



## Open Enrollment



# 2022

Medical, Dental, Vision, Disability, Life/AD&D, Flexible Spending Accounts, Health Reimbursement Arrangement, Health Savings Account, Employee Assistance Program, Retirement, & Voluntary Products, Diabetes Management Program, Virtual Physical Therapy



central  
peninsula  
hospital

**Contact  
Human  
Resources  
regarding  
any questions  
you may have  
about the  
information  
contained in  
this booklet.  
We will be  
happy to  
assist you.**

**(907) 714-4771**

June 2022

### It is open enrollment time again!

We are making changes to the health plan this year, with the following goals in mind:

- Give employees options
- Limit employee contribution rate increases
- Encourage employees to make thoughtful healthcare choices and help employees to be better health care consumers
- Help employees improve or maintain their health
- Control overall health plan cost increases

Central Peninsula Hospital self-insures our health care plan. This means that we assume all of the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. If we are able to work together to manage our health care costs, that means Central Peninsula Hospital is able to spend more on wages, other benefits, or enhanced services for our patients or for the community.

Moda Health will continue as the claims administrator for our medical, vision, dental and prescription drug plans.

This is the time of year to add or remove coverage for any eligible dependents. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment Period, unless you experience a qualified family status change.

### Enrollment information can be found online.

Go to <https://www.cpggh.org/Open-Enrollment>. You will have the ability to:

- Select
- Sign
- Save, and
- Submit all applications through email.

You will also be able to access paper applications in the forms boxes outside of Human Resources. Check your mail for Open Enrollment information! Packets are also available to pick up at Human Resources. Remember to submit all information by June 10th!

*The following information details plan changes, cost and the open enrollment process. Please take a few minutes to review this important information so you can make the best health care coverage decisions for you and your family.*

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This summary of benefits is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please refer to your benefit booklet.



**The Affordable Care Act (ACA)** is still in effect and you may have questions about how the Health Insurance Marketplace or Exchange impacts you, your family and your benefits. First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

The Health Insurance Marketplace was created for individuals who have no access to affordable coverage. The Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and apply for income based subsidies.

In accordance with the ACA, **employees who average at least 130 hours per month for 12 months will be considered full-time**. For most, the Central Peninsula Hospital's plan is considered affordable coverage and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace.

**We will refer to premiums for full-time employees, and employees meeting the ACA definition of full-time, as Level 1, and premiums for part-time employees as Level 2.**

Per Diem employees reaching their one-year anniversary who averaged at least 130 hours of service per month during their first 12 months of employment will be offered their choice of:

1. CPH health insurance coverage effective the 1st day of the second calendar month following the end of their first year (at Level 1 rates); or
2. The additional earnings in lieu of benefits normally afforded Per Diem employees.

HR and Payroll will review the actual hours paid the employee during a 12 month "look back" period. Premium rates (Level 1 and Level 2) for the next fiscal year, effective July 1, will be based on the average hours paid the employee per pay period during this "look back" period.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596.

## Medical

Our health plan costs have continued to increase. Central Peninsula Hospital will absorb most of this increase, and limit contribution rate increases to 8%. Please see the rate table in this guide to find your enrollment tier and applicable rates.

## New Programs for 2022

### **Diabetes Management**

Livongo is a support program for members who are at risk for developing diabetes or those who have it to help them manage their condition. The program includes coaching, connected technology and education, and is available at no cost to you.

### **Virtual Physical Therapy**

SWORD is a virtual option for your physical therapy needs for back, joint and muscle pain. It is available to you and eligible family members at no additional cost as part of your benefits.

Effective July 1, 2022

	Denali Plan	Redoubt Plan	Iliamna Plan
<b>Deductible</b>			
<u>Individual</u>			
Value Based	\$1,000	\$2,000	\$2,000 self only
All Other Providers	\$1,250	\$2,500	\$2,500 self only
<u>Family</u>			
Value Based	\$2,000	\$4,000	\$4,000
All Other Providers	\$2,500	\$5,000	\$5,000
<b>Preventive Care Services</b>	100%, ded. waived	100%, ded. waived	100%, ded. waived
<b>Percentage Payable</b>			
Central Peninsula Hospital	90%	90%	90%
PPO Network Hospital	80%	80%	80%
Non-PPO Hospital	60%	60%	60%
<b>Value Based Diagnostic Testing</b>	90% after ded. is met	90% after ded. is met	90% after ded. is met
<b>OP Physician Services</b>			
Value Based Primary Care Provider	\$10 copay, ded. waived	\$10 copay, ded. waived	\$10 copay after deductible is met
All Other PPO	80% after ded. is met	80% after ded. is met	80% after ded. is met
Non-Participating	60% after ded. is met	60% after ded. is met	60% after ded. is met
<b>Maximum Out-of-Pocket</b> (including deductible)			
Individual	\$3,000	\$4,000	\$4,000
Family	\$6,000	\$8,000	\$8,000
<b>Chiropractic Visit Limit</b>	12 visits	12 visits	12 visits
<b>Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA)</b>	Not available	\$500 employer paid HRA	\$500 employer paid HSA; employees can also contribute

Certain providers, referred to as Value Based Providers, have agreed to coordinate care for our participants. CPH and Moda are working together to further develop the Value Based Provider network. To find a list of Providers, login to your myModa account or search the FindCare tool at [www.modahealth.com](http://www.modahealth.com). You can contact Human Resources at CPH or Moda Customer Service to inquire about the current list of Value Based Providers.

Some medical services require pre-authorization. Failure to pre-authorize these services will result in a financial penalty. Go to [https://www.modahealth.com/pdfs/Commercial\\_PA\\_list.pdf](https://www.modahealth.com/pdfs/Commercial_PA_list.pdf) to see which services need to be pre-authorized.

## Iliamna Plan - How do the deductibles work?

In order to be a Qualified High Deductible Health Plan eligible for Health Savings Account (HSA) contributions, the IRS requires that all non-preventive medical and prescription drug expenses be subject to a minimum medical deductibles for self-only and family coverage. Therefore, on the Iliamna Plan, you will have to meet the deductible before most prescriptions will be covered. If you are the only person in your family covered on the plan, the self-only deductible will apply. If you have any other family members enrolled on the plan, you must meet the family deductible before the plan covers any non-preventive medical or prescription expenses.



## Prescription Drug Coverage

In order to encourage use of low cost high value medications to treat some chronic conditions, we offer a Value Based prescription tier with a \$2 copay per prescription. The list of Value Based medications is on the Moda website: [https://www.modahealth.com/pdfs/rx\\_value\\_tier.pdf](https://www.modahealth.com/pdfs/rx_value_tier.pdf)

If you are using a medication in the Non-Formulary tier, or if you are taking a High Cost Generic medication, we encourage you to talk to your Physician about alternatives to treat your condition. This will save money for you and for the health plan.

Specialty medications are expensive, complex formulations used to treat specific (typically rare) conditions. The increased pricing tier reflects the cost of these drugs.

Your copays are limited by the Annual Out-of-Pocket Maximum each year. Your prescription drug copays and out-of-pocket limits have not changed this year. If you are on the Iliamna Plan, you must meet your medical deductible first before the plan pays for non-preventive prescriptions.

	Denali Plan & Redoubt Plan	Iliamna Plan
<b>Prescription Drug Copays</b>		The following copays apply after you meet your deductible
<u>Retail (30 day supply)</u>		
Value Based	\$2	\$2
Generic	\$10	\$10
Formulary Brand/High Cost Generic	\$35	\$35
Non-Formulary Brand	\$70	\$70
Specialty Preferred	\$150	\$150
Specialty Non-Preferred	\$300	\$300
<u>Retail (60 or 90 day supply) or Mail order</u>	2x copay	2x copay
<b>Out-of-Pocket Maximum</b>		Combined with the medical Max. Out-of-Pocket
Individual	\$3,100	
Family	\$5,700	

## Where Can I Find More Detailed Information?

These benefits are fully described in the Plan Booklet you will have access to online shortly after the beginning of the new plan year. The above summary of changes reflects significant changes to the plan.

## How much will it cost me?

Central Peninsula Hospital will continue to pay a substantial portion of the monthly premium for Level 1 employees and dependents and a smaller portion for Level 2 employees and dependents. Depending on the plan design selected the hospital will pay more or less of your premiums. The following is the portion of premium you will be responsible for on a monthly basis effective July 1, 2022:

	Denali Plan		Redoubt Plan		Iliamna Plan	
Monthly Premium	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Employee	\$362.53	\$725.06	\$165.94	\$331.88	\$165.94	\$331.88
Employee & Spouse	\$747.70	\$1,495.40	\$342.29	\$684.57	\$342.29	\$684.57
Employee & Children	\$701.49	\$1,402.99	\$321.12	\$642.24	\$321.12	\$642.24
Employee and Family	\$1,104.81	\$2,209.62	\$505.77	\$1,011.54	\$505.77	\$1,011.54



Please note:

- Your premium contributions are taken out of your paycheck on a pre-tax basis as part of the Section 125 Premium Conversion Plan. Therefore, once you make your enrollment election for coverage you will not be allowed to change that election until the next Open Enrollment period, unless you have a qualifying change in family status.
- Your premium contributions are deducted on a pre-tax basis. If you would like to request after-tax deductions, please contact HR to complete the necessary paperwork.

# Dental and Vision Plans

## Dental and Vision Benefits

Benefits are the same for the Denali, Redoubt and Iliamna Plans. The following is effective July 1, 2022:

	Denali, Redoubt and Iliamna Plans
Deductible	\$50 / Person \$150 / Family <i>Waived for network dentists</i>
Percentage Payable	Preventive: 100% Basic: 80% Major: 50% Orthodontia: 50%
Maximum Benefit	\$2,000 per person per year (basic, major) \$2,000 per person lifetime (orthodontia) Preventive services will not count against your annual maximum benefit.
Vision	 Exam: \$25 copay, one per year. Glasses: up to \$120 allowance for frames and a set of lenses per year. Contacts: up to \$105 per year in lieu of glasses.

## Livongo Diabetes Management Program

**Register for Livongo and receive a welcome kit in only 3-5 days.**

Medical plan participants and their covered dependents can participate in this program at no additional cost.

Once you've signed up, you'll receive:

- Connected blood glucose meter
- Unlimited Strips
- Personalized insights
- Expert coaching



## SWORD Virtual Physical Therapy

**Alleviate your pain by as much as 70% in just eight weeks!**

Relieve pain from the comfort of home. This wellness program is available to Moda Health plan participants and their covered dependents at no additional cost as part of your medical benefits. Receive specialized treatment tailored just for you. SWORD will ship a tablet and motion sensors to guide you and provide real-time feedback during your exercises. Your physical care specialist will be there to support you virtually and is available at any time.





## Flexible Spending Accounts

### **You do not need to be enrolled in the medical plan to take advantage of the FSA.**

Many of us here at Central Peninsula Hospital have used a Flexible Spending Account (FSA) as a way to save money on healthcare expenses. Since we offer the Health Reimbursement Arrangement (HRA) to the Redoubt Plan, you may be thinking you don't need to put money into a FSA. **However, the July \$500 HRA contributions may not be sufficient to cover all of your expenses and the FSA allows you to set aside more pre-tax money.**

With an FSA, you can set aside money from your paycheck before the government takes out taxes (usually 30% or more) to pay for healthcare and dependent child care expenses. You pay less in taxes and your money buys more!

In 2022, employees can set aside up to \$2,850 in pre-tax money for eligible health care expenses and up to \$5,000 for dependent care expenses. **You cannot contribute to a FSA if you elect a Health Savings Account (HSA).\***

### **You must re-enroll in the FSA each year if you want to participate.**

## Health Reimbursement Arrangement

### **What's a Health Reimbursement Arrangement (HRA)?**

An HRA is a reimbursement account which allows Central Peninsula Hospital to set aside funds on a pre-tax basis for you to spend on any qualified expense that is covered under Section 213(d) of the IRS Code. Money not used in one year can be rolled over from year-to-year with the idea being that you, the participant, can save money to be used in years when you have higher health care expenses. Central Peninsula Hospital will make a contribution of \$500 to each Redoubt Plan employee's account at the beginning of the plan year on July 1, 2022. The HRA is not available to Denali Plan participants.

Please note, when you terminate coverage or change plans\*, you will no longer have access to these funds for future claims, unless you choose to purchase COBRA coverage. (You may continue to use the HRA for claims incurred prior to coverage termination, subject to timely filing limits.)

## Health Savings Accounts (HSAs)

An HSA is a tax-advantaged savings account that is used in combination with a qualified high deductible health plan (QHDHP). You can use HSA funds to cover eligible medical expenses. Funds belong to you, the employee, and can be taken with you should you leave Central Peninsula Hospital. Funds roll over year-to-year, can be invested or earn interest, and after age 65 can be used for purposes other than eligible health care expenses. The new Iliamna Plan is a QHDHP. If you enroll in the Iliamna Plan and elect an HSA, Central Peninsula Hospital will contribute \$500 to your HSA. Please note, you are not eligible for HSA contributions if you are covered by another plan which is not a QHDHP.

\*If you have funds in your Healthcare FSA or Health Reimbursement Account (HRA) and wish to enroll in the Iliamna Plan with a HSA on July 1, 2022, your Healthcare FSA and HRA funds will be rolled into limited purpose accounts so that you can maintain the ability to contribute to a Health Savings Account. The limited purpose FSA or HRA can be used to pay for dental and vision expenses.

**For more information on the HRA or HSA, a FAQ document and materials provided by BenefitHelp Solutions (our FSA, HSA and HRA administrator) are available in HR.**

Healthcare Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
<p><b>Works with Denali or Redoubt Plans, or if you waived coverage</b></p> <p>Flexible Spending Arrangements allow eligible employees to pay for qualified health care expenses with pre-tax dollars. This reduces your taxable income.</p> <p>Maximum annual contributions for 2022 are \$2,850. Up to \$550 may roll over from 2022-23 to 2023-24.</p> <p>You must enroll each year during Open Enrollment or within 30 days of an IRS Qualifying Status</p>	<p><b>Works with Redoubt Plan</b></p> <p>An HRA allows CPH to set aside funds for you to spend on qualified health care expenses. CPH will contribute \$500 to your account each year automatically when you enroll in the Redoubt Plan.</p> <p>Money not used in one calendar year can be rolled over as long as you remain in the Redoubt Plan*.</p> <p>You can use these funds for you and your dependents who are enrolled in the Redoubt Plan.</p> <p>How the HRA works with a Health Care FSA:</p> <p>You may have both an HRA and enroll in a Healthcare FSA. Expenses are paid from the Healthcare FSA first.</p>	<p><b>Works with the Iliamna Plan.</b></p> <p>An HSA lets you set aside money to pay for future medical costs</p> <ul style="list-style-type: none"> <li>• If you elect an HSA, CPH will contribute \$500 to your HSA account. You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income. For 2022, the maximum contribution (CPH contribution + your contribution) is \$3,600/individual and \$7,200/family.</li> <li>• The money stays in your account from year to year. It is yours to keep even after you leave CPH. You may enroll in either the HSA or the Healthcare FSA, but not both*.</li> </ul> <p><b>Who is eligible to establish a Health Savings Account?</b></p> <p>An individual who:</p> <ul style="list-style-type: none"> <li>• Is covered under a qualified high-deductible health plan (QHDHP), such as the Iliamna Plan;</li> <li>• Is not also covered by any other health plan that is not a qualified HDHP;</li> <li>• Is not enrolled in Medicare; and</li> <li>• may not be claimed as a dependent on another person's tax return. If any of these criteria are not met, you are not eligible to enroll in an HSA.</li> </ul>

\*If you have funds in your Healthcare FSA or Health Reimbursement Account (HRA) and wish to enroll in the Iliamna Plan with a HSA on July 1, 2022, your Healthcare FSA and HRA funds will be rolled into limited purpose accounts so that you can maintain the ability to contribute to a Health Savings Account. The limited purpose FSA or HRA can be used to pay for dental and vision expenses.



## Cigna – Group & Voluntary Life & AD&D

Basic term life insurance is being provided to help you protect your families' financial security. All FT and PT employees are enrolled in the Life and Accidental Death & Dismemberment policy offered by Cigna. In the event that you should pass away, your beneficiary will receive benefits equal to one times your annual salary. The AD&D will pay an additional amount for accidental death, and scheduled amounts for dismemberment. Central Peninsula Hospital will pay for the full cost of the initial life benefit. For additional coverage, employee-paid Voluntary Life and AD&D benefits are also available. Please contact Human Resources for additional information.

**For more information on Group & Voluntary Life & AD&D, Group & Voluntary Disability Benefits, or to file a claim contact:**

**Cigna at 800.362.4462**

## Cigna – Group & Voluntary Disability Benefits

Central Peninsula Hospital provides employees with employer paid Short-term Disability, optional additional employee paid Short-term Disability, and optional employer and employee paid Long-term Disability income benefits. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving PTO, IAP, or workers' compensation benefits.

## Employee Assistance Program

Central Peninsula Hospital will continue to offer an Employee Assistance Program (EAP) administered by Magellan Health. EAP counselors are available to help you with problems you may be experiencing in your life, from childcare, eldercare concerns, mental health issues to financial or legal matters.

The website features a user-friendly browsing experience that allows you to quickly see all the programs and services available to you and your household members at no cost, 24/7/365. You can access the website by visiting [www.magellanascent.com](http://www.magellanascent.com). The website is also easily viewed on your mobile devices.

Key features include:

- Explore Services features individual program tiles for quick and easy access to services
- App Library hosts convenient links to download mobile apps to help with anxiety management, insomnia, obsessive compulsion disorder and more
- The Learning Center provides fresh, clinically-approved content on a variety of topics from building resiliency to handling traumatic events in the form of articles, videos, self-assessments and webinars
- The monthly newsletter and live webinar are featured on the homepage each month

CPH's Employee Assistance Program offers a variety of free resources to help you and your household members with everything from checking off daily tasks to managing complex issues. All services are completely confidential and administered by a third party.

**NOTE:** If you wish to access the Magellan website, you will need to create a new account on Magellan Ascend. You can use any email you wish. When setting up an account, you will be prompted to type in Central Peninsula Hospital, as the company name.

Follow these steps to create your account.

- Go to [www.magellanascent.com](http://www.magellanascent.com)
- Click the blue Log In button in the upper right
- In the white box, next to "Don't have an account?" click on the link to "Sign up"
- Complete the fields in the Create an Account registration form
- Click the Get Started button
- Set up your profile and get started today

**Magellan**  
HEALTH<sup>SM</sup>

**For EAP services contact  
Magellan Health at 800.478.2812  
or [www.magellanascent.com](http://www.magellanascent.com).**

For more details about this program please contact Human Resources.



## Passport to Health

CPH offers the Passport to Health program to employees and their dependents who have been identified with health conditions and who may be able to benefit from in person health coaching. The program is free and voluntary. Participants work with a Moda health coach located in Saldotna. If you are invited into the program, participation incentives may include waiving copays or coinsurance for certain services, although deductibles still apply:

- Office visits
- Generic and preferred brand name medications
- Durable medical equipment
- Medical supplies
- Outpatient physical therapy visits.

Call 1-855-718-1769 to find out more about this program and eligibility for this program.

## Retirement Plan

CPH partners with Voya to provide a 403(b) Employer Contributory Retirement Plan. All CPH employees (per diem included) are eligible to make elective deferrals. Employees may contribute any percentage amount to the plan through payroll deductions up to the IRS limit. Per Diem employees need to elect contributions on a percentage basis. In order to receive Employer Discretionary and Matching contributions you must be full-or part-time, have completed 1 year of service in which you worked 1000 hours, and be 21 years of age. Eligible employees receive an automatic 2% Employer Discretionary contribution based on the employee's annual salary. CPH will match the employee contributions up to a maximum of 3% of the employee's salary. Employee contributions will not exceed the IRS limits of \$19,500 for 2022. The annual combined maximum for 2022 that the hospital will contribute is \$6,294.



**For complete information on the plan and its rules, including rules for eligibility, please refer to**

**[www.voyaretirementplans.com](http://www.voyaretirementplans.com)  
or 800-584-6001.**

## If you are covered on the current plan:

- If you **do nothing**, you and your currently covered dependents will be enrolled automatically in the plan in which you are currently enrolled.
- If you want to **add or remove** dependents, you must complete a Moda Health enrollment form.
- If you want to **drop** medical or dental coverage, you must complete a Moda Health enrollment form.
- If you are **switching plans**, you must complete a Moda Health enrollment form.
- If you are eligible, but choose to **decline coverage**, you must sign a declination form.

Open Enrollment must be completed by **June 10, 2022**.

## If you are not covered on the current plan:

- If you want to **enroll** in coverage, you must complete a Moda Health enrollment form to elect either the Denali Plan, Redoubt Plan or Iliamna Plan, and enroll your dependents.
- If you do not complete a Moda Health enrollment form, **you will have no coverage**.

## Flexible Spending Account

If you wish to participate in the health care or dependent care flexible spending accounts for 2022 you must **complete a new FSA enrollment form** available through Human Resources.

## Health Savings Account

If you wish to enroll in a Health Savings Account to receive the CPH employer contribution or to make additional employee contributions, you must enroll **complete a HSA enrollment form**.

## Purchasing additional coverages

If you are interested in purchasing Voluntary Life, AD&D, Long-term Disability, or additional amounts of Short-term Disability, **please contact Human Resources**.

## Where do I go to get more information, or if I have questions?

- For **Medical, Vision, Eligibility, Claims, Livongo Diabetes Management Program, SWORD Virtual Physical Therapy, and Provider** questions, contact: **Moda Health** at **855.232.6886**.
- For **Dental** questions, contact: **Moda Health** at **855.232.6863**
- For **Prescription Drug** questions, contact: **Moda Health** at **855.232.6696**. *Customer Service is available Monday through Friday from 7:30 a.m. until 5:30 p.m. PST.*
- For **provider information** please go to: **[www.fchn.com/providersearch/moda-ak](http://www.fchn.com/providersearch/moda-ak)** and **[www.phcs.com](http://www.phcs.com)** or **[www.modahealth.com](http://www.modahealth.com)**
- For **FSA, HSA, and HRA** questions, contact: **Benefit Help Solutions** at **888.398.8057** or **[www.benefithelpsolutions.com](http://www.benefithelpsolutions.com)**
- For **EAP** services, contact: **Magellan Health** at **800.478.2812** or **[www.magellanascent.com](http://www.magellanascent.com)**
- For **retirement services**, contact **Voya** at **800.584.6001** or **[www.voyaretirementplans.com](http://www.voyaretirementplans.com)**
- For **Life and Disability Services**, contact **Cigna** at **800.362.4462** or **[www.cigna.com](http://www.cigna.com)**
- **Human Resources Members:** **Stephanie Randall: 714-4771**
- Our **Benefits Consultants:** **Parker, Smith & Feek** at **800.457.0220**

**BENEFITS ADVOCACY**  
Central Peninsula Hospital has partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carrier. This includes claims issues, network problems and general healthcare or insurance questions. Your personal benefits champion is:  
**Shelly Tuttle**  
**[smtuttle@psfinc.com](mailto:smtuttle@psfinc.com)**  
**1.800.457.0220**



## Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a special enrollment period in addition to the regular open enrollment period. Only the following individuals may enroll outside the open enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 60 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 31 days after issuance of such court order;
- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

## Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

## Medicare Part D

The medical plans offered by CPH provide prescription drug coverage that is at least as favorable as the Medicare Part D drug benefit that is now available. Our plans offer what is called "creditable coverage", which allows a Medicare eligible person to avoid buying the Part D benefit. As long as the benefit meets the definition of "creditable coverage", the Medicare eligible person will not have to buy a Part D plan, and will not be subject to the 1% per month late enrollment charge assessed by Part D. If you have questions about your options, please contact Human Resources..

## HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You have received a copy of the Central Peninsula General Hospital Group Health Plan Privacy Notice. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

## COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact our HR Department for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.



This Open Enrollment Guide was created by your knowledgeable and friendly benefits professionals at Parker, Smith & Feek!