



CITY OF HUNTINGTON



Benefit Summary 2017

Helping you make informed choices
about your employee benefits.

OPEN ENROLLMENT

The City of Huntington open enrollment period is now in effect through December 2, 2016 with benefit elections effective January 1, 2017. The elections you make will be in effect for one year unless you have a special enrollment event. Open Enrollment is your opportunity to change your medical, dental and/or vision elections for yourself and/or your eligible dependents.

BENEFITS OVERVIEW

City of Huntington is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week and have 60 days of service. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and City of Huntington provides other benefits at no cost to you (life, accidental death & dismemberment, short term disability and long term disability). In addition, there is dependent life insurance and voluntary vision benefits with reasonable group rates that you can purchase through City of Huntington payroll deductions.

Benefit Plans Offered

- Medical
- Dental
- Short Term Disability Coverage
- Long Term Disability Insurance
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Dependent Life Insurance
- Voluntary Vision

Eligibility

You and your dependents are eligible for City of Huntington benefits on the first day following 60 days of full-time employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or City of Huntington eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Working Spouse Rule

The City of Huntington Medical Plan does not provide or extend coverage to a spouse who is eligible for group health coverage through the spouse's employer. Eligible City of Huntington employees must furnish written notice to the City of Human Resources Department that the employee's spouse is eligible for coverage under the spouse's employer's group medical plan within 30 days of spousal eligibility.

Teladoc

Access to a doctor anytime, anywhere.

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:	Teladoc doctors can treat many medical conditions, including:	It is a convenient and affordable option for quality care.
<ul style="list-style-type: none"> ■ Are practicing PCPs, pediatricians, and family medicine physicians ■ Average 15 years experience ■ Are U.S. board-certified and licensed in your state ■ Are credentialed every three years, meeting NCQA standards 	<ul style="list-style-type: none"> ■ Cold & flu symptoms ■ Allergies ■ Sinus problems ■ Ear infection ■ Urinary tract infection ■ Respiratory infection ■ Skin problems ■ And more! 	<ul style="list-style-type: none"> ■ When you need care now ■ If you're considering the ER or urgent care for a non-emergency issue ■ On vacation, on a business trip, or away from home ■ For short term prescription refills

MEDICAL BENEFITS

Administered by Group Administrators, LTD.

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through City of Huntington.

City of Huntington offers you a PPO medical plan.

With the PPO, you may select where you receive your medical services. If you use Signature Care in-network providers, your costs will be less.

	In-Network PPO	Out-of-Network PPO
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$750 Single / \$1,500 Family	\$2,250 Single / \$4,500 Family
Annual Out-of-Pocket Maximum (includes deductible and copays)	\$2,500 single / \$5,000 family	\$10,000 single / \$20,000 family
Coinsurance	80% paid by the plan	50% paid by the plan
DOCTOR'S OFFICE		
Primary Care Office Visit (office visit charge only)	\$25 copay	50% after deductible
Specialist Office Visit (office visit charge only)	\$50 copay	50% after deductible
Wellness Care includes but not limited to: (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% no deductible	50% after deductible
PRESCRIPTION DRUGS		
Retail—Generic Drug (34-day supply)	\$10	Not Covered
Retail—Formulary Drug (34-day supply)	\$25	Not Covered
Retail—Nonformulary Drug (34-day supply)	\$40	Not Covered
Mail Order—Generic Drug (90-day supply)	\$20	
Mail Order—Formulary Drug (90-day supply)	\$50	
Mail Order—Nonformulary Drug (90-day supply)	\$100	
HOSPITAL SERVICES		
Emergency Room	80% after deductible	80% after deductible
Inpatient Services	80% after deductible	50% after deductible
Outpatient Surgery	80% after deductible	50% after deductible
Ambulance Service	80% after deductible	80% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	80% after deductible	50% after deductible
Outpatient Services	80% after deductible	50% after deductible

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	In-Network PPO	Out-of-Network PPO
SUBSTANCE ABUSE SERVICES		
Inpatient Services	80% after deductible	50% after deductible
Outpatient Services	80% after deductible	50% after deductible
OTHER SERVICES		
Maternity Services	80% after deductible	50% after deductible
All other hospital/physician services	80% after deductible	50% after deductible
Chiropractic Services \$1,000 annual maximum benefit including \$250 annual x-ray maximum	80% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services	80% after deductible	50% after deductible
Tobacco Cessation	100% deductible waived	100% deductible waived
X-Ray, Laboratories	80% after deductible	50% after deductible
Other Services	80% after deductible	50% after deductible

This is a brief summary of your medical benefits. Refer to your Summary Plan Description for complete plan details.



DENTAL BENEFITS

Administered by Group Administrators, LTD.

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Huntington dental benefit plan.

In-Network and Out-of-Network PPO	
Annual Deductible	\$50 per Person
Annual Benefit Maximum	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%, after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%, after deductible
Orthodontia Services	50% to \$1,500 Lifetime Maximum (no deductible)



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by Mutual of Omaha

Life Insurance

Life insurance provides financial security for the people who depend on you. Beneficiaries of regular full-time employees will receive a lump sum payment if death occurs while employed by City of Huntington. The City provides basic life insurance of \$20,000 to full time employees and \$20,000 to elected officials at no cost.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. City of Huntington provides AD&D coverage of \$20,000 to full time employees at no cost to you. This coverage is in addition to your life insurance described above if you are a regular full-time employee.

Please note the life insurance plan has an age reduction schedule that begins at age 65. Please refer to your certificate for details.

Dependent Life Insurance

For employees with spouses and/or dependent children age 14 days to 23 years old, the City of Huntington makes available life insurance in the following amounts:

- Spouse—\$10,000
- Dependent Child (age 14 days to 6 months)—\$300
- Dependent Child (age 6 months to 19 years, 23 years of a full time student)—\$5,000

The cost for dependent life insurance is \$2.51 per month.

Please contact Human Resources if you are interested in purchasing dependent life insurance.

LONG-TERM DISABILITY INSURANCE

Insured by Mutual of Omaha

Disability insurance provides protection for one of your most valuable assets—your ability to earn an income. Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. The city provides Long-Term Disability insurance (LTD) coverage for you at no cost to you. As an eligible employee, you are automatically enrolled in this coverage.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly base pay, up to \$2,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue for 5 years or to social security normal retirement age, whichever is first.

SHORT-TERM DISABILITY COVERAGE

Administered by Group Administrators, LTD

In addition to the LTD insurance provided by the City, you also have Short-Term Disability coverage available to you at no cost. Short-Term Disability coverage provides a weekly benefit of \$400 for a maximum period of 26 weeks.

Benefit payments begin on the 8th day of disability due to illness or on the first day of disability due to an accident. Please see HR if you would like more information on this benefit.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, City of Huntington offers voluntary vision benefits, which you can purchase at group rates.



VOLUNTARY VISION INSURANCE

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor:

	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$50
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$50
Lined Bifocal Lenses	\$25 copay	Up to \$75
Lined Trifocal Lenses	\$25 copay	Up to \$100
Lenticular Lenses	\$25 copay	Up to \$125
Frames — once every 24 months	\$25 copay; \$130 allowance	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	\$25 copay; up to \$130	Up to \$105

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you. See your VSP Certificate of Insurance for complete plan details.

KNOW YOUR NUMBERS INCENTIVE PROGRAM

Effective January 1, 2017

City of Huntington is committed to improving the quality of life for our employees. We feel we have a responsibility to promote a culture of health that extends past your working hours and becomes a part of your life. We hope to continue to initiate change that will help to impact the rising health care costs that affect us all.

We have determined one of the ways we can support healthier lifestyles for our employees is to promote knowing your numbers in addition to tobacco-use cessation. With that, City of Huntington is introducing our Know Your Numbers Incentive Program. Employees who qualify for the program and participate will be given a discount to the premium amount paid for medical plan coverage.

To ensure all employees understand how they become eligible for the incentive, the policies and conditions of the Know Your Numbers Incentive Program are detailed below:

Incentive Policy

The wellness effort known as the Know Your Numbers Incentive Program incorporates a benefit premium discount for Knowing Your Numbers related to health indicators such as cholesterol, blood pressure, blood sugar and body mass index. These are key indicators of your risk for serious illness. Knowing your numbers will allow you to make changes to improve your health and reduce your risk of developing chronic and/or serious illness.

Under the Program, the terms *Know Your Numbers*, means that the insured employee will participate in the Total Wellness Screening that is provided by the City or will provide proof that it has been completed with their medical provider. The City will cover the cost for each insured retiree, insured employee and insured spouse to complete:

- PWP Personal Wellness Profile - Health Risk Assessment, biometric measurements and reporting
- Comprehensive metabolic screening panel
- Complete Blood Count (CBC)
- A1C Glycohemoglobin - used to diagnose diabetes
- TSH Thyroid Stimulating Hormone - used to diagnose Hyperthyroidism or Hypothyroidism
- PSA Prostate Specific Antigen – For males over 50
- Flu Shots

The 2016 Wellness Screening will take place on Wednesday, September 28, 2016 from 6:30 a.m. – 11:00 a.m. On-line registration will begin on Monday, August 29, 2016. Any employee or spouse not covered by City insurance may pay to participate. Please contact Ronda Smelser in Human Resources for cost information.

Know Your Numbers Discount

All employees who meet the criteria of *Know Your Numbers* are eligible for a \$120 annual insurance premium discount (\$5.00 per pay). An employee is eligible for this discount if he/she:

- Completes the program outlined above
- Or is able to certify through their medical provider that wellness screening has already been completed for 2016
 - Physician Form should be submitted to the medical provider and received by Parkview Workplace Wellness no later than October 7, 2016.

Participation in the Program

Participation in the program will be on an annual basis and you will be given the opportunity each fall to complete the screening prior to open enrollment each December.

We encourage you to include your doctor in your wellness efforts and they may also recommend programs available to you.

City of Huntington reserves the right to modify or terminate this program at any time.

CONTACT INFORMATION

If you have specific questions about a City of Huntington benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Group Administrators	800-323-1683	www.groupadministrators.com
Dental	Group Administrators	800-323-1683	www.groupadministrators.com
Voluntary Vision	VSP	800-877-7195	www.vsp.com
Life Insurance	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Short Term Disability	Group Administrators	800-323-1683	www.groupadministrators.com
Human Resources	Ronda Smelser	260-356-1400 ext 223	ronda.smelser@huntington.in.us
Teladoc	Teladoc	800-835-2362	www.teladoc.com

EMPLOYEE CONTRIBUTIONS FOR BENEFITS (BASED ON 24 PAYS)

Benefit Plan	Bimonthly	Know Your Numbers Incentive Program
MEDICAL PLAN - NON TOBACCO USER		
Employee	\$65.00	\$60.00
Employee + Spouse	\$123.15	\$118.15
Employee + Child(ren)	\$106.15	\$101.15
Family	\$163.70	\$158.70
MEDICAL PLAN - TOBACCO USER		
Employee	\$95.00	\$90.00
Employee + Spouse	\$153.15	\$148.15
Employee + Child(ren)	\$136.15	\$131.15
Family	\$193.70	\$188.70
DENTAL PLAN		
Employee	\$2.50	
Employee + Spouse	\$5.00	
Employee + Child(ren)	\$4.25	
Family	\$7.00	
VOLUNTARY VISION RATES		
Employee	\$5.07	
Employee + Spouse	\$8.54	
Employee + Child(ren)	\$8.72	
Family	\$14.05	
DEPENDENT LIFE INSURANCE		
	The cost for dependent life insurance is \$2.51 per month	

LEGAL INFORMATION: You and City of Huntington have a number of legal obligations and requirements to which both you and the city must adhere. These include your obligation to provide accurate information to the city when you enroll in your benefits and the city's obligation to provide certain coverages in accordance with various applicable laws. This section provides you with information about these legal obligations and requirements.

This booklet does not constitute a contract of employment. The brief benefits summaries in this booklet are not intended to be complete descriptions of each of the respective benefit plans. Please consult the Summary Plan Description (SPD) or Plan Document for the respective plan for definitions of terms. If there are discrepancies between the information in this booklet and the SPDs and other legal documents of any of the Plans, the SPDs and other legal documents will govern.

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 July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid

<http://myalhipp.com>
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP (855.692.7447)

COLORADO – Medicaid

<http://www.colorado.gov/hcpf>
Medicaid Customer Contact Center: 800.221.3943

FLORIDA – Medicaid

<http://flmedicaidprecovery.com/hipp>
877.357.3268

GEORGIA – Medicaid

<http://dch.georgia.gov/medicaid>
Click on Health Insurance Premium Payment (HIPP)
404.656.4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
<http://www.hip.in.gov> | 877.438.4479
All other Medicaid
<http://www.indianamedicaid.com> | 800.403.0864

IOWA – Medicaid

<http://www.dhs.state.ia.us/hipp>
888.346.9562

KANSAS – Medicaid

<http://www.kdheks.gov/hcf>
785.296.3512

KENTUCKY – Medicaid

<http://chfs.ky.gov/dms/default.htm>
800.635.2570

LOUISIANA – Medicaid

<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
888.695.2447

MAINE – Medicaid

<http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
800.442.6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<http://www.mass.gov/MassHealth>
800.462.1120

MINNESOTA – Medicaid

<http://mn.gov/dhs/ma>
800.657.3739

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573.751.2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
800.694.3084

NEBRASKA – Medicaid
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx 855.632.7633
NEVADA – Medicaid
http://dwss.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
http://www.dhhs.nh.gov/oii/documents/hippapp.pdf 603.271.5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
http://www.nyhealth.gov/health_care/medicaid 800.541.2831
NORTH CAROLINA – Medicaid
http://www.ncdhhs.gov/dma 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
http://www.dhs.pa.gov/hipp 800.692.7462
RHODE ISLAND – Medicaid
http://www.eohhs.ri.gov 401.462.5300
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059

TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
Medicaid: http://www.coverva.org/programs_premium_assistance.cfm 800.432.5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm 855.242.8282
WASHINGTON – Medicaid
http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program 800.562.3022, ext. 15473
WEST VIRGINIA – Medicaid
http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx 877.598.5820, HMS Third-Party Liability
WISCONSIN – Medicaid
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf 800.362.3002
WYOMING – Medicaid
https://wyequalitycare.acs-inc.com 307.777.7531



To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act Notice

On October 21 1998 Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- interfere with a woman's rights under the plan to avoid these requirements, or
- offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

If you have questions about the plan coverage, please contact your Human Resources department.



IMPORTANT NOTICE FROM CITY OF HUNTINGTON 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 under the City of Huntington PPO Plan, 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. City of Huntington has determined that the prescription drug coverage offered by the PPO 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 coverage under the City of Huntington PPO Plan will not be affected. **You can keep this coverage and this plan will coordinate with Medicare Part D coverage.**

If you do decide to join a Medicare drug plan and drop your current coverage under the City of Huntington PPO Plan, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Huntington 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 your Human Resources department. **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 City of Huntington 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: 10/10/2016
Name of Entity/Sender: City of Huntington
Contact, Position/Office: Ronda Smelser, Director of Human Resources
Address: 300 Cherry Street
Huntington, IN 46750

Phone: (260) 356-1400, ext. 2026

Special Enrollment Rights Provisions

If you decline to enroll in medical and dental coverage for yourself or your dependents (including your spouse) because you have other health insurance coverage, you may in the future enroll yourself or your eligible dependents outside the usual open enrollment period if you or your dependent loses eligibility for the other coverage or the other employer ceases to make employer contributions for the other coverage. In order to become covered after the loss of other coverage, you or your eligible dependent must enroll **within 31 days** after the other coverage ends. However, if you or your dependent declined coverage because of other coverage provided through COBRA, you or your dependent must wait until the next open enrollment period unless the entire period of coverage available under the COBRA coverage has been exhausted. An individual need not elect COBRA coverage under another health plan in order to use these special enrollment provisions. Proof of eligibility is required within the 31-day period.

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may receive coverage for yourself and your new dependent if you enroll in coverage **within 31 days** after the marriage, or **within 60 days** after the birth, adoption or placement for adoption. (The special working spouse rules described in this booklet will apply to new spouses.) For new births, the date of birth will be the effective date of coverage. For adoptions, the date of adoption or date of placement for adoption, whichever is earlier, will be the effective date of coverage.

Fraud Against the Plan

You are responsible for the accuracy of the dependent information you provide to the company. You should check to make sure you are in compliance with the spouse and dependent eligibility rules. Insurance fraud increases the cost of medical, dental, life and other benefits. If you knowingly, and with intent to defraud or deceive any benefit plan, file a statement of claim containing any false, intentionally incomplete or misleading information, or if you allow such a claim to be submitted on behalf of you or one of your dependents, you will be responsible for the consequences. These consequences include, but are not limited to, retroactive termination of coverage and/ or reimbursement to the plan for payments made from the plan. The plan also may choose to pursue civil and/or criminal action.



NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. You must submit your request in writing to the Privacy Officer.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To request a correction, you must submit your request in writing to the Privacy Officer.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind

at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact Information:

For questions regarding this notice or to receive further information, please contact the Plan's Privacy Officer at:

Director of Human Resources

Privacy Officer

City of Huntington

260-356-1400 x2026

300 Cherry Street

Huntington, IN 46750

Ronda.Smelser@huntington.in.us

Effective Date of This Notice:

November 30, 2016 (original notice effective April 14, 2004)

NOTES:

This benefit summary prepared by:



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.