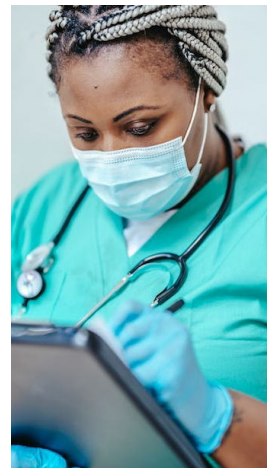


# 2023 Benefits Guide



*This guide highlights the main features of many of the benefit plans sponsored by Ballard CSD. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Ballard CSD reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.*





## BENEFITS OVERVIEW

### *Our Benefits Program Has You Covered*

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when Ballard CSD's benefits are there to help you.



Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. Ballard CSD’s benefit plans allow you to choose the options that work best for your own needs — and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

<b>Benefits Available to You</b>	
<b>Medical and Prescription Drug</b>	<b>Basic Life and AD&amp;D</b>
<b>Dental Plan</b>	<b>Long Term Disability</b>
<b>Vision Plan</b>	<b>Employee Assistance Program</b>
<b>Voluntary Life and AD&amp;D</b>	

You are eligible to enroll in Ballard CSD’s benefit plans if you are a regular, full-time employee scheduled to work at least 20 hours per week. As a regular, full-time employee, you are eligible for benefits on the first day of the month following your date of hire.

## **DEPENDENT ELIGIBILITY**

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26 for medical, dental and vision coverage. Spouses and dependents are not eligible for voluntary life and AD&D.
- “Children” are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

**If your child becomes ineligible for coverage (i.e., turning age 26 under the medical plan), you must notify Administration Office at 515-597-2811.**





## WHEN COVERAGE BEGINS

### ***Initial Enrollment***

When you first join Ballard CSD, you have 30 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins the first of the month following your date of hire. If you do not enroll within 30 days of becoming eligible, you will automatically be enrolled in company-sponsored benefits, such as Basic Life and Accidental Death & Dismemberment (AD&D) Insurance and the Employee Assistance Program (EAP), but you will have to wait until the next annual Open Enrollment to enroll for other benefits and make changes to coverage.

### ***Annual Open Enrollment***

During annual Open Enrollment, coverage takes effect on July 1<sup>st</sup>.

### ***Making Changes to Coverage***

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by completing a Benefit Changes/Enrollment form and returning it to Administration Office. If you do not return your form within 30 days, you will have to wait until the next Open Enrollment to make new elections.

- Qualified status changes include, but are not limited to:
- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes your or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

### ***Special Enrollment Rules***

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).



In addition to the changes described previously, you may enroll yourself and your spouse in a Ballard CSD health plan following marriage or adoption, placement for adoption, or birth of a child, as long as you request enrollment within 30 days of the event. You must be enrolled to cover your dependents. If you have a special enrollment event and want to enroll for health coverage, call the Administration Office at 515-597-2811

## CHOOSING A MEDICAL PLAN

Ballard CSD's medical options all provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

When it comes to medical coverage, Ballard CSD offers you these choices:

- POS Plan
- High Deductible Health Plan (HDHP)

### ***Point of Service (POS)***

The Blue Choice POS plans offer in- and out-of-network benefits. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities. You do need to assign a Primary Care Physician (PCP) to have your preventive visits covered at 100%. You do not need a referral from your PCP to see a specialist. Women are eligible to select a separate OB/GYN provider and each covered dependent should have their PCP designated.



**All of the providers in the Blue Choice network change frequently. To find out if your doctor participates in the network, go to [www.wellmark.com](http://www.wellmark.com) and click on "Find a Provider".**

## ***How to Find and Designate a Primary Care Physician (PCP)***

For Wellmark POS and HMO medical plan options

If you enrolled in a POS or HMO medical plan, you are required to designate a Primary Care Physician (PCP) of your choice. Please read the below Q&As to be sure your medical enrollment is processed accurately and in a timely manner. Please note, you will not receive an ID card if you do not designate a PCP when enrolling on a POS or HMO medical plan with Wellmark.

### **When do I need to see my PCP?**

For your preventive services to be covered, you must seek these services through your PCP. Any other service outside of preventive care may be treated by any other physician with in the POS or HMO network.

### **Can I change my PCP mid-year?**

Yes, you can change your PCP by calling Wellmark's customer service number located on the back of your ID card. The change will go into effect the first of the following month.

### **Can I have a separate PCP for my OBGYN?**

Yes, women can elect an additional PCP OBGYN. In order to do this, you will need to contact Wellmark's customer service number on the back of your ID card.

### **Do my covered dependents need to have a separate PCP?**

All members covered on a Wellmark POS or HMO plan must have a PCP designation. You do not have to designate a different PCP for each of your covered dependents, they can visit the same physician.

### **What information do I need to designate my PCP?**

You will need your PCP's 9-digit provider number, which can be accessed on Wellmark's website: [www.wellmark.com](http://www.wellmark.com). Without this PCP number, Wellmark will not create a member ID card. The instructions below can assist in obtaining this 9-digit provider number:

1. Go to [www.wellmark.com](http://www.wellmark.com) and click on 'find a provider' located at the bottom left of the page.
2. Click on 'find a provider or facility.'
3. Continue to the new site and select 'choose a plan.'
4. Follow the instructions to identify your plan by completing the first 3 letters on your ID card.
5. You can browse by your doctor's name, specialty, places, and type of facility.
6. Once you find your doctor, click on their name.
7. A summary of your doctor's location and contact information will appear.
8. Below the provider's contact information, you will find an 'Enrollment ID.'
  - a. The Enrollment ID is the 9-digit PCP number you need to indicate when selecting your PCP.





## High Deductible Health Plan

The High Deductible Health Plan (HDHP) works much like the PPO plan in that you can choose to receive care from in-network or out-of-network providers when you need medical care — and it covers the same types of services — but you pay less out of your paycheck for coverage. The HDHP does have a higher deductible and no office visit copays. Once you've met the in-network and out-of-pocket maximum, the plan will begin to pay for covered services at 100%. **This also applies to prescription drugs, which are subject to the plan's deductibles and out-of-pocket maximum. Once the deductible and out-of-pocket maximum are met, then the plan will pay at 100%.**

In addition, the HDHP offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year. You can also enroll in the Limited Purpose Flexible Spending Account (FSA) to help you cover eligible out-of-pocket dental and vision expenses.

## What's a Health Savings Account?

A Health Savings Account (HSA) is a tax-free account that earns interest. You can set up an HSA through American Fidelity, our HSA vendor, and make contributions to your account from your paychecks throughout the year. Then, you can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses not covered by a health plan. Your account balance can carry over from year to year, and you can take it with you if you leave the company. If you enroll in the HDHP and contribute to your HSA, Ballard CSD will contribute to your account if you are enrolled in *Single Coverage* under the HDHP plan.

## Ballard CSD's Contributions

When you enroll in the HDHP and set up an HSA, Ballard CSD will contribute \$1,000 for those electing single coverage. Any amounts contributed by the district should be deducted from the annual limit so you know how much you can contribute in a year. If you enroll in the HDHP mid-year, the amount Ballard CSD contributes will be prorated.

Here's a look at what you and Ballard CSD together can contribute to your HSA each year:

Coverage Level	Total HSA Contribution Allowed Per Year
Employee Only	\$3,850
Employee + Family	\$7,750



### ***How to Setup an HSA***

After you enroll in the HDHP, you will receive a separate enrollment packet from American Fidelity, our preferred HSA partner. You will need to fill out the HSA application and return it to American Fidelity to set up an account and receive the Ballard CSD contribution during 2023.

### ***How to Use the HSA to Pay for Care***

Once you've set up your HSA, you will receive a debit card specifically for your account. Then, when you have an eligible expense, you have several choices for how to pay:

1. ***Pay with your HSA debit card*** if you have funds available in your account.
2. ***Write a check from your HSA.*** You must order checks when you enroll in the HSA to have this option. And, as with any other type of check, you must have funds available or the check will be returned — and you will be charged an insufficient funds fee.
3. ***Pay for expenses out of your own pocket,*** and then reimburse yourself from your HSA.

### ***Who Is Eligible for the HSA?***

**You can participate in the HSA only if you enroll in the HDHP. You are not eligible to contribute if:**

- **You are enrolled in Medicare.**
- **You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.**
- **You or your spouse participates in a Health Care Flexible Spending Account (FSA) at Ballard CSD's or at your spouse's employer.**

**Note: Even if you do not contribute to the HSA, you cannot contribute to Ballard CSD's Health Care FSA if you are enrolled in the HDHP.**

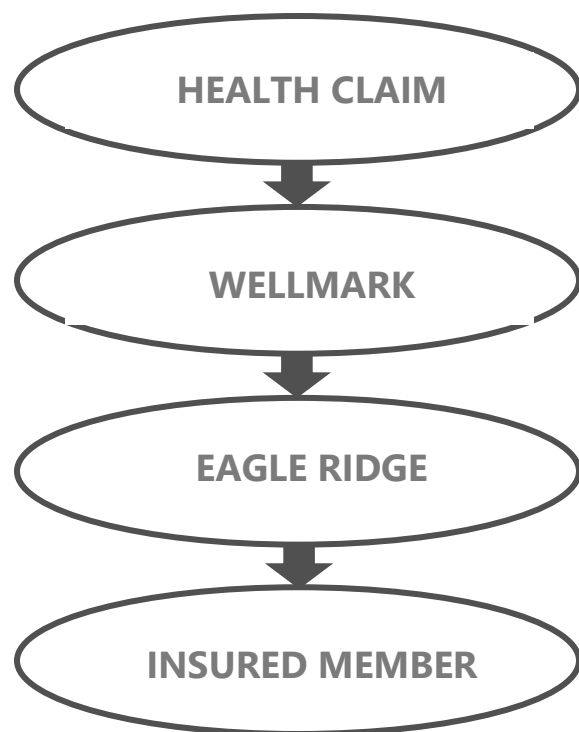


## PARTIAL SELF-FUNDED ILLUSTRATION

For Employees Enrolled on the \$500 PSF Medical Plan

Ballard Community School District's health insurance plans have two components: the Wellmark plan and Eagle Ridge Service's Partial Self-Funded plan. The Wellmark deductible and out-of-pockets maximums are paid partially by the school district, and partially by you. This process is referred to as Partial Self-Funding (PSF) and is administered through Eagle Ridge Services.

Ballard Community School District has made this transition to provide rich benefit plans at a more affordable cost. The only time you will be impacted is if you, or a covered dependent, have a medical situation that reaches the deductible and out-of-pocket maximum. Should this happen, you will receive two Explanation of Benefits (EOB) letters – one from Wellmark and one from Eagle Ridge. The amount you will be responsible to pay for will be based off of the Eagle Ridge EOB, which may come a week or two after you've received the Wellmark EOB. The Eagle Ridge Services team is very helpful, and you may contact them with questions at any time.



- 1. You incur medical services.**  
Your medical provider will file your claim with Wellmark using the information from your Wellmark ID card.
- 2. Wellmark settles your claim.**  
All claims are submitted to Wellmark first for settlement. Wellmark will make a payment if applicable to your provider of service and send you an EOB.
- 3. Eagle Ridge settles your claim.**  
Eagle Ridge receives the EOB from Wellmark for processing the claim. Eagle Ridge will make a payment if applicable to your provider of service. You will receive an EOB that summarizes how much Eagle Ridge paid and how much you, the member, are responsible for.

The Partially Self-Funded Component is administered by Eagle Ridge Services:



**Jodie Kraayenbrink**  
PO Box 2640  
Sioux City, IA 51106  
Direct Phone: 712-274-6725  
Toll Free: 1-800-301-6692  
Email: [jodie@eagleridgeservices.com](mailto:jodie@eagleridgeservices.com)



## MEDICAL PLAN COMPARISON

	\$1,500 HDHP POS		\$1,000 Blue Choice POS		\$2,000 Blue Choice POS (\$500 PSF Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	Out-of-Network
<b>Annual Deductible</b>						
Individual	\$1,500		\$1,000		\$2,000 (PSF \$500)	
Family	\$3,000		\$2,000		\$4,000 (PSF \$1,000)	
<b>Annual Out-of-Pocket Maximum</b>						
Individual	\$1,500		\$2,000		\$4,000 (PSF \$1,000)	
Family	\$3,000		\$4,000		\$8,000 (PSF \$2,000)	
	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
<b>Coinsurance/Copays</b>						
<b>Preventive Care</b>	Deductible, 0% Coinsurance	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
<b>Primary Care Physician</b>	Deductible, 0% Coinsurance		\$10 Copay	Deductible, 30% Coinsurance	\$10 Copay	Deductible, 20% Coinsurance
<b>Specialist</b>	Deductible, 0% Coinsurance		\$10 Copay	Deductible, 30% Coinsurance	\$10 Copay	\$10 Copay
<b>Diagnostics, X-Ray, and Lab Services</b>	Deductible, 0% Coinsurance		Facility: Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Facility: Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
<b>Urgent Care</b>	Deductible, 0% Coinsurance		\$10 Copay	Deductible, 30% Coinsurance	\$10 Copay	Deductible, 20% Coinsurance
<b>Emergency Room</b>	Deductible, 0% Coinsurance		\$100 Copay		\$50 Copay	
<b>Inpatient Hospital Care</b>	Deductible, 0% Coinsurance		Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
<b>Outpatient Surgery</b>	Deductible, 0% Coinsurance		Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance



## PRESCRIPTION DRUG COVERAGE

If you enroll in one of the Ballard CSD medical plans, you will automatically receive prescription drug coverage. For the PPO and HDHP plans, prescriptions are provided through Caremark. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

### ***Retail Prescription Program***

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered. To locate an in-network pharmacy, please visit the [Caremark Pharmacy Locator](#)

### ***Mail Order Program***

You may be able to save time and money by using mail order pharmacy for the prescriptions you take regularly. With mail order, filling your prescriptions is convenient, secure and confidential. The quickest way to get started is to log in to myWellmark, navigate to the Coverage page, click the Prescription tab, then Prescription Resources and Start Mail-Order Service. There you will be directed to Wellmark’s preferred pharmacy vendor to complete registration.

### ***Specialty Prescription Program***

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. If you have a prescription that meets this requirement, Wellmark BCBS or Caremark will contact you and provide you with the necessary information to fill your prescription.

### ***Prescription Drug Plan Highlights***

	<b>\$1,500 HDHP Plan</b>	<b>\$1,000 Plan</b>	<b>\$500 PSF Plan</b>
<b>Retail Prescriptions (up to 31-day supply)</b>			
Tier 1	Deductible, 0% Coinsurance	\$10	\$10
Tier 2	Deductible, 0% Coinsurance	\$20	\$20
Tier 3	Deductible, 0% Coinsurance	\$85	Specialty Drugs Self-Administered: Same as cost-share above depending on drug category
<b>Mail Order Prescriptions (up to 90-day supply)</b>			
Tier 1	Deductible, 0% Coinsurance	2x Retail Copay	2x Retail Copay
Tier 2	Deductible, 0% Coinsurance	2x Retail Copay	2x Retail Copay
Tier 3	Deductible, 0% Coinsurance	2x Retail Copay	2x Retail Copay

*\*Member must submit paper claim for reimbursement when purchased through non-participating pharmacy, additional costs may also be incurred by the member.*



## DENTAL PLAN

Ballard CSD's Dental Plan is administered through Delta Dental and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children.

### ***Delta Dental PPO***

Delta Dental PPO is the preferred-provider option program. With Delta Dental PPO you have access to a network of dentists who accept reduced fees for covered services, giving you the lowest out-of-pocket costs. For a list of Delta Dental's preferred dentists, go to [www.deltadentalia.com](http://www.deltadentalia.com).

### ***Delta Dental Premier***

Delta Dental Premier offers the largest dental network. Delta Dental Premier gives you a wider selection of dentists with lower out-of-pocket costs and reduced benefits.

**You will not need a dental ID card to receive dental services. When you visit the dentist, the provider can locate your coverage by use of your Social Security number and Ballard CSD's name. Your dentist's office can also verify your eligibility for benefits by calling Delta Dental at 800-544-0718.**

### ***Dental Plan Highlights***

Plan Feature	PPO	Premier/Non-Participating
<b>Annual Deductible</b>		
Individual	\$15	\$25
Family		
<b>Annual Benefit Maximum</b>	\$1,000	\$1,000
<b>Preventive Services</b> (Exams, Routine Cleanings, Fluoride Treatments: <i>Eligible for children under age 19 once every 12 consecutive months</i> , Space Maintainers)	Covered at 100%	Covered at 100%
<b>Basic Services</b> (X-Rays, Fillings, Sealants, Denture Repairs)	Covered at 100%	Covered at 100%
<b>Major Services</b> (Crowns, Inlays, Onlays, Bridges, Dentures)	Deductible, 50% Coinsurance	Deductible, 50% Coinsurance
<b>Orthodontia (up to age 19)</b>	\$1,000	\$1,000



## VISION PLAN

Ballard CSD Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through Delta Vision.



### ***Vision Coverage***

If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the Delta Vision network, you will receive a discount on services. To find a network provider, go to [www.deltadentalia.com](http://www.deltadentalia.com).

The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

### ***Vision Plan Highlights***

	In-Network	Out-of-Network
<b>Plan Feature</b>	<b>You Pay</b>	<b>Reimbursement</b>
<b>Exam</b>	\$10 Copay	Up to \$35
<b>Prescription Glasses</b>		
<b>Single Lenses</b>	\$10 Copay	Up to \$25
<b>Bifocals – Lined</b>	\$10 Copay	Up to \$40
<b>Trifocals – Lined</b>	\$10 Copay	Up to \$55
<b>Frames</b>	80% of Balance over \$130	Up to \$65
<b>Contacts</b>		
<b>Medically Necessary</b>	Covered in full, Copay does not apply	Up to \$200
<b>Conventional</b>	85% of Balance over \$130	Up to \$104
<b>Disposable</b>	Up to \$130 Allowance	Up to \$130
<b>Frequency</b>		
<b>Exam</b>	Every 12 months	
<b>Frames</b>	Every 24 months	
<b>Lenses</b>	Every 12 Months	
<b>Contacts</b>	Every 12 Months	

## LIFE INSURANCE

### ***Basic Life Insurance***

Ballard CSD offers life insurance coverage to provide financial protection in the event you or your dependents die while you are still working. This coverage is administered through Madison National Insurance.

### ***IRS Rules about Basic Life Insurance***

If your Basic Life Insurance coverage is more than \$50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over \$50,000 be reported as “imputed income,” which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds \$50,000 will be reported to the IRS as imputed income on your W-2 form.



#### **Plan Overview**

##### **Basic Benefit Amount**

\$100,000 - Superintendent

\$50,000 - Administrators & Directors

\$20,000 - Non-Certified and Certified Employees and Nurses working at least 30+ hours/week (excluding bus drivers)

\$10,000 - Non-Certified and Certified Employees and Nurses working at least 20+ hours/week, but less than 30 hours/week (excluding bus drivers)

##### **Accidental Death Benefit**

Amount is the same as the Basic Life amount.

##### **Waiver of Premium**

Basic Life Insurance continues for totally disabled employees without payment of premium if qualified.

##### **Accelerated Benefit**

If you have a Terminal Illness, medical condition that is expected to result in your death within 12 months; you may apply for a benefit amount equal to 100% of your Employee Basic Life Insurance plus your Employee Supplemental Life Insurance, subject to a minimum of \$5,000.

##### **Conversion**

Must apply for conversion within 31 days of termination of policy.



## ***Voluntary Life Insurance***

In addition to Basic Life Insurance, you may also purchase Optional Life Insurance for yourself. You pay for the cost of Optional Life Insurance on an after-tax basis through payroll deductions.

## ***Voluntary Life and AD&D Insurance Coverage***

<b>Plan Overview</b>
<b>Coverage Amount</b> Increments of \$10,000. Maximum coverage is the lesser of 5 times annual salary or \$300,000.
<b>Guarantee Issue</b> \$150,000
<b>Accidental Death Benefit</b> Amount is the same as the Voluntary Life amount.
<b>Portability</b> Apply within 31 days of termination.
<b>Age Reduction Schedule</b> No Reduction – Terminates at retirement.

## ***Beneficiary Designation***

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your “beneficiary” is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You are always the beneficiary of any Dependent Life and AD&D Insurance you elect. You can change your beneficiaries at any time during the year. If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.



## DISABILITY COVERAGE

Ballard CSD offers you Long-Term Disability that works to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are administered through Madison National Insurance.

### *Long-Term Disability*

If you remain totally disabled and unable to work for more than 26 weeks, you may be eligible for Long-Term Disability (LTD) benefits. Ballard CSD automatically provides you LTD benefits that replace up to 60% of your base pay, up to a maximum of \$9,250 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

### *When Are You Disabled?*

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- During the Elimination Period and your Own Occupation Period you are, as a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation, **and**
- Due to such inability, your Work Earnings are less than 80% of your Indexed Pre-disability Earnings, and you are incapable of earning 80% or more of your Indexed Pre-disability Earnings.
  
- After your Own Occupation Period ends, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation, **and**
- Due to such inability, your Work Earnings are less than 80% of your Indexed Pre-disability Earnings, and you are incapable of earning 80% or more of your Indexed Pre-disability Earnings.



## OTHER BENEFITS

### ***Employee Assistance Program (EAP)***

You and your covered dependents have free access to Ballard CSD's Employee Assistance Program (EAP). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides up to 6 free face-to-face counseling sessions for both you and your covered dependents. Counselors can help with concerns about things like:

- Emotional well-being and mental health
- Relationships and parenting
- Addiction and recovery
- Marital and family problems
- Legal and financial issues

To contact EFR, call 800-327-4692, 24 hours a day, seven days a week, to talk to a professional counselor. You can also get more information online at [www.efr.com](http://www.efr.com).

### ***Worksite Policies with AFLAC***

**Accident Policy** - Do you coach? Have kids? Do hazardous/silly things on your time off work? If your family has 1 ER claim per year the policy has paid for itself, no limit on claims. Visits to any Doctor, Dentist, or Eye Doctor due to an accident –work comp accident, chipped or broken teeth, food poisoning, poison ivy, sports injury, lifting, twisting, slipping, sneezed and pull a muscle in your neck are all examples of covered accidents. Plans start at \$12.87 month/single and \$27.04 month/family.

**Hospital Advantage** - Admitted to hospital for any reason? 1st day pays \$500- \$1000 per person, you pick the amount. Additional benefits for MRIs, surgery, Doctor and ER visits, ambulance etc. (we have guaranteed issue options – meaning NO health questions to enroll) Plans start at \$21.45 month/single and \$34.06 month/family.

**Cancer Policy** -1 in 2 men, 1 and 3 women will have cancer in their lifetime. All plans have an initial payout and wellness benefit that pays per person per year. Plans start at \$19.76 month/single and \$36.14 month/family.

**Short Term Disability** – If you got hurt or had an illness and missed work. How many paychecks could you miss before things started getting tight with the budget? If your answer is not many then you need to look into short term disability (we have guaranteed issue options – meaning NO health questions to enroll). Pays in addition and on top of any PTO time you have built up. – Works great with planned maternity leave.



## 2023 Monthly Premiums

Basic Coverages	Monthly Premium	Ballard CSD Pays	Employee Pays						
<b>Medical</b>									
<b>\$1,500 HDHP POS</b>									
Employee:	\$627.90	\$627.90	\$0.00						
Employee + 1:	\$1,059.38	\$729.05	\$330.33						
Family:	\$1,680.31	\$729.05	\$951.26						
<b>\$1,000 Blue Choice POS</b>									
Employee:	\$686.46	\$686.46	\$0.00						
Employee + 1:	\$1,159.17	\$729.05	\$430.12						
Family:	\$1,839.42	\$729.05	\$1,110.37						
<b>\$2,000 Blue Choice POS (\$500 PSF)</b>									
Employee:	\$729.05	\$729.05	\$0.00						
Employee + 1:	\$1,231.74	\$729.05	\$502.69						
Family:	\$1,955.15	\$729.05	\$1,226.10						
<b>Dental</b>									
Employee:	\$32.64	\$13.69	\$18.95						
Employee + 1:	\$64.18	\$13.69	\$50.49						
Family:	\$127.94	\$13.69	\$114.25						
<b>Vision</b>									
Employee:	\$9.22	\$0.00	\$9.22						
Employee + Spouse:	\$17.52	\$0.00	\$17.52						
Employee + Children:	\$19.84	\$0.00	\$19.84						
Family:	\$26.20	\$0.00	\$26.20						
<b>Basic Life and AD&amp;D</b>		100% Paid for by Ballard CSD							
<b>Long Term Disability</b>		100% Paid for by Ballard CSD							
<b>Voluntary Life and AD&amp;D (Monthly cost for every \$1,000 of Voluntary Life Insurance Coverage)</b>									
<b>Age</b>	<b>&lt;30</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65+</b>
<b>Life</b>	\$0.085	\$0.105	\$0.115	\$0.185	\$0.185	\$0.425	\$0.455	\$0.745	\$2.875
<b>Worksite Policies with AFLAC</b>		100% Paid for by Employee Contact Luke Wittrock to Enroll							



## IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/E-mail
<b>Medical and Prescription</b>	Wellmark	800-524-9242	<a href="http://www.wellmark.com">www.wellmark.com</a>
<b>Dental</b>	Delta Dental of Iowa	800-544-0718	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>
<b>Vision</b>	Delta Vision of Iowa	888-899-3747	Benefit Services: <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> Provider Search: <a href="http://www.deltadentalia.com">www.deltadentalia.com</a>
<b>Health Savings Account</b>	American Fidelity	1-800-662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
<b>Flexible Spending Account / Dependent Daycare</b>	American Fidelity	1-800-662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
<b>Life &amp; Disability</b>	Madison National Insurance	800-356-9601	<a href="http://www.madisonlife.com">www.madisonlife.com</a>
<b>Employee Assistance Program</b>	EFR	800-327-4692	<a href="http://www.efr.org">www.efr.org</a>
<b>Individual Worksite Products</b>	AFLAC – Luke Wittrock	515-432-0578	<a href="mailto:lukewittrock@gmail.com">lukewittrock@gmail.com</a>
<b>Holmes Murphy Contacts</b>		Isaac Novak 515-989-5543 <a href="mailto:inovak@holmesmurphy.com">inovak@holmesmurphy.com</a>  Nathan Kouangvan 515-381-7450 <a href="mailto:nkouangvan@holmesmurphy.com">nkouangvan@holmesmurphy.com</a>	



# **Annual Notices: Summary of Benefit Coverages Compliance Notices**



# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024  
Coverage for: Employee & Family | Plan Type: Section 105  
Summary of Benefits & Coverage: What this Plan Covers & What it Costs



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-800-301-6692.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$ 500 per person \$ 1,000 per family	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always January 1 <sup>st</sup> ). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other <u>deductibles</u> for specific services?	Determined by primary health insurance coverage	The primary health insurance plan determines deductibles.
Is there an <u>out-of-pocket limit</u> on my expenses?	\$1,000 per person \$2,000 per family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expense.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, pre-service review penalties, balance-billed charges and health care this plan does not cover	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the partial self insured plan pays?	Yes, the overall annual limit is \$3,000 per person and \$6,000 per family	This partial self insured plan will pay for covered services only up to this limit during each coverage period.
Does this plan use a <u>network of providers</u> ?	Determined by primary health insurance coverage	The primary health insurance plan determines network eligibility.
Do I need a referral to see a <u>specialist</u> ?	Determined by primary health insurance coverage	The primary health insurance plan determines referrals to specialists.
Are there services this plan doesn't cover?	Determined by primary health insurance coverage	The primary health insurance plan determines what services are covered and not covered.

**Questions:** Call 1-800-301-6692

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-800-301-6692 to request a copy.

# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024 Coverage for: Employee & Family | Plan Type: Section 105

## Summary of Benefits & Coverage: What this Plan Covers & What it Costs



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use primary health network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <b>provider's office</b> or <b>clinic</b>	Primary care visit to treat an injury or illness	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Specialist visit	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Other practitioner office visit	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Preventive care/screening/immunization	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
If you have a test	Diagnostic test (x-ray, blood work)	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Imaging (CT/PET scans, MRIs)	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance

**Questions:** Call 1-800-301-6692

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# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024 Coverage for: Employee & Family | Plan Type: Section 105

Summary of Benefits & Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at <a href="#">www.[insert].</a></p>	Generic drugs	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Preferred brand drugs	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Non-preferred brand drugs	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Specialty drugs	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Physician/surgeon fees	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
<p>If you need immediate medical attention</p>	Emergency room services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Emergency medical transportation	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Urgent care	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Facility fee (e.g., hospital room)	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
<p>If you have a hospital stay</p>	Physician/surgeon fee	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance

Questions: Call 1-800-301-6692

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# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024 Coverage for: Employee & Family | Plan Type: Section 105

Summary of Benefits & Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Mental/Behavioral health inpatient services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Substance use disorder outpatient services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Substance use disorder inpatient services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
If you are pregnant	Prenatal and postnatal care	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Delivery and all inpatient services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance

Questions: Call 1-800-301-6692

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# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024 Coverage for: Employee & Family | Plan Type: Section 105

Summary of Benefits & Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Rehabilitation services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Habilitation services	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Skilled nursing care	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Durable medical equipment	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Hospice service	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Eye exam	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
If your child needs dental or eye care	Glasses	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance
	Dental check-up	Determined by primary insurance	Determined by primary insurance	Determined by primary insurance

## Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Determined by primary insurance
- 

**Questions:** Call 1-800-301-6692

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-800-301-6692 to request a copy.

# 105 Window of Self Insurance: Ballard Community School District

Coverage Period: 07/01/2023 - 6/30/2024

Coverage for: Employee & Family | Plan Type: Section 105

Summary of Benefits & Coverage: What this Plan Covers & What it Costs

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

Determined by primary insurance

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your employer or group sponsor. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x612565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Eagle Ridge Corporate Services at 1-800-301-6692 or Department of Labor Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact Iowa Consumer Advocate Bureau, 330 Maple Street, Des Moines, IA 50319, 1-877-55-1212 or [www.isuragncceca.iowa.gov](http://www.isuragncceca.iowa.gov).

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-301-6692  
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-301-6692  
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 800-301-6692  
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-301-6692

—To see examples of how this plan might cover costs for a sample medical situation, see the next page.

**Questions:** Call 1-800-301-6692

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-800-301-6692 to request a copy.

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: see primary health plan
- Patient pays \$ \*

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays: see primary health plan

Deductibles	\$
Copays	\$
Coinsurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

\* Maximum 105 reimbursement is \$3,000 single and \$6,000 family

### Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: see primary health plan
- Patient pays \$ \*

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays: see primary health plan

Deductibles	\$
Copays	\$
Coinsurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

\*Maximum 105 reimbursement is \$3,000 single and \$6,000 family

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ No. Coverage examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-301-6692

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## **IMPORTANT NOTICE FROM BALLARD COMMUNITY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Ballard Community School District coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Ballard Community School District coverage, be aware that you and your dependents may be able to get this coverage back.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

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

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

**For More Information About This Notice or Your Current Prescription Drug Coverage...**

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

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	July 1, 2023
Name of Entity/Sender:	Ballard Community School District
Contact--Position/Office:	Betty Wawers, HR Specialist
Address:	509 N. Main Avenue, Huxley, IA 50124
Phone Number:	515-597-2811



## HIPAA SPECIAL ENROLLMENT NOTICE

*This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.*

### **Loss of Other Coverage (including Medicaid and State Child Health Coverage)**

If you are declining coverage for yourself or your dependents (including 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

### **Marriage, Birth, or Adoption**

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, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

### **Medicaid or State Child Health Coverage**

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

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

## **WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998**

*In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.*

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

*Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.*

## **NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **PATIENT PROTECTION NOTICE**

Wellmark requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Wellmark at 800-355-2031 or you can look up providers online at [www.wellmark.com](http://www.wellmark.com).

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

You do not need prior authorization from Wellmark or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Wellmark at 800-355-2031 or you can look up providers online at [www.wellmark.com](http://www.wellmark.com).

# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

## **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

## **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (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.)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

## **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact the Ballard Community School Administration Office.

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