Village Fire Department

2024 Benefit Guide

VILLAGE MUTUAL INSURANCE GROUP

Contents

Open Enrollment Calender of Events	
November 13	Annual Enrollment Opens
November 24	Completed Enrollment Forms to your HR department
January 1	Elections are effective

Please see your specific HR department for specific employer payroll deduction premium rates offered through the Village Mutual Insurance Group "VMIG"

FINE PRINT: The information contained in this enrollment guide is an outline of the coverage offered by Villages Mutual Insurance Group. It does not include all of the terms, exclusions, limitations and conditions of the actual contract language. If there is a conflict between the information in this guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents. Plan documents or policies will be made available for review upon request. Villages Mutual Insurance Group reserves the right to modify, amend, suspend or terminate any plan at any time for any reason.

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please refer to your Medicare Part D Non-Creditable Coverage Notice on pages 14-15 of this guide for more details.

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

Enrollment Eligibility

Villages Mutual Insurance Group is proud to provide our employees and their families with a comprehensive and affordable benefits package, allowing you to enroll in those plans that best fit your family's needs. This guide can help you make sure you're enrolled in the benefits that best fit your life situation. At this time, you may enroll or make changes to your elections. Get ready by taking the time to know more about your options and then take action to enroll.

- **Employee Eligibility:** All FT (full-time) employees are eligible for Medical, Dental, Vision, Life and Disability benefits the first of the month following your employer waiting period.
- **Dependent Eligibility:** Dependents eligible for coverage include your legal spouse and children under age 26. For medical, dental and vision children under age 26 are eligible regardless of marital or dependent status. Older children who were disabled prior to the limiting age and grandchildren are also considered eligible dependents if you are their legal guardian and are claiming them as a dependent for tax purposes. Other family members under age 26 may be covered if you have a court order or claim them as a federal tax dependent. For the Voluntary Life product the limit age of a child is 25, if they are a full time student.
- **Benefit Enrollment Period:** After your initial enrollment period (when you first become eligible for benefits), you may enroll, waive coverage, or change your benefit elections during the stated annual open enrollment period each year (for coverage to become effective January 1) or at any time during the plan year in the event of a qualified change in status (also called a "life event"). **If you have a change in status and wish to change any of your benefit elections, you must complete an election change form *within 30 days of the date of the event.***
- **Upon Your Initial Date of Eligibility** you will be enrolled in all lines of coverage which are 100% employer-paid (no cost to you). These lines of coverage include Group Term Life, Long-Term Disability and the Employee Assistance Program.

Qualified Changes in Status:

- Employee's marriage or divorce or death of employee's spouse
- Birth, adoption or death of a dependent child
- Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility
- Child becoming ineligible for coverage due to reaching age 26
- Change in the employee's, spouse's or a dependent child's residence that affects eligibility for coverage
- Employee's receipt of a Qualified Medical Child Support Order or leer from the Attorney General ordering the employee to provide (or allowing the employee to drop) Medical coverage for a child
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
- The employee, spouse or dependent child becoming eligible or ineligible for CHIP, Medicare or Medicaid
- Significant employer – or carrier – initiated changes in or cancellation on of the employee's, spouse's or dependent child's coverage

Medical and Pharmacy Plans

UHC Medical Plans - PPO Plans have Out-of-Network benefits			
BENEFIT	UHC Choice Plus Premier (BCYD)-PPO	UHC Choice Plus Premier (BCYE)-PPO	UHC Navigate (CZWG)-HMO
	In-Network	In-Network	In-Network ONLY
Annual Deductible Individual/Family	$1,000 / $2,000	$1,500 / $3,000	$1,000 / $2,000
Maximum Out-of-Pocket Individual/Family	$4,000 / $8,000	$5,000 / $10,000	$4,000 / $8,000
Routine Preventive Care	$0 copay	$0 copay	$0 copay
PCP Office Visit	$25 copay	$25 copay	$10 copay
SPC Office Visit	$50 copay	$50 copay	$60 copay
Virtual Visits	$0 copay	$0 copay	$0 copay
Lab and X-ray	$0 copay	$0 copay	$40 copay
Complex Imaging	20% after ded	20% after ded	$500 copay
Inpatient Facility	20% after ded	20% after ded	20% after ded
Outpatient Facility	20% after ded	20% after ded	20% after ded
Emergency Services	$250 copay + Deductible + 20%		
Urgent Care Services	$75 copay	$75 copay	$25 copay
Inpatient Mental Health	20% after ded	20% after ded	20% after ded
Outpatient Mental Health	$25 copay	$25 copay	$10 copay

UHC Pharmacy			
Rx BENEFIT	Retail and Specialty Network	Out-of-Network	Mail Order
Tier 1 ($)	$15 copay	$15 copay	$37.50 copay
Tier 2 ($$)	$45 copay	$45 copay	$112.50 copay
Tier 3 ($$$)	$85 copay	$85 copay	$212.50 copay
Tier 4 ($$$$)	$200 copay	$200 copay	$500 copay

You can receive a 90-day supply of medicine through your mail order pharmacy benefit. Only certain Prescription Drug Products are available through maill order. Please visit myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

Virtual Visits

Why virtual visits?

Doctors can treat a wide range of health conditions - including many of the same conditions as an emergency room (ER) or urgent care - and may even prescribe medications, if needed. **With a UnitedHealthcare plan, your cost for 24/7 Virtual Visit is usually $0.**

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Cold/Flu
- Eye Infections
- Sore throats
- Headaches/migraines
- Insect Bites/rashes
- Stomachaches/Nausea
- Eye Infections

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through myuhc.com or the UnitedHealthcare app

Visit with a doctor 24/7 - Whenever, Wherever

- Call at 1.855.615.8335
- Download the UnitedHealthcare app
- Sign in at myuhc.com/virtualvisits

Dental and Vision Plan

UHC Dental Coverage - Dual Choice Options		
BENEFIT	**PPO PLAN 2P208/U90**	**VALUE MAC PLAN P0208**
Calendar Year Deductible	$50 per person/$150 per family	$50 per person/$150 per family
Preventative Care (Cleanings, Exams, X-ray)	0%, deductible waived	0%, deductible waived
Basic Care (Endo, Perio, Oral Surgery)	20% after deductible	20% after deductible
Major Care (Crowns, Bridges, Dentures)	50% after deductible	50% after deductible
Orthodontics (Adults & Children)	50% deductible waived $1,500 lifetime maximum	N/A
Annual Maximum Benefit	$1,500 per person	$1,500 per person

For the best coverage reimbursement, use in-network providers. Please visit myuhc.com to find an in-network provider.

USE YOUR FREE DENTAL CLEANINGS and $10 VISION EXAMS FOR PREVENTIVE CARE

UHC Vision Coverage		
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT**
Examinations	$10 copay	Up to $40
Frame	$25 copay, $150 allowance + 30% off balance (if applicable)	Up to $45
Standard Lenses	Single Lenses: $25 copay Bifocal: $25 copay Trifocal: $25 copay	Single: Up to $40 Bifocal: Up to $60 Trifocal: Up to $80
Contact Lenses	Elective: $150 allowance Necessary: Covered in full Fitting Appointment: Covered in full after copay	Elective: Up to $150 Necessary: Up to $210 Fitting Appointment: Not Covered
Frequency	Comprehensive Exam: 1 every 12 months Lenses (Eyeglass or Contact): 1 every 12 months Frames: 1 every 24 months	-

For the best coverage reimbursement, use in-network providers. Please visit myuhcvision.com or call Customer Service at 800.638.3120 to find an in-network provider

Life /AD&D

The Hartford Life/AD&D Benefits

Group Term Life/AD&D

Life insurance can provide security for your dependents in the event of your death or terminal illness. Villages Mutual Insurance Group Health Plan provides a basic level of life insurance for all full-time employees of $50,000 benefit ADEA age reduction at age 65.

Optional Term Life

Employees can purchase addional life insurance coverage through The Hartford for themselves or their families.

Employee

- Up to $500,000
- Increments of $10,000
- New Entrant guaranteed issue limit:$250,000
- ADEA age reduction at age 65

Dependent Coverage

- Dependent coverage no more than 50% of EE Coverage
- Spouse coverage in units of $5,000, up to $250,000
- New Entrant Spouse guaranteed issue limit: $50,000
- Child coverage: Live Birth to age 26— $10,000

Existing amounts will be grandfathered without Evidence of Insurability (EOI). If you are applying for new supplemental coverage more than 31 days after you first became eligible or increasing your existing coverage more than one increment over the grandfathered or exceeding the guaranteed issue limits, you must submit an Evidence of Insurability (EOI) form.

Benefit coverage reduces for employee and spouse beginning at the attainment of age 65.

Optional Life/AD&D Rate Chart					
Employee: The rates shown below are per $10,000 of coverage for employee.					
YOUR AGE	COST PER MONTH	YOUR AGE	COST PER MONTH	YOUR AGE	COST PER MONTH
Under Age 30	$1.50	Age 45-49	$4.00	Age 65-69	$26.90
Age 30-34	$1.60	Age 50-54	$7.50	Age 70-74	$44.40
Age 35-39	$1.90	Age 55-59	$11.80	Age 75-79	$44.40
Age 40-44	$2.70	Age 60-64	$16.30	Age 80+	$44.40
Spouse: The payroll deduction premium rates per $1,000 of coverage are the same as the qualified employee.					
Child: Child rate is $2.14 monthly for coverage.					

Disability Coverage and EAP

The Hartford Long Term Disability Benefits

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

Long Term Disability

- Monthly benefit of up to 60% of monthly earnings; disability benefits are taxable
- $10,000 maximum monthly benefit
- Coverage begins on 91st day of disability
- Coverage lasts up to the earliest of Social Security Natural Retirement Age Benefits include mental health, back to work incentives and survivor benefits.
- First 24 Months protected under “own occupation” definition.

The Hartford Employee Assistance Programs

Ability Assist Counseling Services

Provides access to Master’s degree clinicians for 24/7 assistance if you’re enrolled in the long term disability plan. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

You and your immediate household family members can get 24/7 help with

- Depression
- Substance Abuse
- Legal and Financial Concerns
- Marital/family diffculties
- Stress Management/anxiety
- Child or Elder care

For more information on Ability Assist Counseling Services:

Call 1-800-964-3577
Visit www.guidanceresources.com
Company name: Abili Company ID: HLF902

Travel Assistance Program

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.

Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.

Identity Theft Support Services

Identity Theft Support Services6 provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs. Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

For more information on Travel Assistance or Identity Theft Support Services:

- Call from U.S. and Canada: 800-243-6108 (toll-free)
- Call from Outside U.S.: 202-828-5885
- Or email: assist@imglobal.com

Legal Notices

Women's Health & Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Human Resources for more information

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Villages Mutual Insurance Group Health Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Villages Mutual Insurance Group Health Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence.

This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Villages Mutual Insurance Group Health Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Human Resources.

HIPAA Notice of Privacy Practices Reminder

Villages Mutual Insurance Group Health Plan is committed to the privacy of your health information. The administrators of the Villages Mutual Insurance Group Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA Special Enrollment Rights

VILLAGES MUTUAL INSURANCE GROUP INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the Villages Mutual Insurance Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other cover- age).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance pro- gram is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption , or placement for adoption , you may be able to enroll yourself and your new dependents. However, you must re- quest enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) be- come eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must re- quest enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

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 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 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, 2023. 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: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.766.9012
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 617.886.8102
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 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 | Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 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
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 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 and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
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: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

OMB Control Number 1210-0137 (expires 1/31/2023)

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 collec on 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.

Important Notice From Villages Mutual Insurance Group 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 Villages Mutual Insurance Group Health 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. Villages Mutual Insurance Group Health Plan has determined that the prescription drug coverage offered by the Villages Mutual Insurance Group Health Plan medical 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 Villages Mutual Insurance Group Health Plan coverage may or may not be affected. Your current coverage pays for other health expenses in addition to prescription drug.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. As long as you are an active employee, the Villages Mutual Insurance Group Health Plan prescription drug coverage will be considered primary, and benefits will have to be coordinated with the Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your current Villages Mutual Insurance Group Health Plan coverage, 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 Villages Mutual Insurance Group Health Plan 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 receive a copy of this notice during the annual election period (before the next period you can join a Medicare drug plan), or if this coverage through Villages Mutual Insurance Group Health Plan 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 will 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 informao n 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: January 1, 2024

Name of Entity: Villages Mutual Insurance

Contact: Group Human Resources Department

Questions About Your Benefits?

Benefit	Vendor	Group #	Phone #	Web
Medical	UHC	0933797	866.801.4409	myuhc.com
Prescription Drugs	UHC	0933797	866.801.4409	myuhc.com
Dental	UHC	0933797	877.816.3596	myuhc.com
Vision	UHC	0933797	800.638.3120	myuhcvision.com
Life/AD&D	The Hartford	922323	860.547.5000	www.thehartford.com/ employee-benefits/employees
Voluntary Life/AD&D	The Hartford	922323	860.547.5000	www.thehartford.com/ employee-benefits/employees
Long-Term Disability	The Hartford	922323	860.547.5000	www.thehartford.com/ employee-benefits/employees
Ability Assist	The Hartford	Company Name: Abili Company ID: HLF902	800.964.3577	www.guidanceresources.com
Travel Assistance Program	The Hartford	-	800.243.6108	email: assist@imglobal.com

Notes

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting