IMPORTANT INFORMATION
For All Benefit Eligible Employees
2025 Annual Required Notices

The following Notices are required by the laws surrounding health care plans. Please review these notices. If you have any questions, please contact Deb Armbruster at 440-285-4052 or Chelsea Kerr at 440-285-8408.

Summary of Benefits and Coverage (SBC)

As part of the Affordable Care Act, healthcare companies and group health plans must now provide Summary of Benefits and Coverage documents, or SBCs, to help employers, their employees and their families, understand and compare health plans. The SBC and Uniform Glossary are meant to help consumers understand their healthcare coverage, as well as understand common terms used by health plans. Insurance companies and group health plans must provide SBCs in a standard format, and the SBCs can only differ regarding specific plan benefits. This standard format will make it easier for employers and employees to compare plans and shop for a plan that best meets their needs.x The Medical and Prescription drug plan SBC will be distributed during open enrollment and will also be posted to our benefits website.

Evergreen Election

For those employee benefit programs that allow for employee payroll deductions to be taken on a pre-tax basis, the district's Section 125 Plan allow for such pre-tax deductions. As allowable by law, employee's payroll deductions will be taken on a pre-tax basis unless the employee notifies the Plan Administrator and completes an election form declining participation. Any change will be effective as of the first day of the new plan year. The salary adjustment amounts will be adjusted automatically to reflect any increase or decrease in the cost of the plans selected. This "evergreen" election applies to all plans as allowable by law to be taken on a pre-tax basis.

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

Newborns and Mothers Health Protection Act (NMHPA)

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).

Your Rights After a Mastectomy

Women's Health and Cancer Rights Act of 1998

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

- reconstruction of the breast on which the mastectomy has been performed; and
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient. Contact your plan administrator for more information: Deb Armbruster at 440-285-4052 or Crystal King-Morrison at 440-286-0408.

HIPAA Special Enrollment 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 the case of Medicaid or a state children's health insurance, you must request enrollment within 60 days after that coverage ends.

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, contact Treasurer's Office/Human Resources.

CHIPRA

Qualified group health plans in States that provide medical assistance through either Medicaid or a Children's Health Insurance Program (CHIP or SCHIP) must provide a notice informing employees of the potential opportunity for state Medicaid or CHIP health care assistance for group health plan coverage. The notice must be provided to employees when initially eligible and during the annual enrollment. [Note: Health FSAs and qualified High Deductible Health Plans (HSA-compatible) are not qualified health plans.]

State-specific information must also be included in the notice. We have not included that information here because portions of the information such as phone numbers change. An updated model notice is available on the DOL's Employee Benefits Security Administration's ("EBSA") website at: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra.

Notice of Availability of Notice of Privacy Practices

Your group health plan (the Plan) is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations to maintain the privacy of your protected health information (PHI) and to provide plan participants with notice of its legal duties and privacy practices with respect to PHI. PHI is any individually identifiable information that is received or maintained by the Plan in electronic, written, or oral form that pertains to your past, present or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

The Plan is required by law to tell you:

- The Plan's uses and disclosures of your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person to contact for further information about the Plan's privacy practices.

A copy of the Notice of Privacy Practices is available to all individuals whose PHI will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your Human Resources office or plan administrator.

The Affordable Care Act

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan does provide minimum essential coverage.

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Additional Required Notices that will be provided Separately:

- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC) – ACA Requirement

Note: the Medicare D Notice of Creditable Coverage was previously distributed prior to 10/15/24

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, or from an out-of-network air ambulance service, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This
includes services you may get after you're in stable condition, unless you give written consent and give up
your protections not to be balanced billed for these post-stabilization services.

For information about *state*-enacted balance billing protections that might be applicable to you, see the last page of this notice.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

For information about *state*-enacted balance billing protections that might be applicable to you, see the last page of this notice.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:

    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).

    - Cover emergency services by out-of-network providers.

    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the U.S. Department of Labor's Employee Benefit Security Administration at 1-866-444-3272 or the Health and Human Services Administration at: 1- 800-985-3059.

Visit here for more information about your rights under federal law.

State-enacted balance billing protections that might be applicable to you:

For information about additional, state-enacted surprise billing protections that might be applicable to you, see one or more of the following links for the state in which you live or work. Please note that whether you have protections under state law will depend on whether the state has enacted such protections and the scope of those protections and may also depend on whether your group health insurance benefits are provided under an insured plan, a self-insured plan, or a self-insured plan that has opted into relevant state-enacted protections.

Some of the links below are to a state's general department of insurance website because the state did not have a webpage devoted to surprise billing information at the time this notice was prepared:

Arizona:
See here and here for information about potential surprise billing and other protections under Arizona law, or contact the Arizona Department of Insurance and Financial Institutions at (602) 364-3100. .

California:
See here for information about potential surprise billing and other protections under California law. In California, if you do not agree with your health plan's response or they take more than 30 days to fix the problem, you can file a complaint with the Department of Managed Health Care, the state regulator of health plans. You can file a complaint by visiting www.HealthHelp.ca.gov or by calling 1-888-466-2219.

Colorado:
See here for information about potential surprise billing and other protections under Colorado law. In Colorado, if you believe you've been wrongly billed you may also call the Colorado Assistance Program at 1-303-839-1261 or visit the Colorado Consumer Health Initiative website at www.cohealthinitiative.org.

Connecticut:
See here for information about potential surprise billing and other protections under Connecticut law, and here for information from Connecticut regarding federal protections. In Connecticut, if you believe you've been wrongly billed you may also call the Connecticut Insurance Department at (800) 203-3447.

Delaware:
See here for information about potential surprise billing protections under Delaware law, and here for information from Delaware regarding federal protections. In Delaware, if you believe you have been wrongly billed, you may also call the Delaware Department of Insurance at (302) 259-7552.

Florida:
See here for information about potential surprise billing protections under Florida law. In Florida, if you believe you've been wrongly billed you may contact the Office of Insurance Regulation.

Georgia:
See here for information about potential surprise billing protections under Georgia law. In Georgia, if you believe you've been wrongly billed you may also contact the Office of Commissioner of Insurance at (800) 656-2298 or file a complaint here.

Illinois:
See here for information about potential surprise billing protections under Illinois law, and see here for information from Illinois regarding federal protections. In Illinois, if you believe you have been wrongly billed you may also contact the Illinois Department of Insurance at 866-445-5364.

Indiana:
See here for information about potential surprise billing protections under Indiana law. In Indiana, you may also contact the Indiana Department of Insurance here.

Iowa:
See here for information about potential surprise billing protections under Iowa law, and here for information from Iowa regarding federal protections. You may also contact the Iowa Division of Insurance at 515-654-6600.

Maine:
See here for the Maine law regarding surprise billing. You may also file a complaint with the Maine Bureau of Insurance at 800-300-5000 or 207-624-8475, or here.

Maryland:
See here for information about potential surprise billing protections under Maryland law, and here for information from Maryland regarding federal protections. If you have questions, concerns or wish to file a complaint, the Maryland Insurance Administration can be reached at 1-800-492-6116, or you can file a complaint online here.

Massachusetts:
See here for information about potential surprise billing and other protections under Massachusetts law. You may also contact the Massachusetts Health Policy Commission at (617) 979-1400.

Minnesota:
See here for information about potential surprise billing and other protections under Minnesota law, and here for information from Minnesota regarding federal protections. You may also contact the Minnesota Department of Health at 1-800-657-3916.

Mississippi:
See here and here for information about potential surprise billing and other protections under Mississippi law. You may also call the Mississippi Insurance Department at 1-800-562-2957.

Missouri:
See here for information about potential surprise billing and other protections under Missouri law. You may also contact the Missouri Department of Commerce and Insurance at 573-751-4126.

Michigan:
See here for information about potential surprise billing and other protections under Michigan law. You may also contact the Michigan Office of Insurance and Financial Services by calling the Office Monday through Friday 8 a.m. to 5 p.m. at 877-999-6442 or filing a complaint here.

Nebraska:
See here for information about potential surprise billing and other protections under Nebraska law. You may also contact the Nebraska Department of Insurance at 1-877-564-7323. Additional information is available here.

Nevada:
See here for information about potential surprise billing and other protections under Nevada law. You may also contact the Nevada Division of Insurance at (888)-872-3234.

New Hampshire:
See here for information about potential surprise billing and other protections under New Hampshire law. You may also contact the New Hampshire Insurance Department at that same site.

New Jersey:
See here for information about potential surprise billing and other protections under New Jersey law. You may also contact the New Jersey Department of Banking and Insurance by calling the Department at 609 - 292-7272.

New Mexico:
See here for information about potential surprise billing and other protections under New Mexico law. You may also contact the New Mexico Superintendent of Insurance by calling 855-427-5674 or filing a complaint here.

New York:
See here for information about potential surprise billing and other protections under New York law. You may also contact the New York Department of Financial Services by calling the Department at (800) 342 - 3736, or you may file a complaint here.

North Carolina:
See here for information about potential surprise billing and other protections under North Carolina law, and here for general information regarding health insurance protections. You may also contact the North Carolina Department of Insurance at (855)-408-1212.

Ohio:
See here for information about potential surprise billing and other protections under Ohio law. In Ohio, if you have surprise billing questions or concerns, you may also contact the Department of Insurance at 1- 800-686-1526, here and here.

Oregon:
See here for information about potential surprise billing and other protections under Oregon law. In Oregon, you may also contact Oregon's Division of Financial Regulation to speak with a consumer advocate or file a complaint in any of the following ways:

- Phone: 888-877-4894 (toll-free)
- Email: DFR.InsuranceHelp@dcbs.oregon.gov
- Website: File a complaint.

Pennsylvania:
See here for information about potential surprise billing and other protections under Pennsylvania law, and here for information from Pennsylvania about federal protections. You may also contact the Pennsylvania Insurance Department at 1-877-881-6388 or TTY/TDD at 717-783-3898.

Rhode Island:
See here for information about potential surprise billing and other protections under Rhode Island law, and here for general information about health insurance protections in the state. You may also contact the Insurance Division of the Rhode Island Department of Business Regulation at (401) 462-9520.

Texas:
See here for information about potential surprise billing and other protections under Texas law, and here for information regarding health care providers' obligations to comply with Texas requirements. You may also contact the Texas Department of Insurance at this site or by calling 800-252-3439.

Vermont:
See here for the Vermont law supplying balance billing protection, and here for general information about potential surprise billing and other protections under Vermont law. You may also contact the Vermont Department of Financial Regulation at 833-DFR-HOTLINE.

Virginia:
See here for information about potential surprise billing and other protections under Virginia law. Consumers covered under (i) a fully-insured policy issued in Virginia, (ii) the Virginia state employee health benefit plan, or (iii) a self-funded group that opted-in to the Virginia protections are also protected

from balance billing under Virginia law. You may also contact the Virginia State Corporation Commission Bureau of Insurance here or by calling 1-877-310-6560.

Washington:
If you believe you've been wrongly billed, you may file a complaint with the federal government at https://www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059; and/or file a complaint with the Washington State Office of the Insurance Commissioner at their website or by calling 1-800-562- 6900. Visit https://www.cms.gov/nosurprises for more information about your rights under federal law. Visit the Office of the Insurance Commissioner Balance Billing Protection Act website for more information about your rights under Washington state law.

West Virginia:
See here for information about potential surprise billing and other protections under West Virginia law, and here for information from West Virginia regarding federal protections. You may also contact the West Virginia Offices of the Insurance Commissioner at 1-888-TRY-WVIC (1-888-879-9842).