



# 2024 Employee Benefits Guidebook

## Petersburg Borough

If you (and/ or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.



#### Important Notice:

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

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# A Message from HR at Petersburg Borough

At Petersburg Borough we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Becky Regula

If you're eligible for benefits, your dependents may be too! Need to make a mid-year change? Contact HR within 31 days.

# Eligibility

## Eligible Employees:

You may enroll in the Petersburg Borough Employee Benefits Program if you are a full-time employee who is actively working 30 hours, or a part-time employee working over 20 hours and under 30 hours a week.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship. Domestic Partners are not eligible for coverage.

## When Coverage Begins:

Newly hired employees and dependents will be effective in Petersburg Borough's benefits programs on the first day following thirty (30) days from date of hire. Returning Permanent Seasonal employees will be effective on the first day following the date of return to duty. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

## Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.



Examples of family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 31 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

# Medical Insurance



Petersburg Borough is pleased to provide a choice between three (3) medical plans through Moda Health. You can choose between the Moda Health Endeavor Select PPO 3000, the Moda Health Endeavor Select PPO 1500, or the Moda Health Endeavor Select QHDHP. Highlights of the medical plans are listed on the following page. Please refer to your Booklet or Summary of Benefits for full details.

DW = Deductible Waived | PCY = Per Calendar Year

	Moda Health Medical PPO 3000	Moda Health Medical PPO 1500	Moda Health QHDHP 5000
<b>In-Network Benefits</b>	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Calendar Year Deductible</b>			
Individual	\$3,000	\$1,500	\$5,000
Family	\$6,000	\$3,000	\$10,000
Coinsurance (Plan Pays)	80%	80%	100%
<b>Calendar Year Out-of-Pocket Maximum</b>			
Individual	\$6,000	\$4,500	\$5,000
Family	\$12,000	\$9,000	\$10,000
<b>Physician Office Visit</b>			
Primary Care	\$30 Copay (DW)	\$25 Copay (DW)	100%
Specialty Care	\$30 Copay (DW)	\$25 Copay (DW)	100%
Virtual Care (CirrusMD)	100% (DW)	100% (DW)	100%
<b>Preventive Care (Covered in Full on All Plans)</b>			
Adult Periodic Exams	100% (DW)	100% (DW)	100% (DW)
Well-Child Care	100% (DW)	100% (DW)	100% (DW)
Immunizations	100% (DW)	100% (DW)	100% (DW)
<b>Diagnostic Services</b>			
Outpatient X-ray and Lab Tests	80% (DW)	80% (DW)	100%
Complex Imaging/Radiology	80%	80%	100%
<b>Hospital and Emergency Services</b>			
Urgent Care	\$30 Copay (DW)	\$25 Copay (DW)	100%
Emergency Room Facility Charges <i>(Applicable copay waived if admitted)</i>	\$100 Copay; 80%	\$100 Copay; 80%	100%
Inpatient Facility Charges	80%	80%	100%
Outpatient Facility and Surgical Charges	80%	80%	100%
<b>Mental Health Services</b>			
Inpatient	80%	80%	100%
Outpatient Office Visit	\$30 Copay (DW)	\$25 Copay (DW)	100%
Outpatient Other Services	80%	80%	100%
<b>Substance Dependency Treatment</b>			
Inpatient	80%	80%	100%
Outpatient Office Visit	\$30 Copay (DW)	\$25 Copay (DW)	100%
Outpatient Other Services	80%	80%	100%
<b>Other Services</b>			
Spinal Manipulations (24 PCY)	\$30 Copay (DW)	\$25 Copay (DW)	100%
Acupuncture (24 PCY)	\$30 Copay (DW)	\$25 Copay (DW)	100%
Outpatient Rehabilitation (30 PCY)	\$30 Copay (DW)	\$25 Copay (DW)	100%

	Moda Health Medical PPO 3000	Moda Health Medical PPO 1500	Moda Health QHDHP 5000
<b>Out-of-Network Benefits</b>	Out-of-Network Benefits	Out-of-Network Benefits	Out-of-Network Benefits
<b>Calendar Year Deductible</b>			
Individual	\$6,000	\$3,000	\$10,000
Family	\$12,000	\$6,000	\$20,000
Coinsurance (Plan Pays)	50%	50%	50%
<b>Calendar Year Out-of-Pocket Maximum</b>			
Individual	\$45,000	\$45,000	\$45,000
Family	\$90,000	\$90,000	\$90,000
<b>Hospital and Emergency Services</b>			
Inpatient Hospital	50%	50%	50%
Emergency Room	\$100 Copay; 80%	\$100 Copay; 80%	100%

## Pharmacy Benefit

Below is a brief overview of what you can expect to pay for a prescription drug when using an in-network pharmacy or an out-of-network pharmacy. Balance billing may apply when filling prescriptions at out-of-network pharmacies, and specialty drugs are not covered out-of-network. If you have a maintenance drug, one you take every day, week, or month, take advantage of the convenience of Moda Health's mail order with your medical plan. More information about prescription drug coverage is available at [www.modahealth.com/pdl](http://www.modahealth.com/pdl).

	Moda Health Medical PPO 3000	Moda Health Medical PPO 1500	Moda Health QHDHP 5000*
<b>Retail Pharmacy (Per 30-Day Supply)</b>			
Value	No Charge	No Charge	No Charge
Select	\$15 copay (DW)	\$15 copay (DW)	100%
Preferred	\$45 copay (DW)	\$45 copay (DW)	100%
Non-Preferred	\$75 copay (DW)	\$75 copay (DW)	100%
<b>Mail Order Pharmacy (Up to a 90-Day Supply)</b>			
All Tiers	3x Retail	3x Retail	100%
<b>Specialty Prescription Drugs (Up to a 30-Day Supply)</b>			
Specialty Select	\$15 copay (DW)	\$15 copay (DW)	100%
Specialty Preferred	\$225 copay (DW)	\$225 copay (DW)	100%
Specialty Non-Preferred	70% (DW)	70% (DW)	100%
<b>Out-of-Network</b>			
Specialty	Not Covered	Not Covered	Not Covered
All Other Tiers (Retail Pharmacy Only)	Tier-specific copay applies	Tier-specific copay applies	100%

\*The HDHP plan will pay at 100% after deductible has been met.

# Dental & Vision Insurance



## Dental Insurance

Petersburg Borough offers a combined Dental PPO and Vision plan. The Dental plan is administered through Delta Dental Insurance Company for all employees. With the Dental PPO plan you can obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider. To find an in-network provider, select a Delta Dental PPO dentist from the directory on the website [www.DeltaDentalAK.com](http://www.DeltaDentalAK.com).

Below are highlights of the dental plan. Please refer to your Booklet or Summary of Benefits for full details.

	Delta Dental PPO Plus Plan		
	PPO	Premier	Out-of-Network
<b>Calendar Year Deductible</b>			
Individual	\$25	\$50	\$50
Family	\$75	\$150	\$150
Waived for Preventive Care?	Yes	Yes	Yes
<b>Calendar Year Benefits</b>			
Per Individual Maximum	\$1,600	\$1,500	
Preventive	100%	100%	100%
Basic <i>(Endodontics, periodontics)</i>	80%	80%	80%
Major <i>(Implants, crowns, bridges)</i>	50%	50%	50%
<b>Orthodontia</b>			
Benefit Percentage	Not covered	Not covered	Not covered



## Vision Insurance



The Vision plan is combined with the Dental Plan. Moda Health Plan, Inc. has a large network of Eye Care Providers. By seeing a preferred provider, you maximize your benefits.

There is no deductible for covered vision services or supplies. Vision exams and hardware benefits are all subject to the calendar year benefit maximum. Please refer to your Booklet or Summary of Benefits for full details.

	Moda Health Plan, Inc. Vision
<b>Benefit Coverage</b>	
Calendar Year Maximum	\$300
Eye Examination (including refraction; PCY*)	100% up to \$300
<b>Hardware (PCY*)</b>	
Lenses	100% up to \$300
Frames	100% up to \$300
Contacts in Lieu of Hardware	100% up to \$300
Pediatric Hardware	100%

\*PCY = Per Calendar Year





# Health Savings Account (HSA)

Enrolled in the Qualified High Deductible Health Plan (QHDHP)? If you meet the eligibility requirements, the IRS allows you to open and contribute to a Health Savings Account (HSA) with the banking institution of your choice.

An HSA is a tax-sheltered bank account used to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The account is yours, and your balance carries over year to year. Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses.
- You may be able to invest your funds, so your unused funds grow over time.

Although everyone may enroll in the QHDHP, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP).
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed.)

## 2024 HSA Contributions

You may contribute to your Health Savings Account up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for the 2024 tax year:

- \$4,150 for individual enrollment / \$8,300 for family (employee plus 1 or more) enrollment
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

The easiest way to use your HSA dollars is by using the HSA debit card provided by the bank where you have your HSA at the time you incur an eligible expense. Or you can withdraw money from an ATM but keep your receipts. You must be able to prove that you were reimbursing yourself for an eligible expense. *If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.*

# Health Reimbursement Account (HRA)

Petersburg Borough offers a Health Reimbursement Account through Navia Benefit Solutions in conjunction with the Moda Endeavor Select 3000 and Endeavor Select 1500 Medical plans. The HRA will reimburse deductible, coinsurance, copay and Rx drug expenses as indicated below.

The HRA will reimburse out-of-pocket medical expenses as indicated below:



## Moda Endeavor Select 3000

### Employee Only Coverage

- 0% of the first \$1,000
  - 100% of the next \$500
  - 0% of the next \$2,500
  - 100% of the last \$500
- Maximum HRA Reimbursement: \$1,000

The Moda Endeavor Select 3000 has a deductible of \$3,000 for single coverage. Once the individual has satisfied \$3,500 in out-of-pocket medical expenses, the HRA will pay 100% of additional out-of-pocket medical expenses up to a maximum reimbursement of \$1,000.

### Employee + Family Coverage

- 0% of the first \$2,000
  - 100% of the next \$1000
  - 0% of the next \$5,000
  - 100% of the last \$1000
- Maximum HRA Reimbursement: \$2,000

The Moda Endeavor Select 3000 has a deductible of \$6,000 for family coverage. Once the family has collectively satisfied \$7,000 in deductible expenses, the HRA will pay 100% of additional deductible expenses up to a maximum reimbursement of \$2,000.

## Moda Endeavor Select 1500

### Employee Only Coverage

- 0% of the first \$1,000
  - 100% of the next \$500
  - 0% of the next \$2,500
  - 100% of the last \$500
- Maximum HRA Reimbursement: \$1,000

The Moda Endeavor Select 1500 has a deductible of \$1,500 for single coverage. Once the individual has satisfied \$3,500 in out-of-pocket medical expenses, the HRA will pay 100% of additional out-of-pocket medical expenses up to a maximum reimbursement of \$1,000.

### Employee + Family Coverage

- 0% of the first \$2,000
  - 100% of the next \$1000
  - 0% of the next \$5,000
  - 100% of the last \$1000
- Maximum HRA Reimbursement: \$2,000

The Moda Endeavor Select 1500 has a deductible of \$3,000 for family coverage. Once the family has collectively satisfied \$7,000 in deductible expenses, the HRA will pay 100% of additional deductible expenses up to a maximum reimbursement of \$2,000.

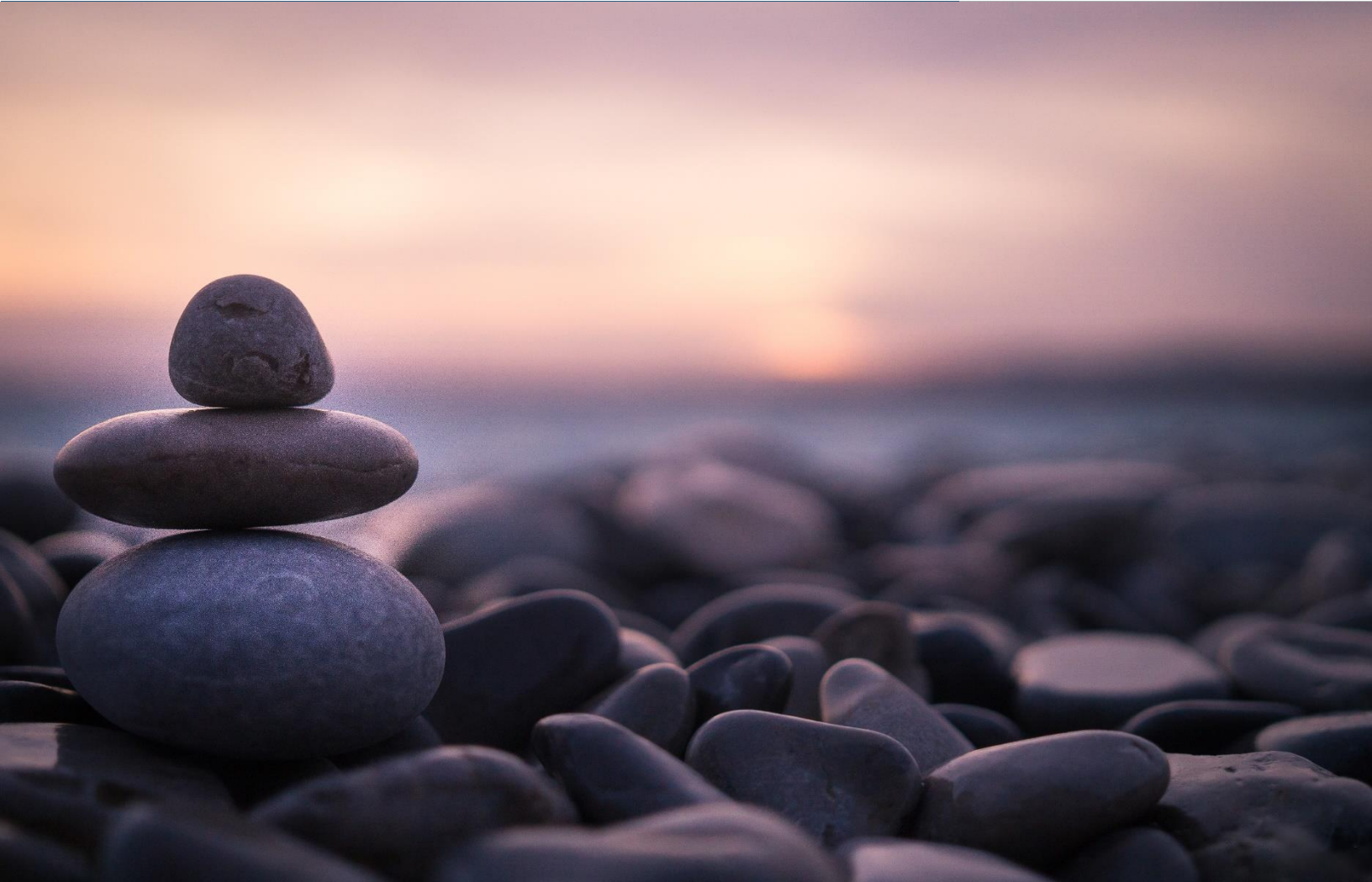
## How the HRA Works:

Once you've received treatment from a provider, the provider will bill your medical insurance. You will receive an Explanation of Benefits (EOB) from your insurance carrier showing how your benefits were applied. If the EOB shows that the service was applied to the deductible, you may submit the EOB and a completed claim form to Navia for reimbursement. You can then use the reimbursement to pay the provider. Rx drugs may be submitted in the form of an itemized statement from the pharmacy/provider. The statement must include the date of service, type of service and cost.

### Claim Submission

1. Complete a claim form, itemize your expenses and list the total amount you are claiming.
2. Attach an Explanation of Benefits (EOB) from your insurance carrier. If you have secondary insurance coverage, you must submit the EOB from both insurance carriers.
3. Submit the claim form and EOB to Navia. The most efficient way to submit a claim is by using the online claim submission tool or the MyNavia smartphone app for Android or iPhone. You may also submit claims via email, fax or mail. Please use only one method per submission. Allow 2 full business days for your claim to be reviewed and processed once it has been received.
4. Reimbursements are processed weekly on Wednesday. Reimbursements will be directly deposited into your bank account or a check mailed to your home. Direct deposits may take 1-2 days to post to your bank account.
5. You will have 90 days to submit claims after the end of the plan year. If your employment is terminated, or you lose HRA coverage, you will have 90 days after your date of termination to submit claims for expenses incurred while you were covered under the plan. You may have the ability to continue coverage under COBRA (see your employer for details).

[www.naviabenefits.com](http://www.naviabenefits.com) | (425) 452-3421 or (866) 897-1996 | [105@naviabenefits.com](mailto:105@naviabenefits.com)



## Life and AD&D

Petersburg Borough provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through Unum Life Insurance Company of America to assist you and your family in the event of a loss. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Life and AD&D	
<b>Employee</b>	
Benefit Maximum	\$10,000
Guaranteed Issue	\$10,000

The above benefits will reduce to 65% at age 65 and to 50% at age 70.

**Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.**

# Voluntary Life Offerings



In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life/AD&D insurance with Unum Life Insurance Company of America if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Unum Voluntary Life and AD&D	
<b>Employee</b>	
Benefit Amount	Increments of \$10,000
Overall Maximum	5x Annual Salary to \$500,000
Guarantee Issue Amount	\$100,000
<b>Spouse</b>	
Benefit Amount	Increments of \$5,000
Overall Maximum	The lesser of 100% of Employee Amount or \$250,000
Guarantee Issue Amount	\$25,000
<b>Child(ren) (up to age 19, 26 if full-time student)</b>	
Benefit Amount	14 days to 6 months \$1,000; over 6 months \$2,000
Overall Maximum	Children 14 to 6 months: \$1,000 Children 6 months and older: \$10,000
Guaranteed Issue Amount	Children 14 to 6 months: \$1,000 Children 6 months and older: \$10,000

The above benefits will reduce to 65% at age 65 and 50% at age 70.

**Important Reminder!**

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

# Employee Assistance Program (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

**It's free!** Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

**It's confidential!** Your EAP has been set up with ComPsych Corporation, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.



Phone Number  
877-616-0508

Website  
[Guidanceresources.com](https://www.guidanceresources.com)

Web ID  
CN3906K



App Store



Google Play

**COMPSYCH**<sup>®</sup>  
GuidanceResources<sup>®</sup>Worldwide

# Worksite Products



You have the option to purchase additional voluntary benefits through Aflac. Benefits you may purchase include:

- Accident Insurance
- Cancer Protection Assurance
- Critical Illness
- Disability Insurance
- Hospital Indemnity Insurance

## Accident Insurance

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you will have to pay. In the event of an unexpected injury, Aflac can help protect your personal finances by paying cash benefits directly to you.

## Cancer Protection Assurance

We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical, and emotional challenges often experienced by cancer patients and their families. This benefit pays cash directly to you when you need it most.

## Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. The Aflac voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

## Disability Insurance

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. Disability insurance plays an integral and important role in your financial planning. Aflac provides benefits for both total and partial disability.

## Hospital Indemnity Insurance

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. Aflac pays you cash to help with the expenses not covered by health insurance, so you can worry less about making ends meet when you're left with unexpected medical bills.

Visit <https://www.aflacenrollment.com/PetersburgBorough/U98383926688> to view your current coverage, make changes to your information, or file a claim. Your local agent is Travis Carlile who is available for questions at (402) 203-4414 or at [travis\\_carlile@us.aflac.com](mailto:travis_carlile@us.aflac.com).

# USI Resources

## USI Benefit Resource Center

### Have Questions? Need Help?

Petersburg Borough is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.



BRCWest@usi.com  
Monday - Friday  
Monday through Friday  
8:00am to 5:00pm  
Mountain, Pacific and  
Alaska Standard Time  
866-468-7272  
24 hours a day, 7 days a  
week

## USI Mobile App - MyBenefits2GO

Petersburg Borough is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Search for "MyBenefits2GO" and download the free app on your smartphone. Add your name and email then enter the code **S91092** when prompted.

### Highlights of the MyBenefits2GO App

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app





# Carrier Contact Information

	Type of Coverage	Group Number	Contact Information
<b>Moda Health</b>	Medical, Vision, Prescription	10019493	1-888-217-2363
<b>Moda Health /Delta Dental</b>	Dental PPO	10019493	1-888-374-8906
<b>Unum</b>	Basic Life, AD&D Voluntary Life, AD&D	N/A	1-866-679-3054
<b>Navia Benefit Solutions</b>	Health Reimbursement Arrangement (HRA)	PBB	1-866-897-1996
<b>ComPsych</b>	Employee Assistance Plan (EAP)	CN3906K	1-877-616-0508
<b>Aflec</b>	Voluntary Worksite Benefits	N/A	1-402-203-4414





**Petersburg Borough**  
**P.O. Box 329**  
**Petersburg, Alaska 99833**  
**(907) 772-5404**

*This brochure summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.*

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply:

	Moda Health Medical PPO 3000	Moda Health Medical PPO 1500	Moda Health QHDHP
<b>In-Network Benefits</b>	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Calendar Year Deductible</b>			
Individual	\$3,000	\$1,500	\$5,000
Maximum per Family	\$6,000	\$3,000	\$10,000
Coinsurance (Plan Pays)	80%	80%	100%

### NEWBORNS ACT DISCLOSURE - FEDERAL

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).

### STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

#### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

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

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### **Enforce your Rights**

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### **Assistance with your Questions**

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## **CONTACT INFORMATION**

Questions regarding any of this information can be directed to:

Becky Regula

P.O. Box 329, Petersburg, Alaska 99833  
907-772-5404 | [bregula@petersburgak.gov](mailto:bregula@petersburgak.gov)

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## **Important Notice from Petersburg Borough 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 Petersburg Borough 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. Petersburg Borough has determined that the prescription drug coverage offered by the Moda Health 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.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

## **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 Petersburg Borough coverage will not be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Petersburg Borough's coverage, be aware that you and your dependents will 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 [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further. **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 Petersburg Borough's changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

## 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:	7/1/2024
Name of Entity/Sender:	Petersburg Borough/Becky Regula
Contact--Position/Office:	Deputy Borough Clerk
Address:	12 South Nordic Drive; P.O. Box 329, Petersburg, AK, 99833
Phone Number:	907-772-5404

CMS Form 10182-CC

Updated April 1, 2011

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

## 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 July 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>



<p>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="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program (HIBI):  <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
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<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <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>  Phone: 678-564-1162, Press 2</p>	<p>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="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <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>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <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>  Phone: 1-888-342-6207 (Medicaid hotline) or  1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>

<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>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>  <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>  Phone: 1-800-657-3739</p>	<p>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</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>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</p>	<p>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</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>

<p>Website: <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>  Phone: 1-800-692-7462  CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RItE Share Line)</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p>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</p>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p>Website:  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>   <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
<p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p>Website:  <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

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

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)  
Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**Error! Hyperlink reference not valid.** 1-877-267-2323,

## 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 [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage Through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Petersburg Borough	4. Employer Identification Number (EIN) 92-6000142	
5. Employer address PO Box 329	6. Employer phone number 907-772-5404	
7. City Petersburg	8. State AK	9. ZIP code 99833
10. Who can we contact about employee health coverage at this job? Becky Regula		
11. Phone number (if different from above)	12. Email address Bregula@petersburgak.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

You may enroll in the Petersburg Borough Employee Benefits Program if you are an active employee working at least 20 hours per week.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship. Domestic Partners are not eligible for coverage.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* 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.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$  
b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

- Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$  
b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly