

# Employee Benefits Enrollment Guide

Plan Year: July 1, 2017 through June 30, 2018



# WHAT'S NEW FOR 2017?

Somerville Cambridge Elder Services offers you and your eligible family members a comprehensive and valuable benefits program. We believe the health and welfare of our employees and their families is essential to our success as an organization. We encourage you to take the time to educate yourself about the available options and choose the best coverage for you and your family. Below you will find a brief description of the employees' benefits package for the 2017-2018 plan year.

- **Medical:** We will be renewing our health coverage with Tufts Health Plan with no plan changes. See [Medical & Prescription Drugs](#) for an overview of our health benefits.
- **Health Reimbursement Arrangement (HRA):** Somerville Cambridge Elder Services will continue to offer an HRA to share in deductible related expenses. Somerville Cambridge Elder Services will reimburse employees up to 75% of the individual and family deductible expenses. Please see deductible chart on the next page.
- **Dental:** We will be keeping our dental plan with Blue Cross Blue Shield. See [Dental](#) for an overview of our dental benefits.
- **Life:** We will be continuing our Life and Disability Insurance Coverage through SunLife. Please contact Human Resources with any questions you may have in regard to these programs.

## Who is Eligible?

If you are an employee (working 20 or more hours per week) you are eligible to enroll in the benefits described in this guide. If you enroll in our group health and/or dental plans you may also enroll your spouse and any legal dependents. In addition, in accordance with the Affordable Care Act, non-dependent children of an employee are also eligible to participate in our group health plan until they attain the age of 26.



## How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Complete all necessary forms and submit to Human Resources. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



## When to Enroll

The open enrollment period is happening now. The benefits you elect during open enrollment will be effective from July 1, 2017 – June 30, 2018. Qualifying events must be reported within 30 days and are effective the date of the event.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. You must notify us within 30 days of any such change.


## CONTACT INFORMATION

Below you will find a list of our carrier's names and their member services phone numbers. Please refer to this list when you have a question regarding your benefits or you need to check to see if a provider is in a network.

<b>MEDICAL</b> Tufts Health Plan Member Services: 1.800.462.0224 <a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>	<b>DENTAL</b> BCBS Dental Member Services: 1.800.262.2583 <a href="http://www.bcbsma.com">www.bcbsma.com</a>
<b>LIFE &amp; DISABILITY</b> SunLife Member Services: 1.800.247.6875 <a href="http://www.sunlife.com">www.sunlife.com</a>	<b>FLEXIBLE SPENDING ACCOUNT &amp; HEALTH REIMBURSEMENT ARRANGEMENT</b> Choice Strategies Member Services: 1-888-278-2555, Option 2 <a href="http://www.choice-strategies.com">www.choice-strategies.com</a>
<b>EAP</b> CompEAP Member Services: 1.781.999.0902 <a href="http://www.compeap.com">www.compeap.com</a>	

## MEDICAL AND PRESCRIPTION DRUGS

Below outlines the medical benefit options available to you and your family members.

	Advantage HMO 1000	Basic HMO
	In-Network Benefits	
	Member Pays	
<b>Plan Year Out of Pocket Maximum</b>	All Services: \$6,350 Ind / \$12,700 Fam	All Services: \$5,000 Ind / \$10,000 Fam
<b>Plan Year Deductible</b>	\$1,000 Ind / \$2,000 Fam	None
<b>PCP Visits</b>	\$20 <i>(some office visit diagnostic services are subject to deductible)</i>	\$20
<b>Specialist Office Visits</b>	\$20 <i>(some office visit diagnostic services are subject to deductible)</i>	\$20
<b>Preventive Services</b>	\$0	\$0
<b>Emergency Room</b>	\$100 <i>(waived if admitted)</i>	\$100 <i>(waived if admitted)</i>
<b>Inpatient Hospital Care</b>	\$0 after deductible	\$0
<b>Outpatient Surgical Day Care</b>	\$0 after deductible	\$0
<b>High Tech Imaging Scans</b>	\$0 after deductible	\$0
<b>X-Rays, Diagnostic Tests &amp; other Tests</b>	\$0 after deductible	\$0
<b>Outpatient Mental Health Visits</b>	\$20	\$20
<b>Durable Medical Equipment</b>	20%	20%
<b>Out-of-Network Benefits</b>	Emergency Only	Emergency Only
<b>Prescription Rx Copays</b>		
<b>Tier 1:</b>	\$15/\$30	\$15/\$30
<b>Tier 2:</b>	\$30/\$60	\$30/\$60
<b>Tier 3:</b>	\$50/\$100	\$50/\$100

\*Please refer to the Tufts Health Plan Summary of Benefits and Coverage for complete details regarding network access & coverage

### SEE PER-PAYROLL DEDUCTIONS FOR MEDICAL ON PAGE 6

## HEALTH REIMBURSEMENT (HRA)

Somerville Cambridge Elder Services is committed to sharing in the deductible expenses of the HMO \$1,000 Plan. The Individual deductible is \$1,000 with the HRA reimbursing employees for \$1 to \$750 of the deductible expenses. Your exposure may be the remaining \$250 of a \$1,000 deductible. The Family deductible is \$2,000 with the HRA reimbursing employees for \$1 to \$1,500 of deductible expenses. The family exposure may be the remaining \$500 of the \$2,000 deductible. Tufts Health plan will send your deductible claims data directly to our Third Party Administrator, Choice Strategies, in order for the HRA reimbursement to occur. No claims forms are needed. You will receive a check from the HRA as reimbursement to your claims, if eligible; however it is still your responsibility to pay your bills to the Providers.

## DENTAL

Below outlines the dental benefit option available to you and your family members.

	Dental Blue 2
	Member Pays
<b>Type I Services</b>	\$0
<i>Diagnostic &amp; Preventive</i>	
<b>Type II Services</b>	20% coinsurance after deductible
<i>Basic Restorative</i>	
<b>Type III Services</b>	50% coinsurance after deductible
<i>Major Restorative</i>	
<b>Annual Deductible</b>	\$25 Individual / \$75 Family <i>(waived for Type I Services)</i>
<b>Annual Maximum</b>	\$1,500 per member per calendar year; Maximum Rollover Benefit Included
<b>Orthodontia</b>	\$0 up to \$1,000 Lifetime Maximum; Benefits available to all members regardless of age
<b>Out-of-Network Reimbursement</b>	90% Percentile

\*Please refer to the BCBS Dental Summary of Benefits for complete details regarding network access, covered benefits and copays.

**SEE PER-PAYROLL DEDUCTIONS FOR DENTAL ON PAGE 6**

		Medical	7/1/2017-6/30/2018	Employee Deduction				
Union ctt	Union ee's	FY2018	Agency	Full time (35&40 hr)	1st and 2nd pay period			
Agency contribution		Tufts Basic HMO	mo. \$ amt for 35&40hr	EE contrib/mo	35 hrs/pp	30 hrs/pp	25 hrs/pp	20 hrs/pp
80%	Ind	930.29	744.23	186.06	93.03	146.19	199.35	252.51
65%	Dual	1,860.55	1,209.36	651.19	325.60	411.98	498.36	584.74
65%	Fam	2,558.32	1,662.91	895.41	447.72	566.49	685.26	804.04
		<b>Tufts Adv HMO 1000</b>						
	Ind	770.12	616.10	154.02	77.01	121.02	165.03	209.03
	Dual	1,540.21	1,001.14	539.07	269.54	341.05	412.56	484.07
	Fam	2,117.85	1,376.60	741.25	370.63	468.95	567.28	665.61
Last year moved from BCBS NE Options to Tufts Adv HMO 1000 * PLEASE SEE TUFTS ADVANTAGE HMO 1000								
		<b>Grandfather Tufts Basic HMO</b>						
90%	Ind	930.29	837.26	93.03	46.51	106.32	166.12	225.93
90%	Dual	1,860.55	1,674.50	186.06	93.03	212.63	332.24	451.85
90%	Fam	2,558.32	2,302.49	255.83	127.93	292.38	456.84	621.31
		<b>Tufts Adv HMO 1000</b>						
	Ind	770.12	693.11	77.01	38.52	88.01	137.52	187.03
	Dual	1,540.21	1,386.19	154.02	77.01	176.02	275.04	374.05
	Fam	2,117.85	1,906.07	211.79	105.89	242.04	378.19	514.34
Non-union	Non-union	FY2018	Agency	Full time	1st and 2nd pay period			
Agency contribution		Tufts Basic HMO	\$ amt	EE contrib	35 hrs/pp	30 hrs/pp	25 hrs/pp	20 hrs/pp
80%	Ind	930.29	744.23	186.06	93.03	146.19	199.35	252.51
66.66667%	Dual	1,860.55	1,240.37	620.18	310.10	398.69	487.29	575.88
66.66667%	Fam	2,558.32	1,705.55	852.77	426.39	548.21	670.04	791.86
		<b>Tufts Adv HMO 1000</b>						
	Ind	770.12	616.10	154.02	77.01	121.02	165.03	209.03
	Dual	1,540.21	1,026.81	513.40	256.70	330.05	403.39	476.73
	Fam	2,117.85	1,411.90	705.95	352.99	453.83	554.68	655.53
Last year moved from BCBS NE Options to Tufts Adv HMO 1000 * PLEASE SEE TUFTS ADVANTAGE HMO 1000								
		<b>Grandfather Tufts Basic HMO</b>						
90%	Ind	930.29	837.26	93.03	46.51	106.32	166.12	225.93
90%	Dual	1,860.55	1,674.50	186.06	93.03	212.63	332.24	451.85
90%	Fam	2,558.32	2,302.49	255.83	127.93	292.38	456.84	621.31
		<b>Tufts Adv HMO 1000</b>						
	Ind	770.12	693.11	77.01	38.52	88.01	137.52	187.03
	Dual	1,540.21	1,386.19	154.02	77.01	176.02	275.04	374.05
	Fam	2,117.85	1,906.07	211.79	105.89	242.04	378.19	514.34
		<b>Dental FY2018</b>						
Agency contribution		BCBS Dental	agency \$ amt	Full time EE contrib	1st and 2nd pay period			
100%	Ind	51.74	51.74	-	-	3.70	7.39	11.09
65%	Dual	104.52	67.94	36.58	18.29	23.14	28.00	32.85
65%	Fam	143.72	93.42	50.30	25.15	31.82	38.50	45.17
		<b>Grandfather</b>	<b>\$ amt</b>	<b>EE contrib</b>	<b>35 hrs/pp</b>	<b>30 hrs/pp</b>	<b>25 hrs/pp</b>	<b>20 hrs/pp</b>
100%	Ind	51.74	51.74	-	-	3.70	7.39	11.09
100%	Dual	104.52	104.52	-	-	7.47	14.93	22.40
100%	Fam	143.72	143.72	-	-	10.27	20.53	30.80

## QUESTIONS & ANSWERS

### **Benefit changes that can be made effective July 1, 2017:**

- ◆ Enroll or terminate individual and/or dependent coverage in the medical/dental plans

### **Forms to be completed if enrolling or changing in Medical/Dental coverage:**

- ◆ If you are already enrolled in the medical and dental plans and do not wish to make any changes then you do not need to do anything. If you are enrolling for the first time or need to make changes then you will need to complete an enrollment/change form.
- ◆ All employees who decline to participate in Somerville Cambridge Elder Services health plan must have a waiver on file.

### **Where can I find forms and when are forms due?**

- ◆ You may obtain all forms from HR and Open Enrollment Meetings. **Please return all forms by June 9, 2017.**

### **When will the new insurance premium deductions take effect?**

- ◆ Changes in your pay period deductions are effective July 1, 2017 and reflected in your next pay check.

### **Who do I contact with questions?**

- ◆ Contact HR with any questions you may have.

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

## **YEARLY NOTIFICATIONS**

### **Special Benefit for Maternity and Infant Coverage**

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 attending provider or physician, 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 a plan or the issuer for prescribing the length of stay not in excess of 48 hours or 96 hours, as the case may be.

### **Special Benefit for Women's Health Coverage**

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed, (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. These procedures may be subject to annual deductibles and coinsurance provisions that are similar to those applying to other medical or surgical benefits provided under the Group Medical Coverage Feature. For answers to specific questions regarding WHCRA benefits, contact the Plan Administrator. Additional state laws may be applicable as more fully described in other materials detailing your medical benefits.

### **CMS Letter**

We have attached the annual CMS notification letter to this open enrollment letter for your convenience. This letter is to certify that our prescription drug program is as good as or better than that offered by Medicare.

### **CHIPRA**

We will also provide you with a copy of the new annual CHIPRA notification and contact information. If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums

### **Continue Group Health Plan Coverage**

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain participants and their eligible family members and their eligible dependents at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage. The coverage must be identical to the coverage that the member had immediately before the Qualifying Event occurred. See Human Resources for information on COBRA continuation coverage.



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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidplrecovery.com/hipp/">http://flmedicaidplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dh.louisiana.gov/index.cfm/subhome/1/n/331">http://dh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>		<b>WASHINGTON – Medicaid</b>	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059		Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
<b>TEXAS – Medicaid</b>		<b>WEST VIRGINIA – Medicaid</b>	
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493		Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability	
<b>UTAH – Medicaid and CHIP</b>		<b>WISCONSIN – Medicaid and CHIP</b>	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002	
<b>VERMONT– Medicaid</b>		<b>WYOMING – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427		Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531	
<b>VIRGINIA – Medicaid and CHIP</b>			
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282			

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

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

## HEALTH INSURANCE MARKET PLACE INFORMATION

Key parts of the health care law took effect in 2014 and 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. To enroll in health insurance through the marketplace, you would need to experience a qualifying life event. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby).

### 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. Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

### 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 9.69 percent 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?

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.

**This important notice only applies to Somerville Cambridge Elder Service employees or their dependents who currently participate in our group health & prescription drug coverage who are also eligible (or will soon be eligible) for Medicare.**

## **Important Notice from The Company 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 The Company 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. The Company has determined that the prescription drug coverage offered by our health carrier is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

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

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

If you decide to join a Medicare drug plan and maintain your current Somerville Cambridge Elder Services coverage will not be affected. However, you should inform Somerville Cambridge Elder Services that you also have a Medicare drug plan so that your prescription drug coverage will be coordinated. Please note that your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits as long as you remain an eligible employee. You should carefully research the cost and benefits of maintaining two prescription drug plans before making this decision.

If you do decide to join a Medicare drug plan and drop your current Somerville Cambridge Elder Services coverage, be aware that you and your dependents will only be able to get this coverage back under limited circumstances. In order to get this coverage back for you and your dependents, you must be eligible for health plan benefits and you will only be able to enroll yourself and your dependents upon open enrollment or if you have a loss of coverage that qualifies under special enrollment rights.

## 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 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 a new copy of this notice if this coverage through **Somerville Cambridge Elder Services** 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).

Date:	May 2017
Name of Entity/Sender:	Somerville Cambridge Elder Services
Contact--Position/Office:	Human Resources
Address:	61 Medford Street, Somerville, MA 02143
Phone Number:	617.628.2601

\*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).





## EMPLOYEE BENEFITS WAIVER FORM

*I decline to participate in the following programs:*

Coverage Type	Mark (X) Below To Waive coverage	Notes
Medical Insurance		(a)(b)
Dental Insurance		(a)(b)

Notes:

- (a) Somerville Cambridge Elder Services, Inc. will offer an annual open enrollment opportunity for you to join this plan again for coverage to be effective next July 1, 2018 provided you continue to meet our eligibility requirements.
- (b) You and your eligible dependents may be able to join this plan within 30 days of loss of coverage under another similar employer sponsored plan (i.e., you have coverage currently through another employer or through your spouse's employer or a government sponsored program) provided you continue to meet our eligibility requirements. Special enrollment rights may also apply if you lose coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for state premium assistance under Medicaid or CHIP. An employee or Dependent who loses coverage under Medicaid or CHIP as a result of the loss of Medicaid or CHIP eligibility may be able to enroll in this Plan, if enrollment is requested within 60 days after Medicaid or CHIP coverage ends. An employee or Dependent who becomes eligible for group health plan premium assistance under Medicaid or CHIP may be able to enroll in this Plan if enrollment is requested within 60 days after the employee or Dependent is determined to be eligible for such premium assistance.

I acknowledge that I have been offered an opportunity to participate in the above programs. By waiving my rights to accept coverage under these programs at this time, I understand that I may not be allowed to participate in these programs for myself or my family members in the future unless I have a special qualifying event or through an annual open enrollment opportunity as noted above.

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)