

# 2025

## Benefit Summary

Continental Elementary  
School District #39



## Table of Contents

Benefits Overview .....	3
Medical Benefits.....	4
Health Savings Account.....	10
Voluntary Dental Benefits .....	12
Voluntary Vision Benefits .....	14
Life and Accidental Death & Dismemberment Insurance .....	15
Voluntary Life and AD&D Insurance .....	15
Voluntary Short Term Disability .....	15
Employee Assistance Program (EAP) .....	16
Telehealth .....	16
Accident .....	17
Hospital Indemnity .....	17
Critical Illness .....	18
Cancer .....	18
Contact Information .....	19
Employee Contributions for Benefits .....	20
Legal Notices .....	21

***IMPORTANT: Continental Elementary School District #39 offers a fixed indemnity policy; this is NOT health insurance. If you are considering purchasing this policy, please read the notice on page 18 in its entirety.***

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 pages 29-30 where Notice of Creditable Coverage begin for more details.

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

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## Benefits Overview

**Continental Elementary School District #39** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and Continental Elementary School District #39 provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

## Benefits Offered

- Medical
- Teladoc
- Health Savings Account
- Voluntary Dental
- Voluntary Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Employee Assistance Program (EAP)
- Accident
- Hospital Indemnity
- Critical Illness
- Cancer Care

## Eligibility

You and your dependents are eligible for Continental Elementary School District #39 benefits on the 1st of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Continental Elementary School District #39 eligible dependents.

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

## WHERE CAN I FIND FURTHER INFORMATION REGARDING MY BENEFITS?

Medical Summary of Benefits and Coverage (SBC), Benefit Summaries and details on all benefits in this guide may be found on the Continental benefit website at

<https://c2mb.ajg.com/cesd39/>

## Medical Benefits

Administered by Meritain Health

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

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Continental Elementary School District #39.

Continental Elementary School District #39 offers you a choice of two (2) POS and one (1) HDHP medical plan.

HDHP A Banner			
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$2,600 single / \$5,200 family	\$2,600 single / \$5,200 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$7,500 single / \$15,000 family	\$7,500 single / \$15,000 family	Unlimited
Coinsurance	20%	20%	50%
<b>Doctor's Office</b>			
Primary Care Office Visit	\$20 copay after deductible per visit	\$25 copay after deductible per visit	50% after deductible
Specialist Office Visit	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Preventive Care (screening, immunization)	Covered at 100%	Covered at 100%	Not covered
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible
<b>Prescription Drugs</b>			
Retail—Generic Drugs (30-day supply)	\$15 copay after deductible	\$15 copay after deductible	Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible (min \$55/ max \$100)	20% after deductible (min \$55/ max \$100)	Not covered
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible (min \$70/ max \$140)	40% after deductible (min \$70/ max \$140)	Not covered
Specialty Drugs	\$230 after deductible	\$230 after deductible	Not covered
Mail Order—Generic Drugs (90-day supply)	\$30 copay after deductible	\$30 copay after deductible	Not covered
Mail Order—Preferred Drugs (90-day supply)	20% after deductible (min \$80 max \$205)	20% after deductible (min \$80 max \$205)	Not covered
Mail Order—Non-Preferred Drugs (90-day supply)	40% after deductible (min \$110/ max \$225)	40% after deductible (min \$110/ max \$225)	Not covered

## Medical Benefits (Continued)

Administered by Meritain Health

	HDHP A Banner		
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
<b>Hospital Services</b>			
Emergency Room	20% after deductible	25% after deductible	20% after deductible
Inpatient	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible
<b>Mental Health Services</b>			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
<b>Substance Abuse Services</b>			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
<b>Other Services</b>			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/physician services	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Muscle Manipulation Services 20 visits per year	20% after deductible	20% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: 20% after deductible; Inpatient: \$230 copay after deductible per admission plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: \$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Skilled Nursing limited to 60 days per 12 month period	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible



## Medical Benefits (Continued)

Administered by Meritain Health

Value Silver Banner			
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$1,100 single / \$2,200 family	\$1,300 single / \$2,600 family	\$5,300 single / \$15,900 family
Annual Out-of-Pocket Maximum (includes deductible)	\$5,400 single / \$10,800 family	\$6,000 single / \$13,200 family	Unlimited
Coinsurance	25%	25%	50%
<b>Doctor's Office</b>			
Primary Care Office Visit	\$32 copay per visit	\$40 copay per visit	50% after deductible
Specialist Office Visit	\$70 copay per visit	\$80 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Covered at 100%	Covered at 100%	Not covered
Diagnostic Test (x-ray, blood work)	25% after deductible Freestanding facility: 25%	25% after deductible Freestanding facility: 25%	50% after deductible
Imaging (CT/PET scans, MRIs)	25% after deductible	25% after deductible	50% after deductible
<b>Prescription Drugs</b>			
Retail—Generic Drugs (30-day supply)	\$15 copay per prescription	\$15 copay per prescription	Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible per prescription (min \$55/ max \$100)	20% after deductible per prescription (min \$55/ max \$100)	Not covered
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible per prescription (min \$70/ max \$140)	40% after deductible per prescription (min \$70/ max \$140)	Not covered
Specialty Drugs	\$230 copay	\$230 copay	Not covered
Mail Order—Generic Drugs (90-day supply)	\$30 copay per prescription	\$30 copay per prescription	Not covered
Mail Order—Preferred Drugs (90-day supply)	20% after deductible per prescription (min \$80 max \$205)	20% after deductible per prescription (min \$80 max \$205)	Not covered
Mail Order—Non-Preferred Drugs (90-day supply)	40% after deductible per prescription (min \$110/ max \$255)	40% after deductible per prescription (min \$110/ max \$255)	Not covered
<b>Hospital Services</b>			
Emergency Room	25% after deductible	25% after deductible	25% after deductible
Inpatient	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	25% after deductible	25% after deductible	50% after deductible
Ambulance Service	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible

## Medical Benefits (Continued)

Administered by Meritain Health

	Value Silver Banner		
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
<b>Mental Health Services</b>			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient: 25% after deductible	Office visit: \$70 copay per visit; All other outpatient: 25% after deductible	50% after deductible
<b>Substance Abuse Services</b>			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient: 25% after deductible	Office visit: \$70 copay per visit; All other outpatient: 25% after deductible	50% after deductible
<b>Other Services</b>			
Maternity Services	25% after deductible	25% after deductible	50% after deductible
All other maternity hospital/physician services	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services 20 visits per year	\$62 copay	\$70 copay	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: 25% after deductible; Inpatient: \$280 copay per admission plus 25%	Outpatient: 25% after deductible; Inpatient: \$280 copay per admission plus 25%	50% after deductible
Skilled Nursing limited to 60 days per 12 month period	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible

## Medical Benefits (Continued)

Administered by Meritain Health

Classic Silver Banner			
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$700 single / \$1,400 family	\$800 single / \$1,600 family	\$1,700 single / \$5,100 family
Annual Out-of-Pocket Maximum (includes deductible)	\$4,200 single / \$8,400 family	\$5,100 single / \$10,200 family	Unlimited
Coinsurance	20%	20%	50%
<b>Doctor's Office</b>			
Primary Care Office Visit	\$24 copay	\$30 copay	50% after deductible
Specialist Office Visit	\$62 copay	\$70 copay	50% after deductible
Preventive Care (screening, immunization)	Covered at 100%	Covered at 100%	Not covered
Diagnostic Test (x-ray, blood work)	20% after deductible; Freestanding lab: \$54 copay	20% after deductible; Freestanding lab: \$60 copay	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible
<b>Prescription Drugs</b>			
Retail—Generic Drugs (30-day supply)	\$15 copay per prescription	\$15 copay per prescription	Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible per prescription (min \$55/ max \$100)	20% after deductible per prescription (min \$55/ max \$100)	Not covered
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible per prescription (min \$70/ max \$140)	40% after deductible per prescription (min \$70/ max \$140)	Not covered
Specialty Drugs	\$230 copay	\$230 copay	Not covered
Mail Order—Generic Drugs (90-day supply)	\$30 copay per prescription	\$30 copay per prescription	Not covered
Mail Order—Preferred Drugs (90-day supply)	20% after deductible per prescription (min \$80 max \$205)	20% after deductible per prescription (min \$80 max \$205)	Not covered
Mail Order—Non-Preferred Drugs (90-day supply)	40% after deductible per prescription (min \$110/ max \$255)	40% after deductible per prescription (min \$110/ max \$255)	Not covered
<b>Hospital Services</b>			
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible



## Medical Benefits (Continued)

Administered by Meritain Health

	Classic Silver Banner		
	Tier 1: Banner	Tier 2: Aetna POS	Out-of-Network
<b>Mental Health Services</b>			
Inpatient Services	Facility charge: \$230 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	20% after deductible	20% after deductible	50% after deductible
<b>Substance Abuse Services</b>			
Inpatient Services	Facility charge: \$230 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	20% after deductible	20% after deductible	50% after deductible
<b>Other Services</b>			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services 20 visits per year	\$54 copay	\$60 copay	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: \$54 copay; Inpatient: \$230 copay per admission plus 20%	Outpatient: \$60 copay; Inpatient: \$280 copay per admission plus 20%	Outpatient: 50% after deductible Inpatient: \$330 copay per admission plus 50%
Skilled Nursing limited to 60 days per 12 month period	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible

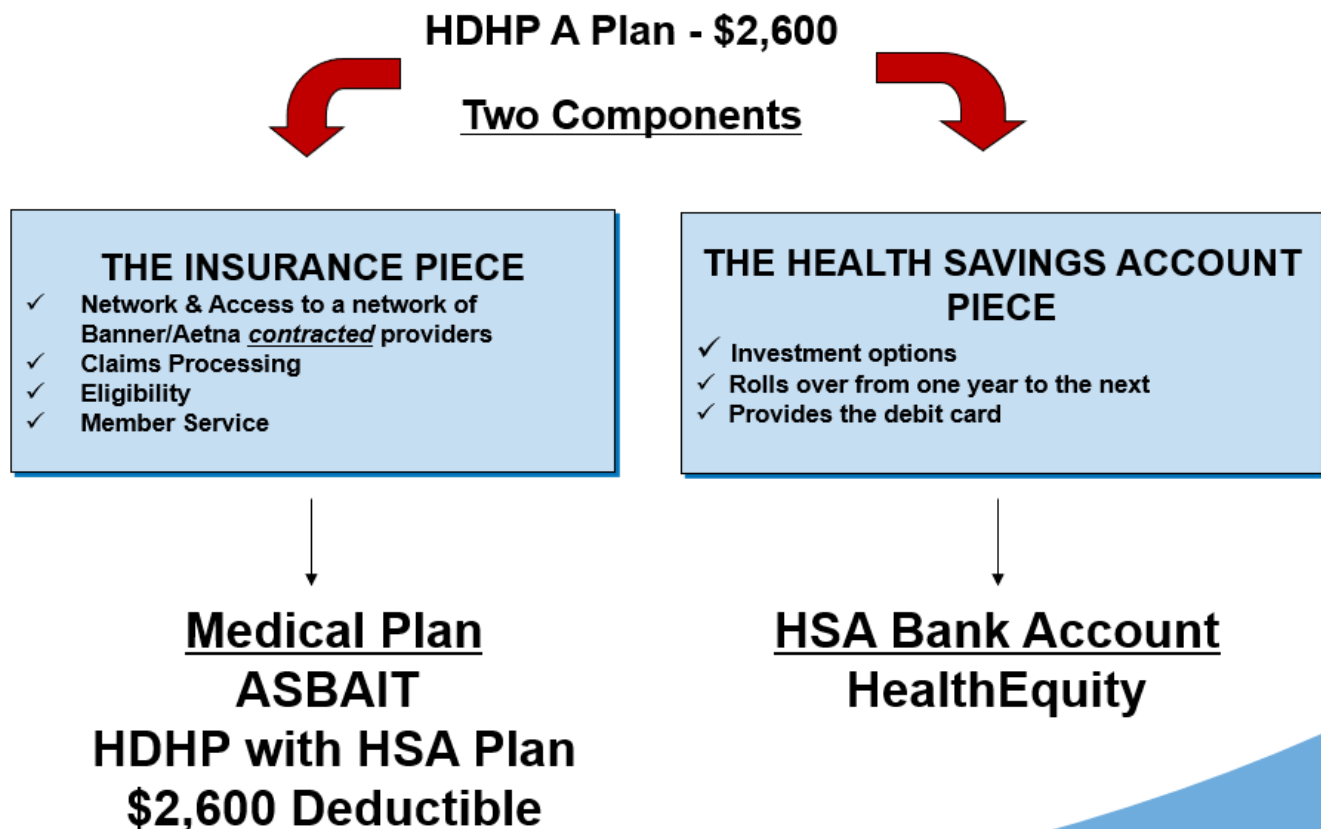
## What is an HDHP- HSA?

### What is an HDHP? (ASBAIT's Medical A Plan – HDHP)

- An HDHP, or High Deductible Health Plan, is a medical insurance plan that offers lower monthly premiums in exchange for a higher deductible and immediate cost sharing of medical expenses with the member.
- An IRS Qualified High Deductible Health Plan (HDHP) must meet the minimum requirements set by the IRS.

### What is an HSA?

- An HSA, or Health Savings Account – the operative word is “Savings”. The HSA is a bank account that allows the employee who is enrolled in a qualified HDHP to make tax deductible contributions to. The HSA balance can be used by the employee to pay for health care expenses, tax free, at a later date.
- An HSA must be in place prior to the date of service in order to pay for medical services incurred.
- How much can I contribute to the HSA? This is annually reviewed by the IRS. Employees can contribute up to the maximum less any contributions by others (e.g. an employer, family member, etc.)



## Why enroll in a HSA?

- Lower Medical Plan premiums offered as an affordable cost option to cover dependents.
- **You own** the savings account and the money stays with you, even if you leave employment; the HSA balance will rollover each year.
- IRS allowed Pre-Tax contributions via payroll deduction and tax free distributions for eligible expenses.
- Anyone can put money into your HSA. Only Account Holder and Employer receive tax deductions.
- HSA Bank Account is FDIC insured; has competitive interest rates (interest rate depends on your account balance); receive a free debit card and no fees for investment options.
- Long-term savings for healthcare expenses after retirement
- Once in a Lifetime IRA enrollment into an HSA. (please note; rollover will count against annual IRS contribution amount limits.)
- Use money in account to pay for all qualified medical, dental and vision expenses.  
([www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html))
- Use money in the savings account to pay for your dependents IRS eligible medical, dental and vision expenses; **EVEN IF THEY ARE NOT COVERED UNDER YOUR MEDICAL INSURANCE!**

## How much can I contribute to my HealthEquity HSA if I enroll in the HDHP “A” Plan?

### IRS Contribution Schedule for HSA Calendar Year 2025

#### Single Contribution

\$4,300 Single IRS Maximum

#### Family Contribution

\$8,550 Family IRS Maximum

*Employees enrolled as family in HDHP “A” Plan have the \$558 applied to Carrier Premiums to assist with lower payroll deductions.  
Continental School District will not contribute to a Family HSA.*

## Are you Age 55 but less than Medicare Eligibility Age?

IRS allows \$1,000 Catch Up each calendar year

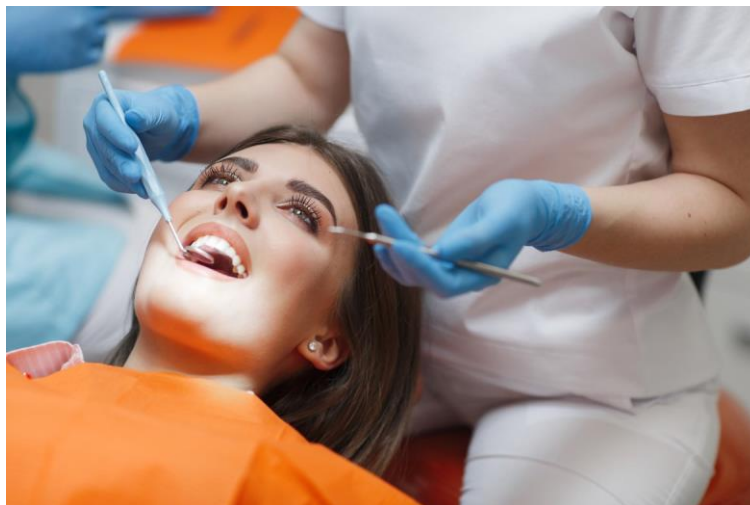
*IRS HSA rules: HSA bank account contributions are to be on CALENDAR / TAX YEAR.*

## Voluntary Dental Benefits

### Administered by Solstice

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Continental Elementary School District #39 dental benefit plan.

Services	High PPO In-Network and Out-of-Network	Low PPO In-Network and Out-of-Network
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$2,000	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia Services (child upto 19)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum



### How To Find a Dental Provider

Log on to [www.solsticebenefits.com](http://www.solsticebenefits.com) or call 877.760.2247 to find providers in the Solstice network.

## Voluntary Dental Benefits (Continued)

### Administered by Solstice

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Continental Elementary School District #39 dental benefit plan.

Services	Solstice 800B Dental Plan
Annual Deductible	N/A
Annual Benefit Maximum	N/A
Preventive Dental Services (cleanings, exams, x-rays)	Various copay applies
Basic Dental Services (fillings, root canal therapy, oral surgery)	Various copay applies
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Various copay applies
Orthodontia Services (adult & child)	N/A
Orthodontia Lifetime Max	N/A



### How To Find a Dental Provider

Log on to [www.solsticebenefits.com](http://www.solsticebenefits.com) or call **877.760.2447** to find providers in the Employers Dental Services network.

## Voluntary Vision Benefits

### Administered by Solstice

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

### Your coverage from a UnitedHealthcare Spectera Vision Network doctor

Service	In-Network (any UnitedHealthcare Spectera Vision Network provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Reimburse up to \$40
<b>Lenses — once every 12 months</b>		
Single Vision Lenses	\$10 copay	Reimburse up to \$40
Lined Bifocal Lenses	\$10 copay	Reimburse up to \$60
Lined Trifocal Lenses	\$10 copay	Reimburse up to \$80
Frames — once every 12 months	\$10 copay; \$130 allowance	Reimburse up to \$45
<b>Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames</b>		
Allowance	Disposable: Up to 4 boxes	Reimburse up to \$130
Medically necessary	\$10 Copay then Covered in full	Reimburse up to \$210
Separate Fitting Allowance	Formulary: \$10 copay then up to two follow-up visits are covered in full	N/A

Lasik Lifetime discount available



### How To Find a Vision Provider

Log on to [www.solsticebenefits.com](http://www.solsticebenefits.com) or call **877.760.2247** to find providers in the Solstice network.



## Life and AD&D Insurance

### Administered by Minnesota Life Insurance Company

Continental Elementary School District #39 provides basic life and accidental death and dismemberment (AD&D) insurance through Minnesota Life Insurance Company at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. Evidence of insurability is required for any late entrant

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	<b>Class I</b> - All full time employees excluding superintendents: \$25,000	<b>You:</b> Increments of \$10,000 up to \$300,000 <b>Your spouse:</b> Increments of \$5,000 up to \$150,000 not to exceed 100% of EE's amount <b>Your child(ren):</b> 14 days to 19 years, 25 years if full-time student: \$10,000 or \$15,000 not to exceed 100% of EE's amount <i>EOI required for late entrant</i>
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	<b>Class I</b> - All full time employees excluding superintendents: \$25,000	<b>You:</b> Increments of \$10,000 up to \$300,000 <b>Your spouse:</b> Increments of \$5,000 up to \$150,000 not to exceed 100% of EE's amount <b>Your child(ren):</b> 14 days to 19 years, 25 years if full-time student: \$10,000 or \$15,000 not to exceed 100% of EE's amount



### Keep Your Beneficiaries Up to Date

You must log on to [ochs@ochsinc.com](mailto:ochs@ochsinc.com) to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

## Disability Insurance

Continental Elementary School District #39 also provides disability insurance through Colonial Life. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
<b>Voluntary Short-term Disability</b>	You receive 60% of your income, monthly benefit amount for off-job accident and off-job sickness \$1,000 (choose a monthly benefit amount between \$400 and \$7,500*). Benefits begin after 14 calendar days of absence from work and continue for up to 3 months.	Employee

\*Subject to income requirements

## Employee Assistance Program (EAP)

### Administered by Alliance Work Partners

This benefit is available to all Continental employees and dependents, regardless of benefit eligibility or enrollment. Use of this benefit is 100% confidential and no cost. 1 to 5 counseling sessions per problem per year.

- Anger management
- Legal and financial issues
- Grief and bereavement
- Stress management
- Substance abuse
- Marital difficulties
- Communication skills
- Managing depression and anxiety
- Child and elder care resources
- Parenting support

All benefits can be  
accessed by calling:

toll free

**800-343-3822**

for our deaf and hearing impaired  
callers, please dial

**7 - 1 - 1**

teen line

**800-334-TEEN (8336)**

We are available to take your call  
24 hours a day, 7 days a week.



## Telehealth

### Administered by Teladoc

- This benefit is available to all Continental employees and dependents enrolled in the medical plan
- Employees enrolled in Value Silver and Classic Gold plans have no copay to use this service
- Employees enrolled in the HDHP A plan have a \$56 copay to use this service. The HSA may be used to pay for Teladoc services.

#### When you Call

**PPO Enrolled Employees \$0.00 Copay**

**HDHP "A" Plan with HSA enrolled**

**IRS required \$56.00 Fee**

#### *Examples of common calls to Telehealth.....*

- Sinus Infections
- Common Cold
- Pink Eye
- Flu
- Allergies
- Bronchitis
- Ear Infections
- Bladder Infections
- UTI
- Upper Respiratory Infection

**Included for any Employees Enrolled in Medical Plan**  
**Enrolled Employees will be required to set-up new profiles under Teladoc offered by**  
**carrier-ASBAIT/Meritain**



## **Worksite Benefits**

**Administered by Colonial Life**

### **Accident Insurance**

Accident insurance pays you in the event you are injured as a result of a covered accident.

- ⇒ Hospital Admission
- ⇒ Emergency Treatment
- ⇒ Lacerations
- ⇒ Wellness benefit of \$50
- ⇒ Fractures and Dislocations

Coverage is available for you, your spouse and dependent children.

### **Hospital Indemnity**

If you have a covered accident or illness that requires hospitalization, Colonial Hospital Indemnity

Insurance may be right for you. Sample Benefits:

- ⇒ Hospital Confinement
- ⇒ Hospital Admission
- ⇒ Hospital Intensive Care Unit
- ⇒ Wellness benefit of \$50

Coverage is available for you, your spouse and dependent children.



## **Critical Illness**

If you are diagnosed with a covered critical illness, Colonial Critical Illness Insurance may be right for you. Sample Benefits:

- ⇒ Specific Disease Rider
- ⇒ Heart Attack (Myocardial Infarction)
- ⇒ Stroke
- ⇒ Major Organ Failure
- ⇒ End Stage Kidney Disease
- ⇒ Coronary Artery Bypass Surgery
- ⇒ Health Screening Test
- ⇒ Childhood Condition Rider

## **Cancer**

If you are diagnosed with a covered Cancer, Colonial Cancer Insurance may be right for you. Sample Benefits:

- ⇒ Radiation Therapy / Chemotherapy
- ⇒ Surgical Benefits
- ⇒ Medical Imaging
- ⇒ Blood, Plasma and Platelets
- ⇒ Drugs and Medicine in Hospital
- ⇒ Bone Marrow / Stem Cell Transplant
- ⇒ Experimental Treatment

## Contact Information

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

Benefit	Administrator	Phone	Website/Email
Medical	Meritain Health	800.343.3140	<a href="http://www.aetna.com/docfind/custom/mymeritain">www.aetna.com/docfind/custom/mymeritain</a>
Voluntary Dental	Solstice	877.760.2247	<a href="http://www.solsticebenefits.com">www.solsticebenefits.com</a>
Voluntary Vision	Solstice	877.760.2247	<a href="http://www.solsticebenefits.com">www.solsticebenefits.com</a>
Health Savings Account	HealthEquity	866.346.5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Life and AD&D	Minnesota Life Insurance Company	800.392.7295	<a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>
Voluntary Life and AD&D	Minnesota Life Insurance Company	800.392.7295	<a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>
Voluntary Short Term Disability	Colonial Life	800.325.4368	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Employee Assistance Program (EAP)	Alliance Work Partners	800.343.3822	<a href="https://www.awpnow.com">https://www.awpnow.com</a>
Critical Illness, Cancer Care and Hospital Indemnity	Colonial Life	800.325.4368	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Human Resources/Payroll	Cristina Alonso	520.625.4581 ext 8	<a href="mailto:calonso@csd39.org">calonso@csd39.org</a>



## Employee Contributions for Benefits

Benefit Plan	Monthly
<b>Medical/Rx HDHP A Banner</b>	
Employee	\$0.00
Employee + Spouse	\$519.00
Employee + Child(ren)	\$394.00
Family	\$834.50
<b>Medical/Rx Value Silver Banner</b>	
Employee	\$0.00
Employee + One	\$581.0
Employee + Child(ren)	\$444.00
Family	\$934.00
<b>Medical/Rx Classic Silver Banner</b>	
Employee	\$73.00
Employee + One	\$724.00
Employee + Child(ren)	\$567.00
Family	\$1,119.00

<b>Voluntary Life and AD&amp;D Rates</b>		
Age Range (spouse based on EE's age)	Employee	Spouse
0 - 19	\$0.055	\$0.055
20 - 24	\$0.055	\$0.055
25 - 29	\$0.055	\$0.055
30 - 34	\$0.065	\$0.065
35 - 39	\$0.095	\$0.095
40 - 44	\$0.145	\$0.145
45 - 49	\$0.195	\$0.195
50 - 54	\$0.375	\$0.375
55 - 59	\$0.565	\$0.565
60 - 64	\$0.575	\$0.575
65 - 69	\$1.015	\$1.015
70 - 74	\$2.665	\$2.665
75 - 79	\$10.735	\$10.735
80+	\$10.735	\$10.735
Child Rate	\$0.200	
AD&D Rate (Employee / Spouse / Child)	Employee & Spouse: \$0.025	

Benefit Plan	Monthly
<b>Voluntary High Dental Rates</b>	
Employee	\$40.61
Employee + One	\$82.43
Employee + Child(ren)	\$110.30
Family	\$168.52
<b>Voluntary Low Dental Rates</b>	
Employee	\$37.42
Employee + One	\$75.96
Employee + Child(ren)	\$101.64
Family	\$155.29
<b>Voluntary Prepaid Dental Rates</b>	
Employee	\$7.50
Employee + One	\$14.23
Employee + Child(ren)	\$16.70
Family	\$23.50
<b>Voluntary Vision Rates</b>	
Employee	\$7.50
Employee + One	\$14.23
Employee + Child(ren)	\$16.70
Family	\$23.50



## Legal Notices

### Patient Protections Disclosure

The Continental Elementary School District #39 Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Meritain Health designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Meritain Health at 800.343.3140 or [www.aetna.com/docfind/custom/mymeritain](http://www.aetna.com/docfind/custom/mymeritain).

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

You do not need prior authorization from Meritain Health 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 the Meritain Health at 800.343.3140 or [www.aetna.com/docfind/custom/mymeritain](http://www.aetna.com/docfind/custom/mymeritain).

### Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HDHP A Banner

For Tier 1: Banner: (Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

For Tier 2: Aetna POS: (Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

Plan 2: Value Silver Banner

For Tier 1: Banner: (Individual: 25% coinsurance and \$1,100 deductible; Family: 25% coinsurance and \$2,200 deductible)

For Tier 2: Aetna POS: (Individual: 25% coinsurance and \$1,300 deductible; Family: 25% coinsurance and \$2,600 deductible)

Plan 3: Classic Silver Banner

For Tier 1: Banner: (Individual: 20% coinsurance and \$700 deductible; Family: 20% coinsurance and \$1,400 deductible)

For Tier 2: Aetna POS: (Individual: 20% coinsurance and \$800 deductible; Family: 20% coinsurance and \$1,600 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.625.4581 ext 8 or [calonso@csd39.org](mailto:calonso@csd39.org).



## **Newborns' and Mothers' 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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 March 17, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p><b>INDIANA – Medicaid</b></p> <p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p><b>MISSOURI – Medicaid</b></p> <p>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</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>

<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> Phone: 1-800-356-1561 CHIP Premium Assistance 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 (TTY: 711)	<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>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON – Medicaid and CHIP</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b> Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<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>TEXAS – Medicaid</b> Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	<b>UTAH – Medicaid and CHIP</b> Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT– Medicaid</b> Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	<b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	<b>WEST VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	<b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, 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

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

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



## **HIPAA Notice of Privacy Practices Reminder**

### **Protecting Your Health Information Privacy Rights**

Continental Elementary School District #39 is committed to the privacy of your health information. The administrators of the Continental Elementary School District #39 Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Cristina Alonso - Human Resources/Payroll at 520.625.4581 ext 8 or [calonso@csd39.org](mailto:calonso@csd39.org).

### **HIPAA Special Enrollment Rights**

#### **Continental Elementary School District #39 Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Continental Elementary School District #39 Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

#### **Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

### **Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance**

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Cristina Alonso - Human Resources/Payroll at 520.625.4581ext 8 or [calonso@csd39.org](mailto:calonso@csd39.org).

### **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## **Notice of Creditable Coverage**

### **Important Notice from Continental Elementary School District #39 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 Continental Elementary School District #39 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. Continental Elementary School District #39 has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individual's can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiary's leaving employer/ union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.



You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**If you do decide to enroll in a Medicare prescription drug plan and drop your group health plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.**

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Continental Elementary School District #39 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 Continental Elementary School District #39 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 about this 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).**

**Date:** July 01, 2025  
**Name of Entity/Sender:** Continental Elementary School District #39  
**Contact—Position/Office:** Cristina Alonso - Human Resources/Payroll  
**Office Address:** 1991 E Whitehouse Canyon Rd, PO BOX 547  
Green Valley, Arizona 85614-0522  
United States  
**Phone Number:** 520.625.4581ext8

### **The Genetic Information Nondiscrimination Act of 2008 (GINA)**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to any requests for medical information, if applicable. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.





*This benefit summary prepared by*



Insurance | Risk Management | Consulting

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