ALLEGANY COUNTY PUBLIC SCHOOLS

2024-2025

EMPLOYEE BENEFITS GUIDE

Great Teaching. Great Learning. Every Student. Every Day.

2024-2025 EMPLOYEE BENEFITS GUIDE

WELCOME TO THE 2024-2025 BENEFITS OPEN ENROLLMENT

Allegany County Public Schools (ACPS) offers a comprehensive and competitive benefits package to meet the various needs of its employees through the lifecycle. ACPS allows you to take advantage of tax savings by pre-taxing benefits through our Section 125 Plan.

Visit the employee portal hyperlinked below to View and Confirm your Elections.

Elections selected as a new hire or during annual open enrollment remain in place until the next open enrollment for a July 1st effective date. The exception would be if you have a qualifying life event (such as marriage, divorce, birth, adoption, loss of insurance, death of spouse or dependent) and alert Human Resources within 30 days. This year open enrollment will run from Friday, May 24, through Friday, June 7, 2024.

ENROLL ONLINE AT HTTPS://ALLEGANYCOUNTYPS.MUNISSELFSERVICE.COM/DEFAULT.ASPX

WHAT TO DO?

- ✔ Check that your personal information is accurate,
- ✔ Review the benefits in which you are currently enrolled,
- ✔ Review those you are currently covering under the plan,
- ✔ Check out the plans being offered for the coming year,
- ✔ If you are making no changes, you need to do nothing.
- ✔ If you want to make a change, you'll have to do so in the portal before the end of open enrollment.

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the ACPS family and look forward to a healthy and safe 2024-2025.

Note: Proof of eligibility is required for spouses and/or dependents to join the ACPS health plan.

TIP REMEMBER! Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

IMPORTANT DATES

Open enrollment runs

MAY 24—JUNE 7, 2024

2024

CIGNA REMINDERS AT A GLANCE

- Deductibles restart on July 1st each year.
- Cigna Heathy Pregnancy/Healthy Babies program
- Voluntary Cancer Support program
- Voluntary Diabetes Prevention program
- Cigna Employee Assistance Plan (EAP) for employees and household members (you don't have to be on ACPS Cigna health plan to use this service)

CONTACT INFORMATION & TABLE OF CONTENTS

Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact carriers or your Allegany County Public Schools Human Resources representative listed below.

MEDICAL/PRESCRIPTION
Cigna
mycigna.com
800-244-6224
Group #3337914

DENTAL
Delta Dental
Deltadentalins.com
800-932-0783
Group #05073

VISION
NVA
e-nva.com
800-672-7723
Group #8626

BASIC LIFE AND AD&D AND LONG -TERM DISABILITY
One America (American United Life Insurance Company)
oneamerica.com
855-517-6365, Group #615275

TELEHEALTH BENEFITS MDLIVE
Cigna
mdlive.com
888-726-3171

EMPLOYEE ASSISTANCE PLAN (EAP)
Cigna
mycigna.com
877-622-4327
Employer ID: acps

YOUR BENEFITS TEAM
Allegany County Public Schools
Laura Bailey, Benefits Coordinator
laura.bailey@acpsmd.org
301-759-2035

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

ACPS offers Medical/Rx benefits through Cigna. The plan available is Cigna's Open Access Plus (OAP) Plan that does not require referrals. Visit mycigna.com to find participating providers. Additional information can also be found on the employee portal.

Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

? How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

? Will I receive a new Medical ID card?

You will receive an ID card in the mail if you are electing medical coverage for the first time or making changes to your election.

? Does the deductible run on a calendar year or policy year basis?

A policy-year basis, from July 1 to June 30.

? How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

? I just got hired. When will my benefits become effective?

Your insurance benefits will begin on the 1st of the month following employment for regular full-time employees.

Medical Plans Explained

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- CIGNA OPEN ACCESS PLUS (OAP) PLAN

MEDICAL INSURANCE

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting mycigna.com.

PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

TELEHEALTH

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus problems

Retail Telehealth lets you see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere! As a participant in the medical and prescription drug plan offered by Cigna, MDLIVE to bring you care from the comfort and convenience of your home or wherever you are.

To get started and make an appointment, call toll-free 1-888-726-3171 or visit mdlive.com/

CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots
- Pregnancy tests
- Vaccines
- Rashes
- Screenings

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

- Sprains
- Small cuts
- Strains
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours — or if you can't be seen by your doctor immediately — you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

Primary Care vs. Urgent Care vs. ER

MEDICAL INSURANCE—CIGNA VALUE ADDS

PHT (PERSONAL HEALTH TEAM)

Cigna is there to help you manage your health in many ways—and that calls for a complete team of experts who are there for you, your family and your doctors. Cigna's specialty care management programs provides one-on-one care from a Personal Nurse Advocate that serves as your personal concierge to find medical, behavioral and pharmacy solutions for the care you need—all while helping you maximize your health benefits.

OMADA—PREDIABETES PROGRAM

Omada's program is a digital intensive behavioral counseling program for people with prediabetes. Participants work with a virtual coach and learn how to apply meaningful changes around eating, activity, sleep, and stress, and then focus on sustaining those behaviors over time.

LMP (LIFESTYLE MANAGEMENT PROGRAMS)

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help—and all at no additional cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone—or both.

- Weight Management—Reach your goal of maintaining a healthy weight—all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you'll get the support you need to stick with it.
- Tobacco Cessation—Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum).
- Stress Management—Get help lowering your stress levels and raising your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations—both on and off the job.

HPHP (HEALTHY PREGENANCY HEALTHY BABIES)

Each woman's journey to motherhood is unique. Enrolling in the Cigna Healthy Pregnancies, Healthy Babies® program is an important first step toward a healthy future for you and your baby. Get started now. Call 800.615.2906 to enroll today.

Plan for a healthy pregnancy. When you enroll before becoming pregnant, we can help you be as healthy as possible. You'll have access to preconception planning tools and resources, including clinical information from validated and expert sources, including the March of Dimes®.

- Eating right
- Maintaining a healthy weight
- Taking prenatal vitamins
- Stopping alcohol and tobacco use
- Controlling any medical conditions you may have

Have questions? Call the toll-free number on the back of your ID card anytime to speak with a Cigna maternity specialist who has nursing experience and can help you find in-network health care providers.

ONE GUIDE

Cigna One Guide is ready to answer all your health plan questions. And so much more. Let's face it. Understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide® team is ready and waiting to help. It's our highest level of personal support available. Simply call us, click-to-chat on myCigna.com® or use the myCigna® App. You'll automatically be connected to a One Guide® representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

- Understand your plan
- Get answers to your health care or plan questions
- Find an in-network health care provider, lab or urgent care center
- Connect with dedicated, one-on-one support for complex health situations
- Get cost estimates to avoid surprise
- Learn how your coverage works
- Get care
- Connect with health coaches

MEDICAL INSURANCE

MEDICAL INSURANCE PLAN AND COST

Cigna	Cigna Open Access Plus (OAP) Plan	
	Employee Cost Per Paycheck (20 pays/year)	
Employee Employee/Child Employee/Spouse Employee/Spouse-Both BOE Employees Family Family-Both BOE Employees	$113.61 $150.98 $207.31 $155.17 $297.54 $172.92	
	In-Network	**Out-of-Network**
Deductible (contract year) Individual / Family	$150 / $300	$1,000 / $3,000
Coinsurance (Member Pays)	0%	30%
Out-of-Pocket Maximum Individual / Family *(includes deductible, coinsurance & copays)*	$3,000 / $6,000	$4,500 / $9,000
Office Visit Primary Care Physician / Specialist	$25 copay	70% after deductible
Preventive Care As defined by Affordable Care Act	Covered at 100%	70% after deductible
Diagnostics Lab and X-ray	100% after deductible	70% after deductible
Urgent Care	$25 copay	70% after deductible
Emergency Room	$100 copay if not admitted	$100 copay if not admitted
Outpatient Surgery	100% after deductible	70% after deductible
Inpatient Hospital Services	100% after deductible	70% after deductible
Prescription Drug Retail *(at participating pharmacies)* Mail Order or Select Retail *(90-day supply)* *www.cigna.com/Rx90network*	$10 / $25 / $40 / $75 $20 / $50 / $80	60% after deductible

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

You can access the Summary of Benefits and Coverage (SBC) here.

The plan is detailed in Cigna 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

DENTAL INSURANCE

2. REVIEW YOUR DENTAL PLAN

DELTA IS THE DENTAL CARRIER FOR 2024.

ACPS offers dental benefits through Delta Dental. Good dental health is important to your overall well being. Under this plan, you may obtain covered services from any dentists. Members who use dentists or dental specialists that are part of Delta Dental's Network (*Participating Dentists*) will see reduced or eliminated out-of-pocket expenses. Additional information can also be found on the employee portal.

FIND A DENTIST

To find a Delta provider in your area, visit the website at Deltadentalins.com.

What Is Dental Insurance?

DENTAL INSURANCE PLAN OPTIONS AND COSTS

Delta Dental	Employee Cost Per Paycheck (20 pays/year)
Employee Only Employee/Child Employee/Spouse Employee/Spouse-Both BOE Employees Family Family-Both BOE Employees	Cost is included with medical. ACPS plan requires medical/prescription/dental/ vision be elected together.

In-Network Providers: Providers reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

Dental Benefits Description	Delta Dental PPO	Delta Dental Premier and Non-Participating Dentists
	Paid by Delta	Paid by Delta Dental
Diagnostic *(periodic oral exams, bitewing x-rays, full mouth x-rays)*	100%*	100%**
Preventive *(cleanings, fluoride, sealants, & space maintainers)*	100%*	100%**
Basic Restorative *(amalgam fillings & composite non-molar fillings)*	100%*	100%**
Major Restorative *(crowns, inlays, onlays & cast restoration)*	50%*	50%**
Oral Surgery *(extractions including pre- and post-operative care)*	80%*	80%**
Endodontics *(root canal & pulpal therapy)*	100%*	100%**
Surgical Periodontics *(gum treatment)*	80%*	80%**
Non-Surgical Periodontics	100%*	100%**
Prosthodontics *(bridges & dentures)*	50%*	50%**
Apicoectomy *(root end surgery)*	80%*	80%**
Biopsy of Oral Tissue	100%*	100%**
Temporomandibular Joint Dysfunction *(TMJ)*	100%*	100%**

*For Delta PPO Dentists, %s are based on the PPO Allowed Amount, which is the lesser of the dentist's submitted fee or the PPO Maximum Plan Allowance. ** For Delta Premier Dentists, %s are based on the Premier Allowed Amount, which is the lesser of the dentist's submitted fee or the Premier Max Plan Allowance. For Non-Participating Dentists, %s are based on the Non-Par Allowed Amt, which is the lesser of the dentist's submitted fee or the Non-Par Max Plan Allowance.

Dental Benefits Description (Contract Year: 7/1/24-6/30/25)	Delta Dental PPO		Delta Dental Premier and Non-Participating Dentists	
	Deductibles	Plan Maximums	Deductibles	Plan Maximums
Individual *(Contract year)*	n/a	$1,200	n/a	$1,200
Temporomandibular Joint Dysfunction *(Lifetime)*	n/a	$10,000	n/a	$10,000
Complete Oral Surgery, Surgical Periodontics & Apicoectomy Procedures *(Contract year)*	n/a	$1,000	n/a	$1,000

VISION INSURANCE

3. REVIEW YOUR VISION PLAN

NVA IS THE VISION CARRIER FOR 2024.

ACPS offers vision benefits through National Vision Administrators (NVA). NVA covers an eye exam every plan year; frames and lenses are covered once every 2 plan years. Additional information about this plan is available on the employee portal.

FIND A PROVIDER

To find a NVA provider in your area, visit the website at e-nva.com.

DID YOU KNOW? There are discounts available for Lasik surgery.

VISION INSURANCE PLAN OPTIONS AND COSTS

NVA	Employee Cost Per Paycheck (20 pays/year)	
Employee/Child Employee/Spouse Employee/Spouse-Both BOE Employees Family Family-Both BOE Employees	Cost is included with medical. ACPS plan requires medical/prescription/dental/vision be elected together.	
	In-Network	**Out-of-Network**
Examination Copay	None	Up to $60
Frequency of Service Exam Lenses Frames	Every 12 months Every 24 months Every 24 months	Every 12 months Every 24 months Every 24 months
Lenses Single Bifocal Trifocal Lenticular	100% Standard Glass or Plastic	Reimbursement Up to $75 Up to $118 Up to $159 Up to $159
Frames	Covered up to $130 retail allowance (20% discount off remaining balance over $130 allowance except Walmart or Sam's Club)	Reimbursement Up to $90
Conventional Contacts *(allowance includes materials only)*	Covered up to $200 retail allowance	Reimbursement Up to $200
Evaluation and Fitting of Contacts	Covered at 100%	Up to $20 Daily Wear Up to $30 Extended Wear
Medically Necessary Contacts *(preapproval required)*	Covered at 100%	Reimbursement Up to $393

LIFE INSURANCE AND AD&D

4. REVIEW YOUR LIFE INSURANCE COVERAGE

- BASIC LIFE AND AD&D
- SUPPLEMENTAL LIFE

BASIC LIFE AND AD&D

All full-time employees may elect to receive Basic Life Insurance/ AD&D equal to $50,000. Accidental Death and Dismemberment (AD&D) Insurance pays a benefit that varies with the type of loss or accident. These benefits are provided by One America (American United Life Insurance Company). *If you decline Basic Life/AD&D when first eligible, you must complete Evidence of Insurability to determine if you'll be able to enroll at a later date.*

SUPPLEMENTAL LIFE

As an eligible employee, you may also elect to purchase Additional Supplemental Life Insurance coverage for yourself in the amount of $5,000-$50,000. Additional information about Supplemental Life is available on the employee portal.

If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by One America before you're able to get coverage in the future.

What Is Life And AD&D Insurance?

DID YOU KNOW? Allegany County Public Schools pays 75% of the cost of Basic Life and AD&D. Employees pay 25% of the cost for Basic Life and AD&D.

	Employee Cost Per Paycheck (20 pays/year)
Basic Life/AD&D	$1.07
Additional Life/AD&D	Per pay cost for $5,000 coverage $0.30 if under age 30 $0.33 if age 30-34 $0.39 if age 35-39 $0.60 if age 40-44 $0.99 if age 45-49 $1.59 if age 50-54 $2.64 if age 55-59 $3.51 if age 60-64 $6.06 if age 65-69

DISABILITY INSURANCE

5. REVIEW YOUR DISABILITY COVERAGE

■ LONG-TERM DISABILITY

LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance offered through One America is provided at 25% cost to you. All full-time employees may elect to enroll in Long-Term Disability benefits. Disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. *If you decline LTD when first eligible, you must complete Evidence of Insurability to determine if you'll be able to enroll at a later date.*

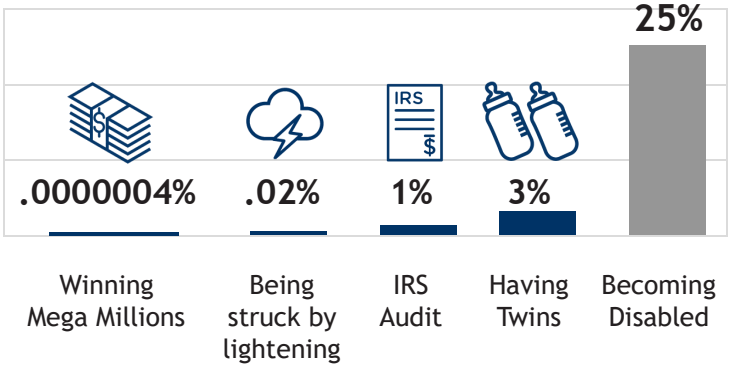
Your LTD benefit equals 60% of your monthly base earnings to a maximum benefit of $7,000 per month.

The elimination period is 120 days or the end of sick time, whichever is greater. You must be continuously and completely unable to work in order to be eligible to receive this benefit. One America (American United Life or AUL) Insurance will determine approval of all claims. Additional information about LTD is available on the employee portal and OneAmerica.Claims@customdisability.com

	Employee Cost Per Paycheck (Every Pay/Year)
Long Term Disability (LTD)	Based on earnings

WHAT'S MORE LIKELY?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:

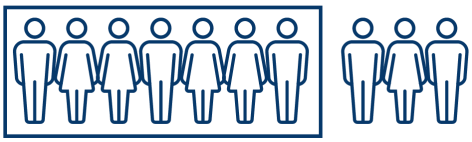


In fact, nearly **40 million** American adults live with a disability.

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply to Social Security Disability Insurance **are denied.**



What Is Disability Insurance?

RETIREMENT

OUR PENSION PLAN IS MANAGED BY MARYLAND STATE RETIREMENT AND PENSION SYSTEM

Allegany County Board of Education is a participating employer in the Maryland State Retirement and Pension System. The required 7% employee contribution to the pension plan is deducted pre-tax and pre-FICA from your paycheck. Maryland State Retirement can be reached by dialing 1-800-492-5909. Information is also available at sra.maryland.gov.

Allegany County Public Schools' employees can also contribute to a 403(b) retirement plan. Contact Dale Nicol in payroll about the 403(b). Dale.nicol@acps.org or 301-759-2028

TIPS ON HOW TO SAVE SMART FOR RETIREMENT:

- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Use automatic deductions from your payroll or your checking account for deposit into mutual funds, your IRA or other investment vehicles.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.
- Roll over retirement account money if you change jobs.
- Don't dip into retirement savings.

6. RETIREMENT

- OPEN A 403(B)
- START CONTRIBUTING

GET STARTED NOW!

OTHER BENEFITS

TRAVEL ASSISTANCE

(INCLUDED WITH BASIC LIFE COVERAGE)

As a participant in the basic life insurance plan offered by One America, you will automatically be covered by the travel assistance program. This benefit is a comprehensive program of information, assistance, transportation and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel.

Travel Assistance provides 24 hour services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Children and spouses are also covered for pleasure trips of 100 miles or more from home as long as the trip lasts 90 days or less.

Travel assistance also offers pre-trip assistance, which gives you access to information on things like passport and visa requirements, foreign currency and vaccines. All services are provided by OnCall International. Additional information can be found:
Email: mail@oncallinternational.com
or by dialing 1-866-816-2103, or going on our employee portal.

EMPLOYEE ASSISTANCE PROGRAM

(FOR ALL EMPLOYEES)

We all experience times when we need a little help managing our personal lives. At ACPS, we want to help you in difficult and stressful times in life.

Effective 7/1/21, you will have access to Cigna Employee Assistance Plan (EAP) at no cost to you. EAP personal advocates will work with **you and your household family members** to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more. Take advantage of these services at no cost to you:

- **3 face-to-face counseling sessions** with a counselor in your area. Video-based sessions are also available to fit busy schedules.
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone (assistance with employment related legal issues are not included)
- **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement
- Parenting: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- Eldercare: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores. Work-Life Solutions
- Identity theft: 60-minute consultation with a fraud resolution specialist.

24 hours a day, 365 days a year, call toll-free 1-877-622-4327 or visit Mental and Behavioral Health | Cigna or mycigna.com **Your** employer id: acps.

EMPLOYEE ASSISTANCE PROGRAM

(INCLUDED WITH BASIC LIFE AND/OR LTD COVERAGE)

Those covered by ACPS' Basic Life and/or Long Term Disability Insurance have access to the following program from One America:

ComPsych Guidance Resources program offers 24-hour confidential support, resources and information for personal and work-life issues. EAP benefits can be accessed by telephone by calling 1-855-387-9727 or online at guidanceresources.com or App GuidanceNow

Web ID is ONEAMERICA3

Services offered include:

- Free Online Will Preparation
- Confidential Counseling for up to 3 sessions
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions

VIDEO RESOURCES

MEDICAL PLANS

- Medical Plans Explained
- Primary Care vs. Urgent Care vs. ER

INSURANCE 101

- Benefits Key Terms Explained
- How To Read An EOB
- What Is A Qualifying Event?

ANCILLARY BENEFITS

- What Is Dental Insurance?
- What Is Vision Insurance?
- What Is Life And AD&D Insurance?

OPEN ENROLLMENT RUNS
MAY 24—JUNE 7, 2024

GLOSSARY OF MEDICAL TERMS

Coinsurance — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays — A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room — Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum — All plans are required to have an unlimited lifetime maximum.

Medically Necessary — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-Of-Pocket Maximum — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization — A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable) — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from Allegany County Public Schools 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 Allegany County Public Schools 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. Allegany County Public Schools has determined that the prescription drug coverage offered by the Cigna health plan 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, your current Allegany County Public Schools coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Allegany County Public Schools medical plan, **be aware that you and your dependents may not 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 Allegany county Public Schools 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 information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Allegany County Public Schools 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
- 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	July 1, 2024
Name of Entity/Sender:	Allegany County Public Schools
Contact--Position/Office:	Laura Bailey, Benefits Coordinator
Address:	108 Washington Street; PO Box 1724, Cumberland, MD 21501-1724
Phone Number:	(301) 759-2035

This notice is a summary. For a full description of all of Allegany County Public Schools Benefit plans, please refer to the Summary Plan Descriptions. Please contact HR.

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call the Plan Administrator at 301-759-2035.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095-C in early March of each year. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

NOTICE OF PRIVACY PRACTICES

Allegany County Public Schools is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Allegany Public Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

IMPORTANT NOTICES

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION CONT.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Laura Bailey at 301-759-2035.

INITIAL COBRA NOTICE

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Laura Bailey at 301-759-2035

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at healthcare.gov.

IMPORTANT NOTICES

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Laura Bailey, Benefits Coordinator

Allegany County Public Schools

108 Washington Street

Cumberland, MD 21502

This notice is intended as a brief outline; please see HR for more information.

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**.

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** 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** 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, 2024. Contact your State for more information on eligibility -

ALABAMA - Medicaid	ALASKA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	**CALIFORNIA - Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA - Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki)	**KANSAS - Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY - Medicaid	**LOUISIANA - Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	**MASSACHUSETTS - Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA - Medicaid	**MISSOURI - Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid	**NEBRASKA - Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY - Medicaid and CHIP	**NEW YORK - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	**NORTH DAKOTA - Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	**OREGON - Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid and CHIP	**RHODE ISLAND - Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA - Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid	**UTAH - Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT- Medicaid	**VIRGINIA - Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON - Medicaid	**WEST VIRGINIA - Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP	**WYOMING - Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

WISCONSIN - Medicaid and CHIP	WYOMING - Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 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% 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 8.39% of the employee's household income.[1] [2]

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.

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

[2] 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.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

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.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, 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: Allegany County Public Schools	**4. Employer Identification Number (EIN):** Available upon request
5. Employer Address: 108 Washington Street; PO Box 1724	**6. Employer Phone Number:** 301-759-2035
7. City: Cumberland	**8. State:** MD **9. ZIP Code:** 21501-1724
10. Who can we contact about employee health coverage at this job? **Laura Bailey,** Benefits Coordinator	
11. Phone number (if different from above):	**12: Email address:** laura.bailey@acpsmd.org

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:

☑ Full time employees, working a minimum 30 per week on a regular basis. Employees will be effective the first day of the month, following full-time employment.

☐ Some employees. Eligible employees are:

•With respect to dependents:

☑ We do offer coverage. Eligible dependents are: Legal spouses and dependent children to age 26.

☐ We do not offer coverage.

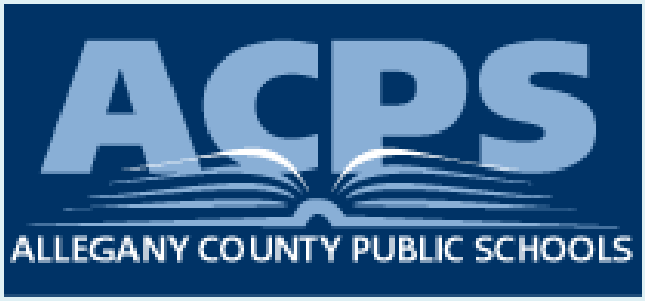
☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** 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 will guide you through the process. Above is the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

This notice is a summary. For a full description of all of Allegany County Public Schools Benefit plans, please refer to the Summary Plan Descriptions. Please contact HR.

YOUR NOTES



The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.