

# 2019 BENEFITS OVERVIEW



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# Welcome to Open Enrollment!

Be sure to read this guide completely and if you need additional information during Open Enrollment please contact:

<b>Contact:</b>	<u>Regina Eichler</u>
<b>Address:</b>	<u>2323A High School Dr., Lexington, MO 64067</u>
<b>Phone:</b>	<u>(660)259-4369 ext. 1014</u>
<b>Email:</b>	<u>reichler@lexington.k12.mo.us</u>

**Open Enrollment is the time for you to make changes to your benefits.  
Elections you make during Open Enrollment will be effective July 1, 2019.**

## Is anything new or changing?

With healthcare premiums on the rise, many employers are seeing double-digit increases and are dramatically reducing benefits and shifting costs to employees to combat this. Despite these increased employer costs, Lexington R-V will be keeping our health benefits the same and will NOT be increasing your premium contributions.

Here are the highlights you need to know about before you make your elections:

- **No changes to our health plan or premiums**
- **Lexington R-V will continue to contribute \$1,200 annually to the HSA**
- **Life/AD&D, Voluntary Life/AD&D, LTD, STD and Vision will move to Mutual of Omaha**
  - **Voluntary Life/AD&D has increased coverage limit for Spouse**
  - **Vision EyeMed Network includes; Lenscrafters, Sears Optical, Target, America's Best, Discover and Sabates as well as 80% of independent providers Nationwide**
- **Dental will move to IMS**
  - **Humana Network**
- **Online enrollment will be MANDATORY this year and you will be required to update your Beneficiary information**

## What information do I need for Open Enrollment?

While you contemplate changes to your coverages, be sure to gather the following information for you and your dependents:

- Social Security Number(s)
- Date of Birth
- Full Legal Name
- Marriage/Divorce/Adoption/Legal Guardianship papers if dependent status has changed
- Beneficiary Information (for Life and AD&D)

## Eligibility

### Who is Eligible?

If you are a regular employee (working 20 or more hours per week) you are eligible to enroll in benefits. You also have the option to enroll any eligible dependents. Eligible dependents include:

- Children (biological, adoptive, foster, or under your legal custody) up to the age of 26 (regardless of student or marital status)
- Unmarried children of any age who are incapable of supporting themselves due to mental or physical disability

### Can I make changes outside Open Enrollment?

Benefit contributions are made on a tax-exempt basis, and IRS regulations state that you cannot change your tax exempt benefit options during the year unless you have a qualified life event. Qualified life events include:

- Change in legal marital status (marriage, divorce, legal separation)
- Change in dependents (birth, adoption, legal guardianship, or if a child is no longer an eligible dependent)
- Change in dependent status (your child turns 26)
- Change in your Spouse's employment status (resulting in gain or loss of coverage)
- Change in your employment status from full-time to part time, or part-time to full-time
- Entitlement, or loss of, Medicare or Medicaid
- Termination of COBRA Continuation Coverage or exhaustion of coverage

Any changes resulting from a qualifying event must be reported and documented within 30 days. It is YOUR responsibility to notify and submit applicable change forms to capture such changes. Only benefit changes consistent with a qualified life event are permitted outside of the Open Enrollment period.

### How do I enroll?

Lexington R-V School Districts will continue to offer an online enrollment system with **Employee Navigator**. ALL EMPLOYEES must go online and enroll for benefits.

To enroll, go to [www.employeenavigator.com](http://www.employeenavigator.com), select Login in the top right corner, then select Register

#### To register, provide:

- First Name
- Last Name
- Company Identifier **LexRV**
- PIN (last 4 digits of your Social Security Number)
- Date of Birth
- Select Register

#### Create Username/Password

- Username – you can create a username or use your email address
- Password



You are then able to enroll for your benefits online. There are items that are mandatory to complete, **such as beneficiary information**. The system will prompt you when there are incomplete areas.

If you do not complete your online enrollment, your coverage will defer to your 2018 enrollment. Your enrollment must be completed by May 24, 2019.

For assistance with online enrollment, contact Maria Valenti or Joe Pearson with Thomas McGee. Their contact information is below.

**Joe Pearson**  
**Benefits Account Management Analyst**  
 d 816.843.4488

**Maria Valenti**  
**Benefits Account Executive**  
 d 816.843.4424

## Medical Benefits

### 2019 Medical Plan(s) At-A-Glance

Insurance Management Services (IMS) | Group Number: S5339539 | (800) 687-5944 ext. 363, Brett Bontke, Participant Advocate | Network: Freedom Network Select | [www.imstpa.com/findaprovider.com](http://www.imstpa.com/findaprovider.com) | Pharmacy Benefit Manager: MedTrakRx | Group Number: Base 10002880; Buy-Up 10002879 | (800) 771-4648 | [www.medtrakrx.com](http://www.medtrakrx.com)

	Base Plan		Buy-Up Plan	
	In Network YOU PAY	Out of Network YOU PAY	In Network YOU PAY	Out of Network YOU PAY
<b>Deductible</b> Individual / Family	\$1,500/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000
<b>Out of Pocket Maximum</b> Individual / Family	\$2,500/\$5,000	\$6,000/\$12,000	\$2,500/\$5,000	\$5,000/\$10,000
<b>Coinsurance</b>	20%	50%	20%	50%
<b>Office Visits:</b> Primary Care Physician Specialists Telemedicine	Deductible then 20% Deductible then 20% 0%	Deductible then 50% Deductible then 50% N/A	\$30 Copay \$60 Copay \$0	Deductible then 50% Deductible then 50% N/A
<b>Preventive Care*</b>	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
<b>Hospital Services</b>	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>Emergency Room</b>	Deductible then 20%		Deductible then 20%	
<b>Urgent Care</b>	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>Prescription Drugs</b>				
<b>Retail – 30 Day Supply</b> Generic Preferred Brand Non-Preferred Brand	<b>AFTER DEDUCTIBLE</b> \$10 Copay \$35 Copay \$60 Copay	Not Covered	\$10 Copay \$35 Copay \$60 Copay	Not Covered
<b>Mail Order – 90 Day Supply</b> Generic Preferred Brand Non-Preferred Brand	<b>AFTER DEDUCTIBLE</b> \$25 Copay \$87.50 Copay \$150 Copay	Not Covered	\$25 Copay \$87.50 Copay \$150 Copay	Not Covered

\*For a full list of preventive services, go to [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/).



**A Note about Preventive Care**

Preventive care services are generally linked to annual wellness exams. Non-preventive services are those services that are considered treatment or diagnostic for an illness, injury or other medical condition. There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care or refer to [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/).

**2019 Medical Payroll Contributions**

Coverage	Cost per Pay Period	
	Base Plan	Buy-Up Plan
Employee Only	\$0.00	\$50.00
Employee + Spouse	\$482.00	\$803.00
Employee + Child(ren)	\$342.00	\$589.00
Family	\$676.00	\$890.00

**Health Savings Account (HSA)**

Optum Bank | (877) 470-1771 | [www.optumbank.com](http://www.optumbank.com)

For Employees in the Base Plan Only
Lexington R-V Pays: \$100 monthly up to \$1,200 annually

**2019 Contribution Limit:** Individual \$3,500  
Family \$7,000

*You may change your contributions throughout the year. See HR for the necessary paperwork to make changes.*

**Benefits of a Health Savings Account (HSA)**

- Tax-free earnings on your HSA, pre-tax payroll contributions to your HSA, tax-free withdrawals from your HSA to cover qualified healthcare expenses, and tax-advantaged savings for your future medical needs.
- No "use it or lose it" penalty so employees continue to earn interest tax-free on their HSA funds year after year.
- No excise tax on HSA funds used for non-medical expenses after age 65, so HSA can operate much like a 401(k) plan.

The money belongs to the employees — so whether they change jobs or health plans, the assets are yours to continue to save or spend on health care needs as you see fit. Additionally, employees can contribute up to the annual IRS limits to their HSA each year.

## Flexible Spending Accounts (FSA)

Insurance Management Services (IMS) | (800) 687-5944 | [imstpaonline.com](http://imstpaonline.com)

Account	Used For...	2019 IRS Contribution Limits
<b>Medical Expenses</b>	Most medical, dental and vision expenses	\$2,700 Maximum
<b>Dependent Care</b>	Dependent care expenses (daycare, after school programs, elder care programs)	\$5,000 Maximum (\$2,500 if married and filing separately)

Health and Dependent Care Flexible Spending Accounts help you save money by allowing you to pay for certain types of health care and dependent care expenses on a tax exempt basis. You decide how much money to put aside each pay period to cover these expenses up to the maximum. This amount is money to cover eligible expenses, you may get reimbursed using a variety of reimbursement methods. Remember that this is a “use it or lose it” account, so be smart about the funds you set aside. If you don’t use them all, you will lose them.

**If you are a participant in an HSA medical plan, you will NOT be able to participate in the medical Flexible Spending Account.**

## Cost Containment

### Visit the Clinic!

#### Samuel U. Rodgers Health Center | (660) 259-3823

- **No cost to you to access a doctor at the clinic** located in Lexington at 811A South Business 13 Hwy. Mon, Tues, Fri – 8:00am -5:00pm, Wed. 7:00am – 12:00pm. Closed Saturday and Sunday.
- Provide medical exams as needed for acute symptoms for covered participants, perform Well Visits, Immunizations, Sports Physicals and Acute Illnesses.
- Provides referrals for appointments if needed.
- **Lab Costs will be billed through the patient’s insurance company.**

### Visit a Doctor from Anywhere!

#### MEMD | (855) 345-6233 | <http://portal.benovate.com> or the Mobile App

No cost to you to access a doctor via phone, email or video chat!!! **A cost for a prescription will apply, if applicable and will be sent to your local pharmacy.**

- MEMD Physicians can treat *common* conditions such as pink eye, sinus infections, rashes, etc. and save you time and money!
- Available 24/7, 365 days a year (during business hours, nights, weekends and even holidays.)



### Shop Around for a Lower-Cost Facility/Procedure!

**Healthcare Bluebook** | <https://asg.myewellness.com>

- Compare cost for some treatments among providers and facilities.
- Use the online tool and/or contact your **Patient PAL Advocate**, and they can search for you.
- Save hundreds of dollars on various treatments such as an X-rays, MRI or an outpatient procedure.

### Your Personal Healthcare Advocate!

**Patient PAL** | (888) 616-5460 | <https://asg.myewellness.com>

- Patient PAL can help with health, caregiving, benefit questions and billing issues.
- Patient PAL advocate is your first call for help and is your go-to resource for navigating the complex health and caregiving system.

### Shop Around for Lower-Cost Prescriptions!

**GoodRx** | Download the GoodRx App | <https://www.goodrx.com>

- For most prescriptions, GoodRx will provide you the closest and least expensive option.
- **You will need to file a paper claim to IMS so that it may be applied to your deductible and out of pocket maximums.**

## Dental Benefits

### 2019 Dental Plan(s) At-A-Glance

Insurance Management Services (IMS) | Group Number: S5339539 | (800) 687-5944 | Network: Humana | [www.humana.com](http://www.humana.com)

Dental Benefits – Base Plan		
	In Network	Out of Network
<b>Annual Deductible</b>	\$50/\$150	\$100/\$300
<b>Preventive Services</b>	<b>100%, Deductible Waived</b> Exams, X-Rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers & X-rays or panoramic film	<b>80%, Deductible Waived</b> Exams, X-Rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers & X-rays or panoramic film
<b>Basic Services</b>	<b>After Deductible – 80%</b> Fillings, Emergency Exam, Oral Surgery	<b>After Deductible - 50%</b> Fillings, Emergency Exam, Oral Surgery
<b>Major Services</b>	<b>After Deductible – 50%</b> General Anesthesia, Crowns, Inlays, Onlays, Implants, Bridges & Dentures, Endodontics, Periodontics	<b>After Deductible - 50%</b> General Anesthesia, Crowns, Inlays, Onlays, Implants, Bridges & Dentures, Endodontics, Periodontics
<b>Orthodontia Services</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Annual Maximum</b>	\$1,000 per person per calendar year – Maximum Plan Accumulation	\$1,000 per person per calendar year – Maximum Plan Accumulation



<b>Dental Benefits – Buy-Up Plan</b>		
	<b>In Network</b>	<b>Out of Network</b>
<b>Annual Deductible</b>	\$50/\$150	\$100/\$300
<b>Preventive Services</b>	<b>100%, Deductible Waived</b> Exams, X-Rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers & X-rays or panoramic film	<b>100%, Deductible Waived</b> Exams, X-Rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers & X-rays or panoramic film
<b>Basic Services</b>	<b>After Deductible – 100%</b> Fillings, Emergency Exam, Oral Surgery	<b>After Deductible – 80%</b> Fillings, Emergency Exam, Oral Surgery
<b>Major Services</b>	<b>After Deductible – 60%</b> General Anesthesia, Crowns, Inlays, Onlays, Implants, Bridges & Dentures, Endodontics, Periodontics	<b>After Deductible - 50%</b> General Anesthesia, Crowns, Inlays, Onlays, Implants, Bridges & Dentures, Endodontics, Periodontics
<b>Orthodontia Services</b>	<b>50% – Deductible Waived</b>	<b>50% – Deductible Waived</b>
<b>Annual Maximum</b>	\$2,500 per person per calendar year – Maximum Plan Accumulation	\$2,500 per person per calendar year – Maximum Plan Accumulation
<b>Orthodontia Maximum</b>	\$1,500 per child per lifetime	\$1,500 per child per lifetime

## 2019 Dental Payroll Contributions

<b>Coverage</b>	<b>Cost per Pay Period</b>	
	<b>Base Plan</b>	<b>Buy-Up Plan</b>
Employee Only	\$0.00	\$6.50
Employee + Spouse	\$20.00	\$33.00
Employee + Child(ren)	\$20.00	\$33.50
Family	\$44.50	\$66.50

## Vision Benefits

### 2019 Vision Plan At-A-Glance

Mutual of Omaha | (800) 369-3809 | Network: EyeMed | [www.mutualofomaha.com](http://www.mutualofomaha.com)

Vision Benefits	
Frequency	Exam: 12 months Lenses OR Contact Lenses: 12 months Frames: 12 months
Annual Exam	\$10 Copay
Lenses	\$10 Copay
Frames	\$130 Allowance
Contact Lenses	
- Medical Necessary	100%
- Elective	\$130 Allowance
Lasik	15% off regular price or 5% off promotional price
Out of Network	Out-of-Network allowed amounts based on services

### 2019 Vision Payroll Contributions

Cost per Pay Period	
Coverage	Vision Plan
Employee Only	\$6.76
Employee + 1	\$13.53
Employee + 2 or more	\$19.04

## Ancillary Benefits

### Short-Term Disability Insurance

Mutual of Omaha | (800) 369-3809 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

Short-Term Disability Benefits	
Weekly Benefit	66 2/3% to \$1,153
Elimination Period	Accident and Illness 15 <sup>th</sup> Day
Benefit Duration	11 Weeks

### Long Term Disability Insurance

Mutual of Omaha | (800) 369-3809 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

Long-Term Disability Benefits	
Monthly Benefit	60% to \$6,000
Elimination Period	90 Days
Benefit Duration	Social Security Normal Retirement Age

### Basic Life/AD&D Insurance

Mutual of Omaha | (800) 369-3809 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

Life/AD&D Benefits	
Basic Life/AD&D Benefit	\$20,000
Benefit Reduction	Reduces by 33% of the original amount at age 65 and 33% of the reduced amount at age 70; terminates at retirement

### Voluntary Life/AD&D Insurance

Mutual of Omaha | (800) 369-3809 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

Voluntary Life/AD&D Benefits	
Employee Benefit	The lesser of \$500,000 or 5x Basic Annual Earnings (increments of \$10,000) Guarantee Issue \$130,000
Spouse Benefit	100% of employee's benefit, up to \$250,000 (increments of \$5,000) Guarantee Issue \$50,000
Children Benefit	\$10,000 (over 14 days old)

## Additional Benefits

### Accident & Critical Illness Plans

Colonial Supplemental Insurance | (800) 668-2065 | [www.coloniallife.com](http://www.coloniallife.com)

Accident and Critical Illness plans are designed to help provide financial protection for covered individuals by paying benefits due to a hospitalization, accident, or illness. Employees can use the benefit to meet the out-of-pocket expenses and extra bills associated with their injury or illness. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage, regardless of the cost of treatment. Employees can purchase this coverage for themselves and any of their dependents.

### Employee Assistance Program (EAP)

Mutual of Omaha | (800) 316-2796 | [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap)

Administrator offers confidential guidance and resources for you or an immediate household family member. This includes toll-free phone and web access to speak with Masters-level consultants 24/7, 365 days per year and up to 3 face-to-face meetings per issue for short-term problem resolution. They are available to help find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being. Will Preparation services are also available through the EAP program.

### Hearing Discount Program

Mutual of Omaha | (888) 534-1747 | [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha)

Access to Custom hearing solutions, Risk-free 60 day trial, Hearing aid low price guarantee and Continuous Care one year free follow-up two years of free batteries and a three-year warranty.

### Travel Assist

Mutual of Omaha | (800) 856-3658

Whenever you travel 100 miles or more from home to another Country or just another city, Travel Assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. You may use your Travel Assistance for transportation for a friend or family member to join a hospitalized patient, care and transport of an unattended minor or children, assist and with the return of a vehicle, emergency message services, critical care monitoring, emergency trauma counseling, referrals to Western-trained, English-speaking medical providers, legal and interpreter referrals and passport replacement assistance.



## LegalShield/Identity Theft

LegalShield | **(800) 654-7757** | **(800)-654-7757**

LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. For one flat monthly fee, you can access legal advice, no matter how traumatic or trivial the issue. They also offer Identity Theft with restoration services.

## Satori World Medical

Satori World Medical | **(800) 654-7757** | **(866)-613-9686**

Satori World Medical is a global healthcare network that generates significant cost savings for self-insured employers by providing high quality healthcare network of world-class International Centers of Excellence with board certified surgeons in eight countries.

## Interactive Health

Interactive Health | **(800)-840-6100**

All employee are eligible to participate in the wellness initiative through Interactive Health. Members will be asked to complete a Health Risk Assessment and biometric screening.

## Benovate

Benovate | [www.Benovate.com/Member](http://www.Benovate.com/Member)

Benovate's goal is to arm you with information you need to make better decisions about your health and provide you with resources you need to reach your goals. By using Benovate, you can access resources and activities specific to you, plus earn incentives for doing so. No matter where you are in your health journey, Benovate is here to help you.

Activities and resources specific to your individual interests and needs will be provided through the Benovate platform. The more you use it, the more incentives you can earn and the more personalized your experience gets. Activities will range from reading articles to doing quick, healthy activities to larger challenges.

## Your Dedicated Service Team

Name	Title	Email	Phone
<b>Janine McClung</b>	Client Service Executive/Quality Manager	jmclung@thomasmcgee.com	(816) 843-4479
<b>Cindy Carter</b>	Account Manager	ccarter@thomasmcgee.com	(816) 843-4467
<b>Mike Kelly</b>	Risk Consultant	mkelly@thomasmcgee.com	(816) 843-4439

## Important Notices

### **① 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 Lexington R-V 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. It has been determined that the prescription drug coverage offered under the Lexington R-V Employee Benefits Program are, 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 Lexington R-V coverage will not be affected. 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.

If you do decide to join a Medicare drug plan and drop your current Lexington R-V coverage, be aware that you and your dependents will not be able to get this coverage back except for a qualifying event or at Open Enrollment.

#### **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 Lexington R-V 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, before the next period you can join a Medicare drug plan, and if this coverage through Lexington R-V changes. You also may request a copy of this notice at any time.

#### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)



- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information or extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

### **① Notice of Rights Under the Women’s Health and Cancer Rights Act (WHCRA)**

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 stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Employer Representative for more information.

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

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

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. Lexington R-V has provided the detailed information regarding deductible and co-insurance for the Lexington R-V Group Health Plan. For more information or to get a copy of the Summary Plan Description containing these details contact your Employer Representative.

### **① Newborns’ and Mother’s Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **① Patient Protection Choice of Providers**

In cases where the Lexington R-V Group Health Plan allows or required a participant to designate a primary care provider, the participant has the right to designate any primary care provider who participates in the network and who is available to accept the participant or participant’s family members.

Until you make this designation, Lexington R-V Group Health Plan may designate a primary care provider automatically. For information on how to select a primary care provider, and for a list of the participating primary care providers, you can contact your Employer Representative.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Lexington R-V’s Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Employer Representative.

### **① HIPAA Special Enrollment Rights Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

### **① COBRA Rights in the Event You Lose Your Health (Medical/Dental/Flex) Coverage...**

A group Health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee – eligible for up to 18 months of continuation coverage
- Death of the covered employee – eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare – eligible for up to 36 months of continuation coverage dependent upon date of Medicare entitlement.
- The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:
  - Divorce or legal separation – eligible for up to 36 months of continuation coverage
  - A child's loss of dependent status under the Plan – eligible for up to 36 months of continuation coverage

### **① Disability Extension**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination.

### **① Second Qualifying Event**

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **① Notice of Privacy Rights**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that health plans protect the confidentiality of your private health information.

This Plan, the Plan Administrator and the Plan Sponsor will not use or disclose information that is protected by HIPAA (protected health information) except as necessary for treatment, payment and other health care operations of the Plan, or as permitted or required by law. In particular, the Plan will not, without authorization, use or disclose protected health information for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan of your Employer.

### **① 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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

**① Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563

<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
<b>KENTUCKY – Medicaid</b> Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002



VERMONT– Medicaid	WYOMING – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

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

## About This Guide

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

### For More Information

If you have any questions regarding eligibility, benefit plans, enrollment periods, or would like additional information, please contact the HR Department. Need additional information? Contact the resources listed throughout this Guide to find out more about Lexington R-V's benefits.

KEEP IN TOUCH!

# CONTACT AND FIND US

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