broken bone Major burn


Health Savings Account (HSA)

Health Savings Account

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

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

How the HSA Works

Money Goes In	Pretax contributions - maximum allowed per calendar year -for 2024 <ul style="list-style-type: none">o Individual Coverage: \$4,150o Family Coverage: \$8,300o An extra \$1,000 if you are age 55 or older
Money Goes Out	You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network. When you have an eligible health care expense, ** you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.
Have Money Left? It Rolls Over!	Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave Merrill Area Public Schools, you can take it with you. 

- * If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.
- ** The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

HSA Eligibility

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

HSA Contributions

Although the district will not be making HSA deposits on your behalf in 2024-25, we highly encourage you to do so on your own due to significant tax advantages and overall savings.



Flexible Spending Account (FSA)

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

Merrill Area Public Schools offers two types of FSAs administered by Employee Benefit Corporation (EBC)

Limited Health Care FSA

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

Limited FSA Contribution Limits

Merrill Area Public Schools follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$2,850. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$2,850 cap.

Dependent Care FSA

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

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

Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That is why Merrill Area Public Schools offers a dental plan administered by Delta Dental.

DELTA DENTAL

INDIVIDUAL ANNUAL MAXIMUM	\$2,000
DEDUCTIBLE	\$0
Employee Only	\$0
Family	
PREVENTIVE SERVICES	
Exams	100%
Cleanings	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	100%
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>	100%
BASIC RESTORATIVE SERVICES	
Fillings	100%
Endodontics – Surgical / Non-Surgical	100%
Periodontics – Surgical / Non-Surgical	100%
Extractions – Surgical / Non-Surgical and other oral surgery <i>(Deductible Applies)</i>	100%
MAJOR RESTORATIVE SERVICES	
Crowns, Inlays, Onlays	100%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	100%
Implants	50%
ORTHODONTIC SERVICES	
Coinsurance	50%
Individual Lifetime Maximum	\$1,500
Dependents Eligible to Age	26
Full-Time Students Eligible to Age	26

RATES	24 Pay Period 7/15/24 >	20 Pay Periods (Teachers)	18 Pay Periods (10 & 11 Month Support Staff)
Single	\$4.01	\$4.81	\$5.34
Family	\$10.60	\$12.72	\$14.13

Vision Plan Highlights

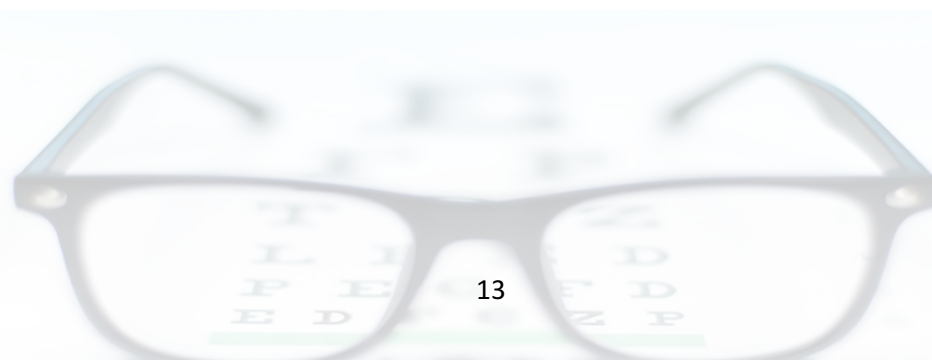
Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That’s why Merrill Area Public Schools offers a full vision benefit administered by Delta Dental.

DELTA DENTAL	IN-NETWORK	OUT-OF-NETWORK
FREQUENCY		
Vision Exam		Once per 12 months
Frame		Once per 24 months
Lenses		Once per 12 months
Contact Lenses		Once per 12 months
ANNUAL VISION EXAM	\$20 copay	Up to \$35
CONTACT LENS (<i>fit and follow-up</i>)	\$0	\$40
ALLOWANCE SUMMARY		Up To
Frames	\$150, then 20% discount	\$75
Conventional Contacts	\$150, then 15% discount	\$120
Disposable Contacts	\$150	\$120
LENSES		Up To
Single	100% after copay	\$25
Bifocal	100% after copay	\$40
Trifocal	100% after copay	\$55
Progressive	\$20 copay + \$65	N/A

Additional in-network discounts

- o Lasik or PRK 15% off retail price or 5% off promotional price
- o 20% discount on items not covered by the Plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Contracted Provider’s professional services or contact lenses. Retail prices may vary by location.

RATES	24 Pay Period 7/15/24 >	20 Pay Periods (Teachers)	18 Pay Periods (10 & 11 Month Support Staff)
Single	\$3.09	\$3.71	\$4.12
Family	\$7.70	\$9.24	\$10.26



Protection Plans (The Standard)

SHORT TERM DISABILITY (STD)

Merrill Area Public School's offers a voluntary Short Term Disability plan that is administered by The Standard. Employees are responsible for the cost of this coverage. This benefit pays a weekly percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. Please contact Human Resources for additional information.



THE STANDARD	BENEFIT HIGHLIGHTS
Premium	\$0.69 per \$10 of Benefit
Weekly Benefit	66.67% up to \$1,000
Sickness Benefit Begins On	8 th day of disability
Accident Benefit Begins On	8 th day of disability
Maximum Benefit Duration	90 days

Eligibility Period: Medical evidence is never required for late applications and members can enroll at any time. If you enroll after their initial eligibility period (31 days) and file a claim during the first 12 months you are on the plan, you will have a 60-day benefit waiting period for any claim other than an accident. After 12 months, you will have the same benefit waiting period as anyone who enrolled timely. Please refer to the plan certificate for details.

LONG TERM DISABILITY (LTD)

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



THE STANDARD	BENEFIT HIGHLIGHTS
Premium	Employer Paid
Monthly Benefit	60% up to \$8,000
Elimination Period	90 th day of disability
Maximum Benefit Duration	Later of Age 65 or Social Security Normal retirement Age

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

Protection Plans (continued)

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

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

Merrill Area Public Schools offers a Group Term Life Insurance benefit of \$50,000 plus accidental death and dismemberment insurance coverage. Specific details of the plan are covered in the Plan Certificate.

GROUP TERM LIFE AND AD&D

Premium	Merrill Area Public Schools pays this premium at 100%
Amount of Life Insurance Benefit	\$50,000 Employee Benefit
Amount of AD&D Benefit	Equal to term life

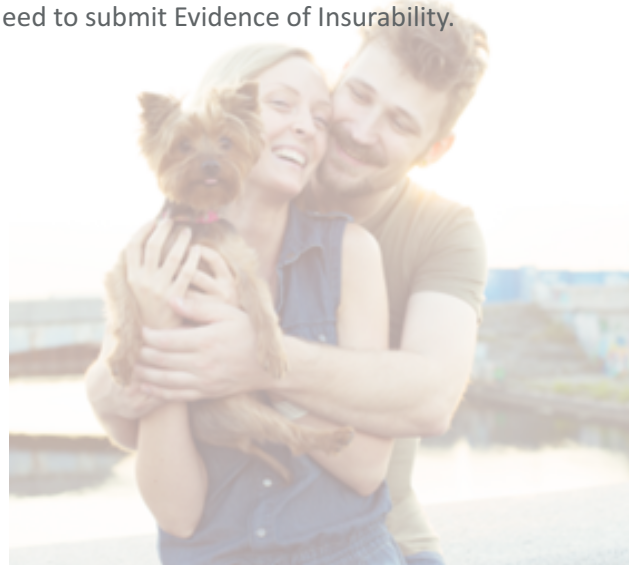
VOLUNTARY LIFE INSURANCE

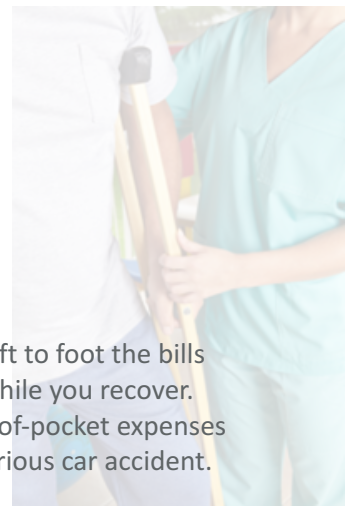
Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly deductions. You can purchase coverage on yourself and can choose from 1, 2 or 3 times your salary up to \$300,000. Anything over \$200,000 will require evidence of insurability. You can purchase coverage on your spouse in the amount of \$10,000 or \$20,000. Coverage for your dependent children can be purchased in the amount of \$250 if age 14 days to 6 months, \$10,000 age 6 months to age 19 (or to age 25 if full time student). The employee must elect coverage in order to purchase for spouse and dependents.

SUPPLEMENTAL LIFE

Employee Coverage	Up to \$300,000
Spouse Coverage	\$10,000 or \$20,000
Child Coverage	Up to \$10,000

Eligibility Period: Employees electing coverage outside of their initial eligibility period (31 days) and those electing over the guarantee issue amount while initially eligible, will need to submit Evidence of Insurability. Please refer to the plan certificate for details.





Protection Plans (Guardian)

VOLUNTARY ACCIDENT INSURANCE

Your medical insurance will cover some expenses incurred from an accident, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you're unable to work while you recover. That's where Accident insurance comes in. It helps protect your bank account from the out-of-pocket expenses that come with an injury. Whether you're coping with a broken arm or recovering from a serious car accident.

GUARDIAN

Effective Date of Coverage	First of the month following one month of employment
Premium	Varies by benefit election Contact a member of HR
Death Benefit: Employee	\$25,000
Spouse	\$12,500
Child	\$5,000
Catastrophic Loss and Dismemberment	See Plan Documents for details

COVERED INJURIES

- o Broken bones
- o Burns
- o Cuts
- o Torn ligaments
- o Eye injuries
- o Accidental Death

VOLUNTARY CRITICAL ILLNESS INSURANCE

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for. Things like copays, deductibles, loss of income, childcare and travel expenses. Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

GUARDIAN

Effective Date of Coverage	First of the month following one month of employment
Premium	Varies by benefit election Contact a member of HR
Benefit Increments: Employee	Lump-sum payment upon diagnosis: \$10,000 to \$20,000
Dependent	Lump-sum payment upon diagnosis: \$5,000 to \$10,000
Wellness Benefit	\$50

Eligibility Period: Coverage can be added at any time; however, for the critical illness benefit, you would need to complete a health questionnaire. Please refer to the plan certificate for details.

COVERED CONDITIONS

- o Heart Attack
- o Stroke
- o Cancer
- o Major organ failure
- o End state renal (kidney) failure

NOTE: initial diagnosis and initial recommendation must occur after your coverage for these benefits becomes effective.

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

To request special enrollment or obtain more information, contact Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org

HIPAA NOTICE OF PRIVACY PRACTICES

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

Effective Date of Notice: July 1, 2023

Who will follow this notice:

This notice describes the health information practices of Merrill Area Public Schools (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Dental and Health Reimbursement Arrangement benefits.

Our pledge to you:

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

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

We are required by law to:

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

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

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

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Merrill Area Public Schools (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

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

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

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

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

YOUR RIGHTS

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

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

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

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

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

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

To request an amendment, your request must be in writing and should be addressed to the following individual: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org. All requests for amendment of your medical information must include a reason to support the requested amendment.

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

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

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

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

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

To request an accounting of disclosures, address your request to the following individual: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org.

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

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

The Plan is not required to agree with your request.

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

To request restrictions, you must make your request in writing to the following individual: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

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

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org. You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org.

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

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org. You may also file a complaint with the Secretary of Health and Human Services.

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

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

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator Aspirus Health Plan (715) 847-2380 or toll-free (800) 847-4707

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Aspirus Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Merrill Area Public School has determined that the prescription drug coverage offered by the Aspirus Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

FOR USE ON OR AFTER APRIL 1, 2011

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Aspirus Health Plan coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. However, you will be ineligible for any HSA contributions once you enroll in any part of Medicare.

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

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Aspirus Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Aspirus Health Plan changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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

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

For more information about Medicare prescription drug coverage:

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

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

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

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

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

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

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

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

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

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

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

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

1

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

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Merrill Area Public Schools
Employer Identification Number (EIN): 39-1421865
Employer Address: 1111 N. Sales St, Merrill WI 54452
Employer Phone Number: (715) 536-4581
Who can we contact about employee health coverage at this job?: Rebecca Brown, (715) 536-4581 x10019, Rebecca.Brown@mapsedu.org

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website:
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado

(Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program
(HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1 GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/> Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/> Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
<https://dhs.iowa.gov/ime/members> Medicaid Phone:
1-800-338-8366 Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone:
1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone:
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms> Phone:
-800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/mashealth/pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website:
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone:
573-751-2005

MONTANA – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone:
1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov> Phone:
1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone:
1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

CHIP (continued)

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone:
1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html> Phone:
1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip> Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhr.wv.gov/bms/>
<http://mywvhipp.com/> Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

CHIP (continued)

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Paperwork Reduction Act Statement

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

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

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