



# YOUR BENEFITS

October 2022 - September 2023



# your health and happiness are important to us

That's why we're so committed to making sure you get the benefits package that's right for both you and your family. Our package combines the peace of mind that comes with excellent medical care with competitive prices.

Annual Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental care, even financial wellbeing programs built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. Taken together, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

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## Medical Waiver (credit (Plan A))

If you choose not to enroll in medical insurance through Hamilton County Schools, you may enroll in employee only dental coverage and long-term disability insurance at no cost to you.

This credit does not exempt you from the ACA Individual Coverage mandate requiring most individuals to have health insurance.

*This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.*



# ENROLLMENT GUIDELINES

## Know when you can change your coverage



### Nancy just got hired!

As a new hire, Nancy has 30 days to enroll for benefits that become effective on the first of the month following 60 days of employment. Coverage will be in effect until **September 30, 2023**.



### Juan and his wife just had a baby!

Having a baby is a **qualifying life event**, so Juan must contact Payroll Specialist/Department within **30 days** of birth to add his baby.



### During Annual Enrollment

Each Annual Enrollment, **all eligible employees** may elect new coverage in effect **October 1 through September 30**.

Other **qualifying events** include marriage or divorce, adopting a child, custody status change of a child, a change in Medicare or Medicaid eligibility, or a change in your or your spouse's work affecting benefits eligibility.

## Know who you can add to your plans



### You may cover:

- Your legal spouse
- Your natural, adopted, foster, step children and children in your custody due to a court order until:
  - **MEDICAL:** the end of the calendar year when they reach **age 26**.  
*Extended coverage to age 30 may be available, please contact Payroll Specialist/Department for details.*
  - **DENTAL & VISION:** the end of the calendar year when they reach **age 26** if unmarried
  - **CHILD LIFE INSURANCE:** from live birth through age 20 (through age 24 if a registered student in full time attendance at an accredited educational institution)

If you have an **adult child** who became **disabled** before age 26, please contact Payroll Specialist/Department for information on adding them to medical and dental insurance.

## Know how to choose your coverage



### Enrollment Quickstart

Log into <https://enroll.benefitsconnect.net/hamiltonfl>





# ENROLLMENT GUIDELINES CONTINUED...

Open Enrollment will be available from  
August 22, 2022 through September 2, 2022

## Group Benefits Enrollment INSTRUCTIONS



Hamilton County School District is now conducting benefit enrollment online at  
<https://enroll.benefitsconnect.net/hamiltonfl>

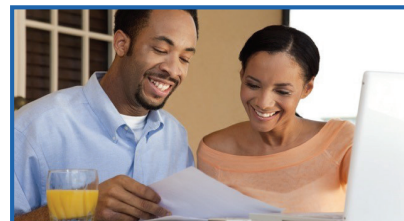
**For Online Enrollment Technical Assistance** – Please call GIS Benefits – 866-400-7771. Our office is open Monday through Friday from 8:30 am to 5:00 pm EST. If you are prompted to leave a message, someone will return your call within one business day.

Online enrollment with Benefits Connect is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer. For your security Benefits Connect is 128-bit encrypted and password protected. Follow the steps below to learn how to access the system and enroll.

### 1 TO GET STARTED, YOU WILL NEED

During the enrollment process you will be asked to provide some basic information that you should have available.

- ▲ Your social security number
- ▲ Your dependent's social security numbers and birth dates



### 2 USER NAME AND PASSWORD

Initially your user name and password are defaulted to a standard format. Upon completing your first login you will be prompted to enter and complete three security questions. From there you will be asked to change your password. Let's walk through a sample login.

Your **user name** is made up of the **first six letters of your last name**, followed by your **first initial** and the **last four numbers of your social security number**. The **initial password** for the system is your **social security number** (without dashes).

**Note:** If your last name is not six letters please use your entire last name, first initial and last four of our social security number as your username.

### 3 PERSONAL PROFILE

After your initial login, the system will take you to the PERSONAL INFORMATION section. Please complete all fields. Fields in **RED** are required, and must be completed. When you have completed all of the fields, click **NEXT** to proceed to the next screen.

#### Personal Information



# ENROLLMENT GUIDELINES CONTINUED...

## 4 DEPENDENT PROFILE & BENEFICIARIES

The system will now take you to the DEPENDENT INFORMATION section:

- ▲ To enter a spouse, click the “+ Add Spouse” icon, enter information, and click Save.
- ▲ To enter a child, click the “+ Add Dependent” icon, enter information, and click Save.
- ▲ To enter a Beneficiary, click the “+ Add Beneficiary” icon, enter information, and click Save.

*Note: You only need to add dependents that you would like to enroll for coverage. You will choose which dependents to enroll for each plan when you reach the election screens.*

### Dependent Information

Please fill out your dependent and beneficiary information for your upcoming benefits selection.

+ ADD SPOUSE

+ ADD DEPENDENT

Dependent

No dependent has been added.

### Beneficiary Information

+ ADD BENEFICIARY

Beneficiary

No beneficiary has been added.

## 5 BENEFIT PLAN ELECTIONS

Next, the system will take you to the BENEFIT PLAN ENROLLMENT Section. Each benefit and your options will be displayed one by one.

- ▲ To enroll in a plan, check “Select This” below the option you’d like, and check any dependents you want to cover. If applicable, indicate the amount for which you would like to enroll.
- ▲ To waive coverage, check *Select This* under *Waive Coverage* below the electable benefits.
- ▲ For information about a plan, click *View Plan Outline of Benefits*.
- ▲ For plans provided by your company at no cost to you, enrollment is already checked.

Click Save & Continue after each benefit selection.

### Voluntary Life Election for Current Enrollment

Choose your plan

☒ **\$0.55**  
(per pay period cost)  
 Effective on: 09/01/2020  
Cost is included in a previous table

☐ **RELANCE STANDARD**  
(Estimated Cost)  
 Reliance Standard Life Insurance Company  
[View Outline of Benefits](#)

Select a Coverage Amount  
 Quantized Step Amount: \$100,000.00

☐ SELECT THIS

- Or -

☐ WAIVE COVERAGE  
I acknowledge that I have been offered the opportunity to purchase Voluntary Life coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.

☐ SELECT THIS

| Benefit Cost Summary            |        |
|---------------------------------|--------|
| Medical                         | \$0.00 |
| Dental                          | \$0.00 |
| Vision                          | \$0.00 |
| Basic Life and AD&D             | \$0.00 |
| Voluntary Life                  | \$0.00 |
| Voluntary Short-Term Disability | \$0.00 |
| Voluntary Long-Term Disability  | \$0.00 |
| Accident Care                   | \$0.00 |
| Employee Critical Illness       | \$0.00 |
| ED&H                            | \$0.00 |
| Wellness                        | \$0.00 |
| Total cost of coverage:         | \$0.00 |

## 6 COMPLETING YOUR ENROLLMENT

Once you have gone through enrollment for each plan available, the system will take you to the CONSOLIDATED ENROLLMENT FORM page. This screen will show you a summary of the information you entered and the benefit elections you made.

- ▲ **To complete the enrollment process: Please Click “Finished.”**
- ▲ If you need to log off before completing enrollment, any data you entered will be saved. The next time you log on, you will be taken directly to the last saved screen.
- ▲ **Always make sure to log out upon completing any action on the system.**

Once you've reviewed your elections, please press the "Finish Elections" button below.

### Consolidated Enrollment

Please review your Personal Information and Election choices. Note that you can edit those choices if you see anything you wish to change.

CURRENT ELECTIONS MY BENEFITS MY TOTAL COMPENSATION

#### Current Elections

Name: John Doe  
 Division: All Employees  
 Category: All Employees  
 Print Date: 01/17/2020 7:44:05 AM



FINISH ELECTIONS



# MEDICAL INSURANCE MADE SIMPLE

## What happens when you need health care?

### Be an educated health consumer

All four plans cover in-network preventive care 100%. Beyond that, your responsibility depends on the plan you choose, the services you need, and where you receive your care.

### YOUR PLANS AT-A-GLANCE

|                       | 05771                                     | 05360   | 05302   | 05192/93 HSA                              |
|-----------------------|---|---|---|---|
| Networks              | In- and out-of-network coverage available | In- and out-of-network coverage available     | In- and out-of-network coverage available     | In- and out-of-network coverage available |
| Deductible            | \$ \$                                     | \$ \$   | \$ \$ \$ \$                                   | \$ \$ \$                                  |
| Out-of-Pocket Maximum | \$ \$                                     | \$ \$   | \$ \$ \$                                      | \$ \$ \$                                  |
| How you pay for care  | Mostly copays                             | Mix of copays and deductible then coinsurance | Mix of copays and deductible then coinsurance | Deductible then coinsurance               |

### NEW! Teladoc

**Provides 24/7 access to care** – For a cost that's less than an urgent care or ER visit, Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. **CALL TODAY: 1-800-Teladoc (835-2362) or visit Teladoc.com.**

### Know your terms!

**Copay** – a flat fee you pay whenever you use certain medical services, like a doctor visit.

**Deductible** – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

**Coinsurance** – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.

**Provider Charges** – the amount charged to pay providers such as anesthesiologists, radiologists, doctors, and pathologists who work in certain facilities. The amounts shown on page 5 are facility charges.

**Out of pocket maximum** – the most you will pay during the **calendar year** for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

**Balance billing** – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. **This amount is in addition to, and does not count toward your out-of-pocket maximum.**

Florida  
Blue

Group Number: **78162**  
Website: **www.floridablue.com**  
Phone: **1-800-352-2583**

Download Florida Blue's mobile app for claims information, to access your ID card, find a doctor, and more!



# YOUR MEDICAL COVERAGE

## IN-NETWORK COVERAGE

|  | 05771  | 05360   | 05302   | 05192 / 93 HSA                                       |
|--|--|---|---|--|
| <b>CALENDAR YEAR DEDUCTIBLE</b>          | \$1,500 per person<br>\$4,500 family maximum | \$1,500 per person<br>\$4,500 family maximum  | \$5,000 per person<br>\$10,000 family maximum | \$2,500 single coverage<br>\$5,000 family coverage   |
| <b>COINSURANCE</b> ( <i>your share</i> ) | 20%  | 20%   | 30%   | 20%  |
| <b>OUT-OF-POCKET MAXIMUM</b>             | \$4,500 per person<br>\$9,000 family maximum | \$5,000 per person<br>\$10,000 family maximum | \$6,350 per person<br>\$12,700 family maximum | \$5,800   \$11,600<br>(\$6,850 max per person)       |
| <b>PREVENTIVE CARE</b>                   | Covered 100%                                 | Covered 100%                                  | Covered 100%                                  | Covered 100%   |
| <b>PRIMARY CARE VISIT</b>                | \$30   | \$25  | \$30  | Deductible then 20%                                  |
| <b>SPECIALIST VISIT</b>                  | \$55   | \$50  | \$55  | Deductible then 20%                                  |
| <b>LAB AND X-RAY</b>                     | <b>Lab:</b> \$0<br><b>X-Ray:</b> \$50        | <b>Lab:</b> \$0<br><b>X-Ray:</b> \$50         | <b>Lab:</b> \$0<br><b>X-Ray:</b> DED then 30% | <b>Lab:</b> Deductible<br><b>X-Ray:</b> DED then 20% |
| <b>IMAGING (MRI / CT)</b>                | \$250  | \$450   | Deductible then 30%                           | Deductible then 20%                                  |
| <b>URGENT CARE CENTER</b>                | \$60   | \$55  | \$60  | Deductible then 20%                                  |
| <b>EMERGENCY ROOM</b>                    | \$250  | Deductible then 20%                           | \$300   | Deductible then 20%                                  |
| <b>INPATIENT HOSPITAL</b>                | Deductible then 20%                          | Deductible then 20%                           | Deductible then 30%                           | Deductible then 20%                                  |
| <b>OUTPATIENT HOSPITAL</b>               | Deductible then 20%                          | Deductible then 20%                           | Deductible then 30%                           | Deductible then 20%                                  |
| <b>AMBULATORY SURGERY</b>                | \$200  | Deductible then 20%                           | Deductible then 30%                           | Deductible then 20%                                  |
| <b>PRESCRIPTION DRUG COVERAGE</b>        |  |   |   |  |
| <b>RETAIL</b>                            | \$10 / \$60 / \$100                          | \$10 / 20% / NC                               | \$10 / 20% / NC                               | DED then \$10 / \$50 / \$80                          |
| <b>MAIL ORDER</b>                        | \$25 / \$150 / \$250                         | \$25 / 20% / NC                               | \$25 / 20% / NC                               | DED then \$25 / \$125 / \$200                        |

## OUT-OF-NETWORK COVERAGE

|  |   |   |  |  |
|--|---|---|--|--|
| <b>CALENDAR YEAR DEDUCTIBLE</b>          | \$4,500 per person<br>\$13,500 family maximum | \$3,000 per person<br>\$9,000 family maximum  | \$10,000 per person<br>\$30,000 family maximum | \$5,000 single coverage<br>\$10,000 family coverage  |
| <b>COINSURANCE</b> ( <i>your share</i> ) | 50% after deductible                          | 40% after deductible                          | 50% after deductible                           | 40% after deductible                                 |
| <b>OUT-OF-POCKET MAXIMUM</b>             | \$9,000 per person<br>\$18,000 family maximum | \$8,000 per person<br>\$16,000 family maximum | \$20,000 per person<br>\$40,000 family maximum | \$11,600 single coverage<br>\$23,200 family coverage |

Out-of-Network coverage is subject to **balance billing** (see page 4)



# HEALTH SAVINGS ACCOUNT (HSA)

The HSA is a great way to handle any medical expenses not covered by your medical insurance. You make regular contributions to your account through payroll – and the contributions are tax free.

## AND THAT'S NOT ALL:

- You own the account, even if you change plans or jobs;
- Your contributions are tax-free to pay for medical, prescription, dental and vision expenses;
- There are federal, state and FICA tax savings;
- Your funds roll over from year to year;
- Any withdrawal for qualified medical expenses is tax-free.

## HOW YOUR HSA WORKS

Once you enroll in the 05192/93 plan, we will complete the account setup steps to open your HSA. And once it's open, you can begin making contributions.

|  | IF YOU CHOOSE<br>INDIVIDUAL COVERAGE | IF YOU CHOOSE FAMILY<br>COVERAGE |
|--|--------------------------------------|----------------------------------|
| <b>2022 Annual Maximum<br/>Contribution</b><br><i>(from all sources)</i> | <b>\$3,650</b>                       | <b>\$7,300</b>                   |
| <b>2023 Annual Maximum<br/>Contribution</b><br><i>(from all sources)</i> | <b>\$3,850</b>                       | <b>\$7,750</b>                   |

*Contribution maximums assume 12 months of coverage in the 05192/93 plan, and are pro-rated on a monthly basis for coverage lasting less than 12 months.*

### AGE 55 OR OLDER?

You may contribute an extra **\$1,000** per year in catch-up contributions. Contribution maximums based on 2022 & 2023 IRS limits and are pro-rated on a monthly basis for coverage lasting less than 12 months.



## Brad has an individual HSA



He saves directly from his paycheck into his HSA

**\$2,340** (\$97.50 per paycheck)

No income tax is applied

**\$2,340**

Tax-free money to cover medical expenses

## Angie doesn't have an HSA



She saves for medical expenses directly from her paycheck

**\$2,340** (\$97.50 per paycheck)

**- \$585** (25% federal income tax)

**\$1,755**

Post-tax money to cover medical expenses

**It's good to know your funds are available as soon as they are deposited and you can use your money in two ways:**

**1**

**Pay** for out-of-pocket costs if you receive medical, prescription, dental, or vision care

**2**

**Leave** the money in your account so it will carry over from year-to-year and grow tax-free

However, please remember that you'll need to enroll in the 05192/93 plan to join our HSA. Also, you can't contribute to an HSA if you're in another medical plan (including Medicare or TRICARE) or are a dependent on someone else's tax return. In these cases, you can still enroll in the HDHP plan, but you'll need to opt out of the HSA.

**Florida  
Blue**

Group Number: **78162**  
Website: **[www.floridablue.com](http://www.floridablue.com)**  
Phone: **1-800-352-2583**

Download Florida Blue's  
mobile app for claims  
information, to access your ID  
card, find a doctor, and more!





# DENTAL INSURANCE

## Dental care that makes you smile

Our Standard dental PPO plan allows you to visit any licensed dentist you like -- but choose a Standard PPO dentist and you'll make the most of your plan. \*For ID cards: Login to [www.standard.com](http://www.standard.com) and register by clicking "Sign In," or download the Standard App on the App Store or Google Play With a Standard PPO dentist, you'll enjoy:



### QUALITY ASSURANCE

PPO Dentists are monitored for proper licensing, cleanliness, and safety.



### NO BALANCE BILLING

You won't be charged more than the contracted rate.



### NO PRE-PAYMENT

You'll pay only your portion of the bill - Standard pays your dentist directly.



### LOWER PRICES

Through reduced fees

## ID Cards

login to [www.Standard.com](http://www.Standard.com) and register by clicking [Sign In] or Download the Standard App from the App Store or Google Play.

| Benefits and Covered Services   | Dental PPO Plan                                     |
|---|---|
| <b>Calendar Year</b> Deductible – <i>waived for Type 1 Care and Orthodontia</i> | \$50 per person   \$150 per family                  |
| <b>Calendar Year</b> Benefit Maximum ( <i>excluding Type 1 Care</i> )           | \$2,500 per person                                  |
| <b>In-Network Care</b>  |   |
| Type 1: Preventive Care   | 100% Covered  |
| Type 2: Basic Care (fillings, extractions)                                      | Deductible then 20%                                 |
| Type 3: Major Care (crowns, dentures)   | Deductible then 50%                                 |
| Type 4: Child Orthodontic Care ( <i>to age 18</i> )                             | 50% ( <i>\$1,000 lifetime maximum benefit</i> )     |
| <b>Out-of-Network Care</b>  |   |
| Type 1: Preventive Care   | 100% Covered ( <i>plus balance billing</i> )        |
| Type 2: Basic Care (fillings, extractions)                                      | Deductible then 20% ( <i>plus balance billing</i> ) |
| Type 3: Major Care (crowns, dentures)   | Deductible then 50% ( <i>plus balance billing</i> ) |
| Type 4: Child Orthodontic Care ( <i>to age 18</i> )                             | 50% ( <i>\$1,000 lifetime maximum benefit</i> )     |

## GOOD TO KNOW: ALLOWANCE BASED ON 95TH U&C!!

Your benefit allowed amount will be based on the 95th percentile of Usual and Customary charges.

**Reminder: your deductible and maximum benefits accrue from January through December each year.**

Standard

Group Number: 156603  
Website: [www.standard.com](http://www.standard.com)  
Phone: 1-800-547-9515



# VISION INSURANCE

## Focus on your vision

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through Standard. All services except frames are available once every 12 months; frames are available once every 24 months.

|                |                              | In-Network                        | Out-of-Network            |
|----------------|------------------------------|-----------------------------------|---------------------------|
| COPAYS         | Eye Examination              | \$0 Copay                         | Up to \$35 reimbursement  |
|                | Materials                    | \$0 Copay                         | N/A                       |
| EYE GLASSES    | Lenses - Single              | Covered after copay               | Up to \$25 reimbursement  |
|                | Lenses - Bifocal             | Covered after copay               | Up to \$40 reimbursement  |
|                | Lenses - Trifocal            | Covered after copay               | Up to \$60 reimbursement  |
|                | Frames - after copay         | \$130 allowance (20% off balance) | Up to \$65 reimbursement  |
| CONTACT LENSES | Elective Contact Lenses ⓘ    | \$130 allowance                   | Up to \$104 reimbursement |
|                | Medically Necessary Contacts | Covered 100%                      | Up to \$200 reimbursement |



Elective contact lenses are available in lieu of glasses (lenses and/or frames). You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.

**Diabetic?** Your vision plan includes enhanced diabetic care to include exams, scanning laser, and retinal imaging at no cost to you when you use an in-network provider.

Standard

Group Number: 156603  
Website: [www.standard.com](http://www.standard.com)  
Phone: 1-866-289-0614



# YOUR COST FOR COVERAGE

## Your Semi-Monthly Cost for Coverage

We do our very best to get the most competitive prices while getting you the best possible coverage. These premiums are the amount you pay for your insurance each paycheck. Remember that they come out before taxes, lowering your taxable income.

| Medical Plan Premiums | 05771      | 05360      | 05302    | 05192/93 |
|-----------------------|------------|------------|----------|----------|
| Employee Only         | \$287.18   | \$223.26   | \$111.17 | \$151.21 |
| Employee + Spouse     | \$998.61   | \$846.48   | \$579.69 | \$449.11 |
| Employee + Child(ren) | \$720.22   | \$602.61   | \$396.35 | \$295.40 |
| Employee + Family     | \$1,380.10 | \$1,180.67 | \$830.93 | \$659.75 |

The Board contributes towards the total medical plan premiums for each plan provided. To ensure an affordable plan is made available to all full-time employees, additional District-funded supplements are available and will be provided to full-time, eligible employees enrolled in the Employee Only Plan 05302. Qualifications are based on income. Please see the District's Employee Benefit Specialist for further information on this option.

| Dental Plan Premiums  | WITH HCSD MEDICAL INSURANCE | PLAN A - FOR EMPLOYEES WHO WAIVE HCSD MEDICAL INSURANCE |
|-----------------------|-----------------------------|---|
| Employee Only         | \$24.04                     | \$0   |
| Employee + Spouse     | \$38.77                     | \$14.74   |
| Employee + Child(ren) | \$36.94                     | \$12.90   |
| Employee + Family     | \$48.03                     | \$23.99   |

| Vision Plan Premiums  | VISION PLAN |
|-----------------------|-------------|
| Employee Only         | \$0.00      |
| Employee + Spouse     | \$2.68      |
| Employee + Child(ren) | \$2.41      |
| Employee + Family     | \$5.33      |





# LIFE AND DISABILITY INSURANCE

## Life Insurance

### Basic Life Insurance

If you're a full-time employee, we'll provide you with free Basic Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of \$20,000 through The Standard. AD&D coverage is designed to pay a benefit if you pass away due to an accident, and may pay a partial benefit if an accident causes a loss of certain functions. The amount of your benefit begins to reduce by 50% beginning at age 70. See the policy for coverage and age reduction details.

### Supplemental Life Insurance

You have the opportunity to elect and purchase additional life insurance for yourself, your spouse, and your dependent child(ren) through The Standard. AD&D coverage equal to the amount you elect is automatically included. Your cost for coverage depends on your age and the amount of coverage you elect, and is available on Benefits Connect.

| Feature   | For you   | For your spouse | For your child(ren) |
|---|-----------|-----------------|---------------------|
| Available increments  | \$10,000  | \$5,000         | Flat \$10,000       |
| Coverage maximum  | \$300,000 | \$150,000       | \$10,000            |
| Medical question limit  | \$120,000 | \$30,000        | \$10,000            |



As a newly eligible employee, you may elect up to the medical question limit with no medical questions required. Any requests to enroll or increase coverage after the first opportunity will be subject to medical questions.

## Voluntary Short-Term Disability Insurance

### Available for purchase through Standard

Income protection for shorter absences from work due to illness, injury, or pregnancy. After **180 days** of inability to work, the plan pays 60% (to of your pre-disability base income to a maximum of \$6,000 per month. Payments may continue until age 65 (if you become disabled after age 62.)

**Your cost for coverage depends on your income and is available at enrollment.**

## Long-Term Disability Insurance

All full-time active employees are eligible to participate in our long-term disability plan through The Standard.

After **180 days** of inability to work, the plan pays 60% of your pre-disability base income to a maximum of \$6,000 per month. Payments may continue for up to two years if you are not able to perform the duties of your own occupation, or until age 65 if you are not able to perform the duties of any occupation. If you become disabled after age 65, benefit payments depend on your age.

Your cost for coverage depends on your income and is available on Benefits Connect. **If you declined medical insurance with Hamilton County School District, long-term disability insurance is included in Plan A coverage at no cost to you.**



As a newly eligible employee, you may elect STD or LTD with no medical questions required. Any requests to enroll or increase coverage after the first opportunity will be subject to medical questions.



# VOLUNTARY BENEFITS

## Hospital Indemnity Coverage

### Available for purchase through Standard

- Designed to help offset your out-of-pocket expenses due to hospitalization and outpatient surgery.
- Options available:
  - Hospital Admission - \$500/Calendar year
  - Hospital Confinement - \$150/Day
  - Critical Care Unit (CCU) Confinement - \$50/Day
  - Number of covered days per confinement – 31 days
  - Health Maintenance Screening - \$50

**Price reduction for 10/1/2022-9/30/2023 plan year. See the enrollment system for additional details.**

## Critical Illness Coverage

### Available for purchase through Standard

- Pays a benefit for specified diagnoses including heart attacks, strokes, and invasive cancer
- Choose a lump sum amount in \$5,000 increments up to \$30,000

### Family Coverage is available

- Spouse benefit is 100% of the Employee Amount and Child benefit is 25% of the Employee Amount

### Wellness Benefit included

- \$50 per insured per calendar year

**See the enrollment system for additional details.**

## Accident Coverage

### Available for purchase through Standard

- Designed to help ease the financial pain of on- or off-the-job covered accidents

### Benefits are paid based on injuries and treatments

### Wellness benefit included

- \$50 per member (after 90 day waiting period)

### Family coverage is available

**See the enrollment system for additional details.**

Hamilton County School District 2022-2023 Benefits | 15



# ANNUAL NOTICES AND DISCLOSURES

**This section contains important information about your benefits and rights. Please read the following pages carefully and contact Payroll Specialist/Department with any questions you have.**

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

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

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** – If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your state for more information on eligibility.**

**State Contact Information is available at the end of this notice.**



**Section 111** – Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**Women's Health and Cancer Rights Act of 1998** – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**Newborns' and Mothers' Health 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** – If your group health plan requires or allows 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. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan 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, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

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

### STATE CONTACT INFORMATION:

|                                   |   |   |
|-----------------------------------|---|---|
| ALABAMA – Medicaid                | 855.692.5447  | <a href="http://myalhipp.com">http://myalhipp.com</a>   |
| ALASKA – Medicaid                 | 866.251.4861<br>CustomerService@MyAKHIPP.com  | The AK Health Insurance Premium Payment Program: <a href="http://myakhipp.com">http://myakhipp.com</a><br>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>   |
| ARKANSAS – Medicaid               | 855.MyARHIPP (855.692.7447)   | <a href="http://myarhipp.com">http://myarhipp.com</a>   |
| CALIFORNIA – Medicaid             | 916.445.8322<br>Fax: 916.440.5676<br>hipp@dhcs.ca.gov   | Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>  |
| COLORADO – Medicaid and CHIP      | Member Contact Center:<br>800.221.3943   State Relay 711<br><br>Customer Service:<br>800.359.1991   State Relay 711<br><br>HIBI Customer Service:<br>855.692.6442 | Health First Colorado (Colorado's Medicaid Program)<br><a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a><br><br>Child Health Plan Plus (CHP+)<br><a href="https://colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a><br><br>Health Insurance Buy-In Program (HIBI)<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> |
| FLORIDA – Medicaid                | 877.357.3268  | <a href="http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>   |
| GEORGIA – Medicaid                | GA HIPP<br>678.564.1162, Press 1<br>GA CHIPRA<br>678.564.1162, Press 2  | GA HIPP Website:<br><a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>GA CHIPRA Website:<br><a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>      |
| INDIANA – Medicaid                | 877.438.4479<br>800.457.4584  | Healthy Indiana Plan for low-income adults 19-64   <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>All other Medicaid   <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  |
| IOWA – Medicaid and CHIP (Hawki)  | Medicaid: 800.338.8366<br>Hawki: 800.257.8563<br>HIPP: 888.346.9562   | Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  |
| KANSAS – Medicaid                 | 800.792.4884  | <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   |
| KENTUCKY – Medicaid               | 855.459.6328<br>KIHIPPPROGRAM@ky.gov<br><br>877.524.4718  | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)<br>Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>   |
| LOUISIANA – Medicaid              | 888.342.6207 (Medicaid hotline)<br>or 855.618.5488 (LaHIPP)   | <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  |
| MAINE – Medicaid                  | 800.442.6003<br>TTY: Maine relay 711<br><br>800.977.6740<br>TTY: Maine relay 711  | Enrollment:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br><br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  |
| MASSACHUSETTS – Medicaid and CHIP | 800.862.4840  | <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   |
| MINNESOTA – Medicaid              | 800.657.3739  | <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>   |
| MISSOURI – Medicaid               | 573.751.2005  | <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   |
| MONTANA – Medicaid                | 800.694.3084  | <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>   |
| NEBRASKA – Medicaid               | Phone: 855.632.7633<br>Lincoln: 402.473.7000<br>Omaha: 402.595.1178   | <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>   |
| NEVADA – Medicaid                 | 800.992.0900  | <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   |
| NEW HAMPSHIRE – Medicaid          | 603.271.5218<br>Toll free number for the HIPP<br>program: 800.852.3345, ext 5218  | <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>   |

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

### STATE CONTACT INFORMATION (continued):

|                                  |  |  |
|----------------------------------|--|--|
| NEW JERSEY – Medicaid and CHIP   | 609.631.2392<br>800.701.0710   | Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a><br>CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> |
| NEW YORK – Medicaid              | 800.541.2831   | <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  |
| NORTH CAROLINA – Medicaid        | 919.855.4100   | <a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a>  |
| NORTH DAKOTA – Medicaid          | 844.854.4825   | <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>  |
| OKLAHOMA – Medicaid and CHIP     | 888.365.3742   | <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  |
| OREGON – Medicaid                | 800.699.9075   | <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>                               |
| PENNSYLVANIA – Medicaid          | 800.692.7462   | <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  |
| RHODE ISLAND – Medicaid and CHIP | 855.697.4347 or 401.462.0311<br>(Direct Rite Share Line)                 | <a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a>  |
| SOUTH CAROLINA – Medicaid        | 888.549.0820   | <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>  |
| SOUTH DAKOTA – Medicaid          | 888.828.0059   | <a href="http://dss.sd.gov">http://dss.sd.gov</a>  |
| TEXAS – Medicaid                 | 800.440.0493   | <a href="http://gethipptexas.com">http://gethipptexas.com</a>  |
| UTAH – Medicaid and CHIP         | 877.543.7669   | Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a><br>CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>   |
| VERMONT – Medicaid               | 800.250.8427   | <a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a>  |
| VIRGINIA – Medicaid and CHIP     | Medicaid and CHIP: 800.432.5924  | <a href="https://www.coverva.org/es/famis-select">https://www.coverva.org/es/famis-select</a><br><a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>   |
| WASHINGTON – Medicaid            | 800.562.3022, ext. 15473   | <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  |
| WEST VIRGINIA – Medicaid         | Medicaid: 304.558.1700<br>CHIP Toll-free: 855.MyWVHIPP<br>(855.699.8447) | <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>   |
| WISCONSIN – Medicaid and CHIP    | 800.362.3002   | <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  |
| WYOMING – Medicaid               | 800.251.1269   | <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  |

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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





*This 2022-2023 benefit guide prepared by*



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