Benefit Enrollment Guide

2024

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 19-21 for more details.

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A Message from HR at the City of Palmer

At City of Palmer we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Human Resources, City of Palmer

Eligibility

Eligible Employees:

You may enroll in the City of Palmer Employee Benefits Program if you are a Full-Time employee working thirty (30) or more hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

The effective date for your benefits is January 1, 2024. Newly hired employees and dependents will be effective in City of Palmer's benefits programs on the 1st of the month following date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

If you do not make your 2024 benefit elections, you will automatically be defaulted to your prior year elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 60 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provide/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 800-508-4722.

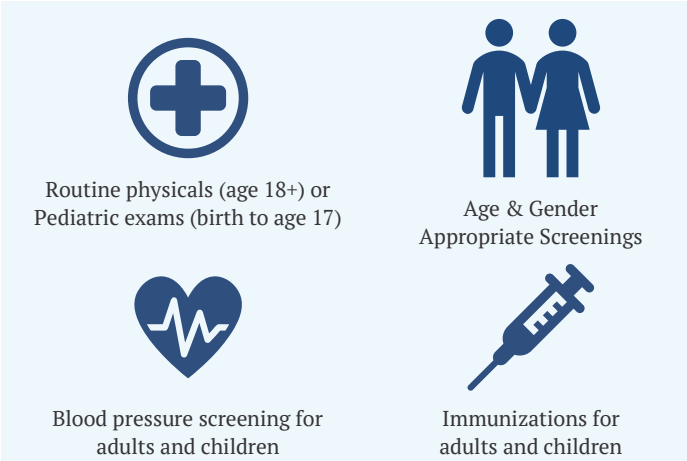
- Visit www.premera.com, select Find a Doctor then Employer-based plans.
- Choose "Sign in to search your provider" if you are already enrolled.
- To continue as a guest, select "Browse all doctors and specialists" then choose AK Heritage to view providers in your plan's network.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit

www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:



Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access the Premera portal at www.premera.com.
Once you are registered your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for Premera.

What Are My Options For Care?

You have many options for how and where you can receive care through your Premera medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
NurseLine 	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • **Available 24/7/365 days a year at NO COST**	• Answer general questions like "how long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment, e.g. ER or primary care doctor
Telemedicine / Virtual Visits 	• Convenient, low cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday (check with your provider for actual office hours).**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

NurseLine

800-676-1411

Virtual Visits

Doctor on Demand:
www.doctorondemand.com
Or access on the Doctor on Demand app

Find A Doctor / Facility

www.premera.com

Medical Insurance

Medical Benefits

City of Palmer will continue to offer medical coverage through Premera Blue Cross. The charts below are a brief outline of what is offered. Please refer to the benefit summary for additional plan details.

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an in-network PPO provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider. To find a provider, visit www.premera.com.

	Premera Blue Cross Blue Shield of Alaska Medical PPO 4020053	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance	Plan pays: 80% You pay: 20%	Plan pays: 60% You pay: 40%
Maximum Out-of-Pocket*		
Individual	$4,500	$45,000
Family	$9,000	$90,000
Physician Office Visit		
Primary Care	$25 copay (dw)	60% after deductible
Specialty Care	$60 copay (dw)	60% after deductible
Preventive Care		
Adult Periodic Exams & Well-Child Care	100% (dw)	60% after deductible
Diagnostic Services		
X-ray and Lab Tests	80% after deductible	60% after deductible
Complex Radiology	80% after deductible	60% after deductible
Urgent Care Facility	$40 copay (dw)	60% coinsurance after Deductible
Emergency Room Facility Charges	$100 copay then 80% after deductible	
Inpatient Facility Charges	80% after deductible	60% after deductible
Outpatient Facility and Surgical Charges	80% after deductible	60% after deductible
Mental Health		
Inpatient	80% after deductible	60% after deductible
Outpatient	$25 copay (dw)	60% after deductible
Substance Abuse		
Inpatient	80% after deductible	60% after deductible
Outpatient	$25 copay (dw)	60% after deductible

Pharmacy Benefits

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which "tier" category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at www.premera.com.

If you have a Maintenance Drug, one you take for longer than 90 days, take advantage of the Mail Order Programs with your medical plan. See your packet or go online for details.

	Premera Blue Cross Blue Shield of Alaska Premera Preferred Choice Essentials – E4 Essentials 4020053	
	In-Network Benefits	**Out-of-Network Benefits**
Retail Pharmacy (30 Day Supply) *		
Preferred Generic (Tier 1)	$15(dw)	$15 (dw)
Preferred Brand (Tier 2)	$30 (dw)	$30 (dw)
Preferred Specialty (Tier 3)	$50 (dw)	Not Covered
Non-preferred All Drugs (Tier 4)	You pay 30% (dw)	You pay 30% (dw)
Mail Order Pharmacy (90 Day Supply)		
Preferred Generic (Tier 1)	$37.50 (dw)	N/A
Preferred Brand (Tier 2)	$75 (dw)	N/A
Preferred Specialty (Tier 3)	$50 (dw)	N/A
Non-preferred All Drugs (Tier 4)	You pay 30% (dw)	N/A

* *90-day supply available at retail pharmacies. 1 copay per 30 days applies.*
dw=Deductible Waived

Dental Insurance

Dental Benefits

Benefits eligible employees and their dependents may enroll in the dental benefits through Premera BCBS of Alaska. Although you can go to any dentist you wish, your plan year maximum will stretch farther if you go to an In-Network provider who offers discounts on their usual fees. To find a provider visit www.premera.com. Please refer to the summary plan description for complete plan details

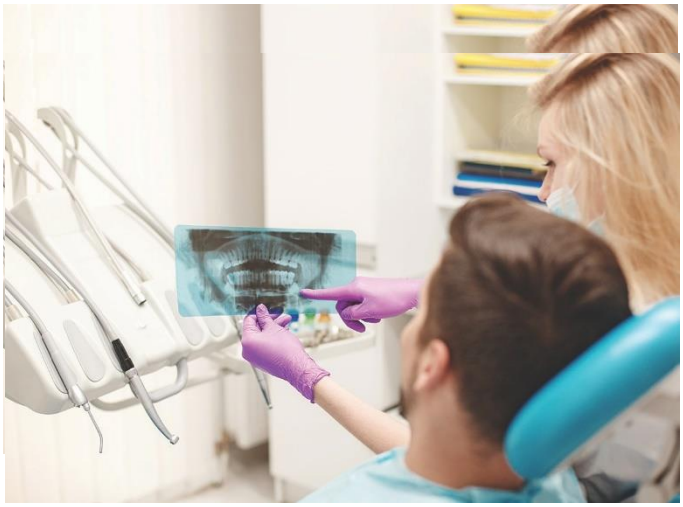
	Premera Blue Cross Dental PPO 4020053	
	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive Care?	Yes	Yes
Calendar Year Maximum		
Per Person / Family	$2,000*	$2,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia – Adutls & Children (up to age 26)		
Benefit Percentage	100%	100%
Lifetime Maximum	$1,500	$1,500

VOLUNTARY PRE-AUTHORIZATION

In the event you need to have dental work estimated to cost $300 or more, we recommend you have your dentist submit the expected charges to Premera BCBS of Alaska for preauthorization.

Premera BCBS of Alaska will review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues.

** Preventive care services do not apply to or reduce the annual maximum benefit*

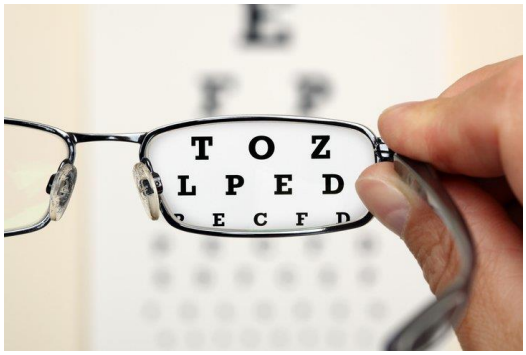


Vision Insurance

The new vision carrier will be Vision Service Plan (VSP). They are the largest vision provider in the nation. The vision plan provides coverage for exams, contacts, and vision hardware (lenses and frames); subject to limitations.

You will receive the richest benefits by seeking care from a provider who is in VSP's "Choice Network".

You will also continue to have the vision plan through Premera.



	Vision Service Plan Choice Network
Copays	
WellVision Exam	$10 copay Once every calendar year
Materials	$25 copay
Contact Lense Fitting & Evaluation	Up to $60 copay
Vision Materials	
Lenses	Benefit varies by type of lens. Covered once every calendar year
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level.	Elective contacts covered 100% $180, once every calendar year
Frames	Covered at 100% up to $180 + 20% off amount over allowance. Once every other calendar year

	Premera Blue Cross Blue Shield of Alaska Vision 4020053
Copays	
Routine Exam - Adults	90% , Deductible Waived; once every calendar year
Routine Exam – Pediatrics (Dependents under the age of 19)	$25 copay
Materials	Covered in full
Vision Materials	
Glasses Hardware – Adult	Frames: $90 maximum Lenses: $350 maximum combined with examd and hardware Covered every other calendar year
Glasses Hardware – Pediatrics	One pair of glasses (Frames & lenses)
Contacts (In lieu of frames) – Adult	$170 maximum; once every calendar year
Contacts (In lieu of frames) – Pediatrics	Will receive a 12-month supply Covered once every calendar year

Life and Accidental Death & Dismemberment (AD&D) Insurance

Basic Life and AD&D Insurance

City of Palmer provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Please note as of January 1, 2024 your basic life policy will increase from $20,000 to $50,000.

MetLife Basic Life and AD&D KM05969328	
Employee	
Benefit Maximum	$50,000
Guaranteed Issue	$50,000
Additional Features	
Accidental Death & Dismemberment	100% of Basic Life Benefit

The above benefits will begin to decrease at age 65.

Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

MetLife Voluntary Life and AD&D KM05969328	
Employee	
Benefit Amount	$10,000 Increments
Benefit Maximum	Lesser of 5x Earnings or $500,000
Guaranteed Issue	$100,000
Spouse	
Benefit Amount	$5,000 Increments
Benefit Maximum	$100,000, not to exceed 50% of Employee's Optional Life Benefit amount
Guaranteed Issue	$25,000
Child(ren)	
Benefit Amount	Child under 15 Days: $100 Child 15 days to 6 months: $1,000 Child more than 6 months: $1,000, $2,000, $4,000, $5,000 or $10,000 options
Guaranteed Issue	$10,000

Short-Term Disability Insurance

One of the most important assets to most employees is the ability to earn an income. Disability insurance provides income protection in the event you become unable to work due to a non-work-related illness or injury. Please note that disability plans are subject to reduction if you receive disability payments from other sources, such as state or federal programs.

City of Palmer offers a short-term disability option through MetLife. Below is a summary of the benefits, please refer to the MetLife benefit summary for additional information.

MetLife Short-Term Disability KM05969328	
Benefit	
Who pays	This benefit is 100% employer paid
Elimination Period	Illness: 14 days Injury: 14 days
Benefit Percentage	60% of pre-disability earnings
Weekly Benefit Maximum	$1,500
Maximum Benefit Period	11 weeks

Health Reimbursement Arrangement (HRA)

The City of Palmer offers a Health Reimbursement Arrangement in conjunction with the Premera Blue Cross Blue Shield of Alaska Preferred Choice HP $1000 PPO plan. Each employee enrolled on the eligible medical has an account that will reimburse up to $2,000 per enrolled employee per year. The HRA amount will be prorated based on the date of hire.

What is an HRA?
A Health Reimbursement Arrangement (HRA) is a tax-advantaged account funded by your employer to help cover your healthcare costs. Only your employer can contribute to your HRA. You use this money to pay for any qualified health care expense incurred by you or your dependents.

Premera BCBS of Alaska will automatically deduct funds from your City of Palmer funded HRA account to pay for any eligible healthcare expenses which may include:

- Health plan deductibles, coinsurance, or copayments
- Vision care services
- Dental care services
- Hospital charges
- Laboratory fees
- Prescriptions

- Funds run according to the calendar year (January 1st – December 31st)
- Unused HRA dollars do not roll over from year to year

Select the image below to learn more about a Health Reimbursement Account.

What Your Benefits Will Cost

The City of Palmer asks employees to contribute a nominal amount to the insurance premium for their medical, dental, and vision benefits. Semi-monthly payroll deductions are shown here.

Employee Semi-Monthly Contributions (24 pay periods)	
Medical/Dental/Vision	
Employee	$0.00
Employee & Spouse/DP*	$98.45
Employee & Child(ren)	$86.49
Employee, Spouse/DP* & Child(ren)	$188.61

*DP = Domestic Partner

Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

City of Palmer is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

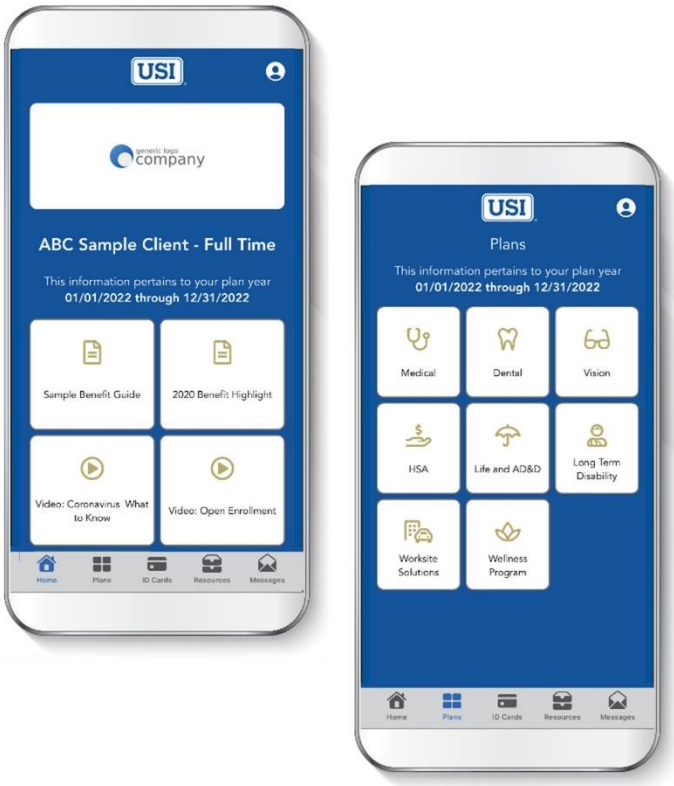
BRCWest@usi.com
Monday - Friday
Monday through Friday
8:00am to 5:00pm
Mountain, Pacific and Alaska Standard Time
866-468-7272
24 hours a day, 7 days a week

USI Mobile App – MyBenefits2GO

City of Palmer is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Search for "MyBenefits2GO" and download the free app in your smartphone. Add your name and email then enter the code **E48321** when prompted.

Highlights of the MyBenefits2GO App

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app



Carrier Contacts

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical & Dental PPO	Premera BCBS of Alaska	(800) 722-1471	www.premera.com
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com
Health Reimbursement Arrangement	Premera BCBS of Alaska	(800) 722-1471	www.premera.com
Life and AD&D/Voluntary Life and AD&D/Short Term Disability (STD)	MetLife Inc	(800) 638-5433	www.metlife.com

This brochure summarizes the benefit plans that are available to City of Palmer eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Deductible: $1,000 individual / $2,000 family
Coinsurance: 80% In-Network / 60% Participating / 40% Out-of-Network

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 60 days after your 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 60 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Kimberly Green
231 W. Evergreen Avenue
Palmer, Alaska 99645
907-761-1302
kgreen@palmerak.org

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from The City of Palmer 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 The City of Palmer 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. **The City of Palmer has determined that the prescription drug coverage offered by the Premera Blue Cross Blue Shield 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 The City of Palmer coverage will not be affected.

	Premera Blue Cross Blue Shield of Alaska Premera Preferred Choice Essentials – E4 Essentials 4020053	
	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply) *		
Preferred Generic (Tier 1)	$15(dw)	$15 (dw)
Preferred Brand (Tier 2)	$30 (dw)	$30 (dw)
Preferred Specialty (Tier 3)	$50 (dw)	Not Covered
Non-preferred All Drugs (Tier 4)	You pay 30% (dw)	You pay 30% (dw)
Mail Order Pharmacy (90 Day Supply)		
Preferred Generic (Tier 1)	$37.50 (dw)	N/A
Preferred Brand (Tier 2)	$75 (dw)	N/A
Preferred Specialty (Tier 3)	$50 (dw)	N/A
Non-preferred All Drugs (Tier 4)	You pay 30% (dw)	N/A

If you do decide to join a Medicare drug plan and drop your current The City of Palmer coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with The City of Palmer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The City of Palmer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2024
Name of Entity/Sender:	The City of Palmer
Contact--Position/Office:	Kimberly Green, Human Resources
Address:	231 W. Evergreen Avenue Palmer, AK 99645
Phone Number:	907-761-1302

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name City of Palmer		4. Employer Identification Number (EIN) 92-6000194
5. Employer address 231 W. Evergreen Street		6. Employer phone number 907-745-3271
7. City Palmer	8. State AK	9. ZIP code 99645
10. Who can we contact about employee health coverage at this job? Kimberly Green		
11. Phone number (if different from above) 907-761-1302	12. Email address kgreen@palmerak.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Full-time employees working thirty (30) hours per week.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Spouse, children, and domestic partner. "Spouse" means any person who is lawfully married to you under any state law. Specifically excluded from this definition is a spouse by reason of common law marriage, whether or not permitted in your state.
  - ☐ We do not offer coverage.

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

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly