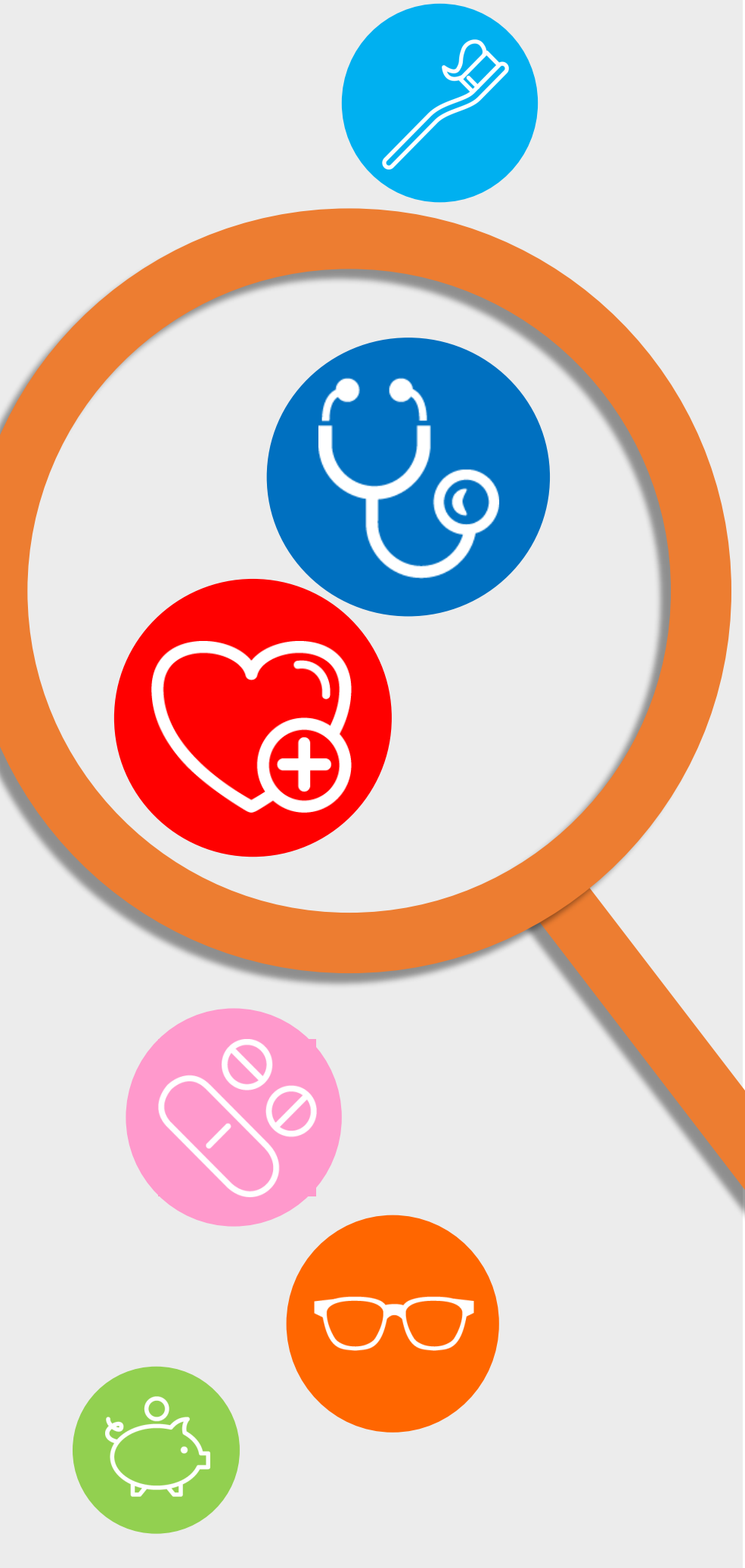

2024 Employee Benefit Guide

Open Enrollment:
November 21 - November 28, 2023

Community Action Wayne/Medina

Your 2024 Benefits Enrollment

Eligibility

Actively employed full-time employees, working at least 30 hours per week. Many of the plans offer coverage for eligible dependents, including a legal spouse, children up to age 26, and/or children physically/mentally unable to care for themselves.

Open Enrollment

Open Enrollment begins November 21st and runs through November 28th. Only those making changes to their benefits will need to complete enrollment in Paylocity.

Your benefits will become effective on January 1, 2024.

New Hire Enrollment

New Hires have 30 days from their date of hire to enroll in benefits. Benefits are effective on the first day of the month following the date of hire .

Mid-Year Changes

Once Open Enrollment ends, the only time you are allowed to make changes to your benefits elections in the middle of the year is if you experience a qualified mid- year change. Examples may include getting married or divorced, having a baby or adopting, or gaining or losing coverage.

You must notify Human Resources within 30 days of the mid-year event to be eligible to change your elections.

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 20-21 where Notice of Creditable Coverage begin for more details.

Important Contacts

Human Resources

Stacey Corbin, SHRM-SCP, PHR |scorbin@cawm.org

VP of Human Resources I 330.264.8677

Ann Martin HR Admin Assistant I hr@cawm.org

Medical

Medical Mutual | 800.332.0741
www.medmutual.com
Group #138712

Dental

Delta Dental | 800.524.0149
www.memberportal.com

Vision

Guardian | 800.627.4200
www.guardianlife.com
Group #00058408

Health Savings Account

The Commercial & Savings Bank
Kerrie Weaver I 330.264.9015

Life Insurance

Guardian | 800.627.4200
www.guardianlife.com
Group #00058408

Disability

Guardian | 800.627.4200
www.guardianlife.com
Group #00058408

Worksite

Guardian | 800.627.4200
www.guardianlife.com
Group #00058408

Flexible Spending

iSolved Benefit Services | 800.300.3838
www.isolvedbenefitservices.com/login
Group # CN204077

EAP

Guardian Work-life| 1 800 386 7055
worklife.uprisehealth.com
Access Code: worklife

PPO Medical Plans

MEDICAL MUTUAL

Medical insurance helps you pay for preventative care, routine health needs, prescriptions, and advance procedures by cost-sharing with your insurance provider.

In-Network Benefits	HSA 3500/20 PD Rx (r22)	3020-1500 (r22)
Deductible	Individual: $3,500 Family: $7,000	Individual: $1,500 Family: $3,000
Office Visits	Primary Care: Deductible, then 20% Specialist: Deductible, then 20% Urgent Care: Deductible, then 20%	Primary Care: $30 Specialist: $60 Urgent Care: $75
Procedures	Inpatient: Deductible, then 20% Outpatient: Deductible, then 20% Emergency Room: Deductible, then 20%	Inpatient: Deductible, then 20% Outpatient: Deductible, then 20% Emergency Room: $350, then 20%
Prescriptions	Generic: $0 after deductible Brand: $35 after deductible Non-Preferred: $70 after deductible Specialty: 25% up to $350*	Generic: $10 Brand: $40 Non-Preferred: $80 Specialty: 25% up to $350
Out-of-Pocket Maximum	Individual: $6,000 Family: $12,000	Individual: $5,000 Family: $10,000
Premiums (per pay)	Group A Group B Group C Group D	Group A Group B Group C Group D
Employee	$21.50 $30.46 $39.41 $48.37	$96.97 $120.06 $143.15 $166.23
Family	$146.63 $192.46 $238.28 $284.10	$391.62 $450.96 $510.29 $569.63

*Deductible Applies First

Frustrated with how much prescriptions cost?

Click the video to find out how you can save!

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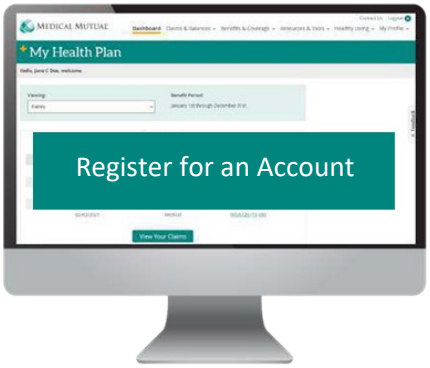
The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.

PPO Medical Plans

Member Tools

As an enrollee in the medical program, you receive a number of benefits from Medical Mutual of Ohio besides just insurance coverage. Medical Mutual cares about your health and well-being, and so they arm their customers with the tools and resources they need to help them live their best lives.

Through Medical Mutual of Ohio's secure online member portal, **My Health Plan**, you have access to the following



→ Explanation of Benefits (EOBs)
→ Claims information
→ Print a temporary ID card & order new one
→ Find a provider
→ Online Health Assessment
→ Treatment Cost Estimator (**MyCare Compare**)

→ Interactive Videos & Tools with SuperWell Health Resource Center
→ Weight Watchers Reimbursement Program
→ SuperWell QuitLine
→ Fitness Club Discounts
→ Disease & Maternity Management Program

DOWNLOAD THE MOBILE APP

Available on the App Store

GET IT ON Google play

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Wellness Benefits

Telemedicine

Your life is an adventure, and Telemedicine affords you the convenience of receiving medical care while on the go. Instead of spending your day and dollars at an Urgent Care facility, connect with a board-certified doctor over the phone or by video chat to receive immediate and cost-effective care wherever life's journey may take you.

Cleveland Clinic Express Care Online

Available on the App Store

GET IT ON Google play

Employee Assistance Program

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential and complimentary program designed to provide counseling, support, and resources for a variety of personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more!

Get the FREE support you need today! 800.386.7055

Mental Health Resources

Your mental health matters. Mental health has been as misunderstood topic, associated with centuries of stigma for those who experience mental health challenges and for those who seek support. Yet, mental health touches every aspect of our lives--including our lives at work.

We can all fight against the outdated stigma of mental health by speaking up at work or at home, seeking help for our own mental health, and by encouraging others to seek support as well. **Mental health conditions, such as depression or anxiety, are real, common and treatable. And recovery is possible.**

Is Therapy right for me?	**When should I talk to a therapist**	**What if I don't like my Therapist**	**Dial 988 if you need help NOW**

Take a free, anonymous online screening today if you have concerns about yourself or a loved one

The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.

Wellness Benefits

Community Action Wayne Medina's vision for a wellness program is to cultivate a workplace culture that educates, motivates and empowers productive, high morale employees. We believe a strong wellness program that improves and maintains employees' good health will assist us in achieving our mission.

Our comprehensive wellness program is available to all employees and consists of the following components:

- Employee Assistance Program (EAP)
- Preventive Health Check-ups
- **Know Your Numbers** Risk Assessment and Screenings
- Wellness Education
- Weight Management
- Exercise
- Financial Literacy
- And More!

Wellness Points Program:

By participating in and/or completing designated activities, employees can choose between:

1.Earn points and reduce their insurance premiums

2.Earn paid wellness days off

3.Earn contribution to Health Savings Account (H.S.A)

Wellness Program Contacts:

Lee Zerrer, RN, CLC
Phone: (330) 264-8677 ext. 1057
Email: lzerrer@cawm.org

Submit all wellness documents to:
Ann Martin
hr@cawm.org

Employee Wellbeing

If you think your physical health alone is related to your overall performance, think again, Total Wellbeing as a whole is comprised of 5 elements, and to build your overall wellbeing, you have to make sure to exercise all of them! Hover over the icons below to learn more about each element, and watch the video above to learn more!

The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.

Medical Supplemental

Even with medical insurance, you could still be subject to unexpected out-of-pocket expenses in the form of copays, deductible, and coinsurance. These supplemental voluntary benefits provide lump sum payments to be used towards your health care expenses, or however you see fit.

Accident Coverage

Accident insurance gives you protection for the unexpected. After an accident, you may have expenses you've never thought about. Can your finances handle them?

Group accident insurance

pays cash benefits that you can use any way you see fit.

Critical Illness

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

Hospital Indemnity

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility. Your benefit could be used to cover expenses such as deductibles and copays, childcare, travel, food and lodging, or meals.

Contact our **Dedicated Guardian Representative** today to learn more about your options!

Phone: 800.627.4200

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Dental Plans

DELTA DENTAL
Delta Dental of Ohio

Good dental hygiene has substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventative dental care.

	Dental PPO				
Deductible	Individual: $25 Family: $50				
Type A - Preventive Services	100%				
Type B - Basic Services	80%				
Type C - Major Services	80%				
Annual Plan Max	$2,000 per person				
Orthodontia Services	50% $1,000 per person lifetime maximum				
Premiums (per pay)		Group A	Group B	Group C	Group D
	Employee	$2.94	$3.68	$4.42	$5.15
	Family	$12.85	$14.86	$16.87	$18.88

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Vision Plans

Protect your sight and enjoy those sunsets even more with vision insurance. Receive both preventative and materials coverage!

	Vision Plan Guardian Network				
Vision Exams	$10				
Lenses	Single: $10 Bifocal: $10 Trifocal: $10 Lenticular: $10				
Frames	$130 Allowance, then 20% off				
Contact Lenses*	Elective: $130 Allowance, then 15% off Necessary: Covered in Full				
Frequency of Services	Once every 12 months				
Premiums (per pay)		Group A	Group B	Group C	Group D
	Employee	$0.57	$0.71	$0.85	$0.99
	Family	$2.49	$2.88	$3.26	$3.65

*contact lenses are provided in place of lens and frame benefits available herein.

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.

Savings Plans

Health Savings Account

Take advantage of triple tax savings through an HSA. Reduce your taxable income by contributing to this account, purchase qualified healthcare items free of tax, and earn tax-free interest on HSA investment dollars. Unused funds will roll over from year to year.

You must be enrolled in the company HDHP Medical Plan to be eligible for an HSA.

If you are age 55 or older, you can contribute an extra $1,000 each year through the HSA Catch-Up Contribution.

CAWM will contribute $100 per pay to an employee's HSA, for a total annual contribution of $2,600.

2024 HSA Max Contributions:

Individual: **$4,150**
Family: **$8,300**

Contact **The Commercial & Savings Bank** to establish your HSA account. Employees can choose to open an HSA account at any participating financial institution of their choice, including at their own personal bank.

Flexible Spending Account

isolved Benefit Services

Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA.
Determine your per paycheck contribution at the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends.

2024 FSA Max Contributions:

Healthcare FSA: **$3,200**
Limited Purpose FSA: **3,200**
Dependent Care FSA: **$5,000**

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Life Plans

Guardian

Basic Life and AD&D

You can't put a price tag on your life, but you can protect your loved ones with life insurance in the event of a premature loss.

Basic Life benefit:

1x your earnings plus $15,000 to a Maximum of $115,000

For Voluntary Life and AD&D: You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval.

Voluntary Life and AD&D

You can purchase additional life and AD&D insurance for your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

Voluntary Life Benefits:

Employees: Increments of $10,000 up to $500,000
Guarantee Issue of $200,000

Spouse: Up to 100% of employee benefit can be elected in $5,000 to $250,000

Guarantee Issue of $25,000

Child: $2,500

* Evidence of Insurability required if you are electing benefits outside of your initial enrollment period

Disability Plans

Accidents and illnesses happen and often when we least expect them. Ensure you are financially prepared to stay afloat in the midst of a medical condition with disability insurance.

Short-Term Disability - Employee Paid

- Guardian
- Elimination period 15 days
- Duration - 11 weeks
- Amount equal to 60% of your earnings to a maximum of $1,200 per week

Long-Term Disability - Employer Paid

Benefit	60% of your earnings to a maximum of $5,000 a month
Duration	Up to Social Security Normal Retirement Age
Elimination Period	90 Days

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403(b) Retirement Plan

The key to saving for retirement is to start early and stay committed. Making the choice to invest in yourself by contributing to your employer sponsored retirement plan is a decision that may have a big impact on your ability to retire confidently.

Contribution Options	Pre-Tax ROTH After-Tax
Eligibility	Eligible if hired to work over 20 hours per week. You may start participating on the first day of the month following date of hire. CAWM provides an automatic 3% contribution to all eligible employees.
Employer Match	100% up to 3% of pay
Employer Match Eligibility	Eligible for the employer's match after completing 4 months of service. The match will begin on the first of day of the following month.
Vesting	You are 100% vested in the contributions YOU make. You are vested in employer contributions based on years of vesting service in which you worked at least 1,000 hours. 50% vested after 1 year. 100% vested after 2 years.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Notices

Patient Protections Disclosure

The Community Action Wayne/Medina 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, Medical Mutual 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 Medical Mutual at 800.332.0741 or www.medmutual.com.

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

You do not need prior authorization from Medical Mutual 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 Medical Mutual at 800.332.0741 or www.medmutual.com.

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: HSA 3500/20 PD Rx (r22) (Individual: 20% coinsurance and $3,500 deductible; Family: 20% coinsurance and $7,000 deductible)

Plan 2: 3020-1500 (r22) (Individual: 20% coinsurance and $1,500 deductible; Family: 20% coinsurance and $3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 330.202.7843 or scorbin@cawm.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).

Notices

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/flmedicaidtplrecover y.com/hipp/index.html Phone: 1-877-357-3268

Notices

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: 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

Notices

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

Notices

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	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	**www.cms.hhs.gov**
1-866-444-EBSA (3272)	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)

Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Community Action Wayne/Medina is committed to the privacy of your health information. The administrators of the Community Action Wayne/Medina 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 Stacey Corbin - VP of Human Resources at 330.202.7843 or scorbin@cawm.org.

HIPAA Special Enrollment Rights

Community Action Wayne/Medina Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Community Action Wayne/Medina 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 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 Stacey Corbin - VP of Human Resources at 330.202.7843 or scorbin@cawm.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.

Notices

Notice of Creditable Coverage

Important Notice from Community Action Wayne/Medina

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 Community Action Wayne/Medina 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. **Community Action Wayne/Medina 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?

If you decide to join a Medicare drug plan, your current Community Action Wayne/Medina coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Community Action Wayne/Medina 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 Community Action Wayne/Medina 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.

Notices

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 Community Action Wayne/Medina 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 01, 2024**
Name of Entity/Sender:	**Community Action Wayne/Medina**
Contact—Position/Office:	**Stacey Corbin - VP of Human Resources**
Office Address:	**905 Pittsburg Ave** **Wooster, Ohio 44691-4296** **United States**
Phone Number:	**330.202.7843**

Notices

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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.[2]

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 **Stacey Corbin**.

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.

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.

[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.

Notices

3. Employer name **Community Action Wayne/Medina**		**4. Employer Identification Number (EIN)** **34-0979210**
5. Employer address **905 Pittsburg Ave**		**6. Employer phone number** **330.202.7843**
7. City **Wooster**	**8. State** **Ohio**	**9. ZIP code** **44691-4296**
10. Who can we contact about employee health coverage at this job? **Stacey Corbin**		
11. Phone number (if different from above)	**12. Email address**	

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

•As your employer, we offer a health plan to:

X All employees. Eligible employees are: 30+ hours or more

☐ Some employees. Eligible employees are:

•With respect to dependents:

X We do offer coverage. Eligible dependents are: legal spouse and dependent children

☐ We do not offer coverage.

X 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.

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

X **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? 1st of the Month following Date of Hire (mm/dd/yyyy) (Continue)

☐ **No**

Notices

14. Does the employer offer a health plan that meets the minimum value standard*?

X Yes (Go to question 15) ☐ No (STOP and return form to employee)

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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?

Group A 21.50 Group B 30.46 Group C 39.41 Group D 48.37

b. How often? X Weekly ☐Every 2 weeks ☐Twice a month ☐Monthly ☐Quarterly ☐ Yearly

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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.

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16. What change will the employer make for the new plan year? NO

17. ☐ 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 <<Select frequency of employee contribution.>>

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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This benefit summary prepared by

Insurance | Risk Management | Consulting