

CAMDENTON R-III SCHOOL DISTRICT
EMPLOYEE HEALTH CARE PLAN
("Plan")

Notice: Medicaid and the Children's Health Insurance Program ("CHIP")

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office at 573-751-2005 or <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>. Also you may dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. 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.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

Notice: Women's Health & Cancer Rights Act Of 1998

Our medical insurance plan provides coverage for mastectomies. Our plan also covers the procedures recommended by the attending physician that are necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses (implants, special bras, etc.) and physical complications of all stages of the mastectomy including lymphedemas. As required by the Women's Health & Cancer Rights Act of 1998, our medical insurance includes coverage for necessary surgery/reconstruction of the breast on which a mastectomy is not performed in order to produce a symmetrical appearance.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 573-346-9221.

Notice: Important Information 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 Camdenton R-III School District 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. Camdenton R-III School District has determined that the prescription drug coverage offered by the Camdenton R-III School District Employee Benefit 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 through 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 Camdenton R-III School District coverage will not be affected, and the Part D coverage will generally be secondary due to your active status under the Camdenton R-III School District plan.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Camdenton R-III School District coverage, be aware that you and your dependents will not be able to get this coverage back, subject to the eligibility provisions of the Camdenton R-III School District Employee Benefit Plan.

The following reflects the current benefits (available through the current plan year) and is subject to change.

PRESCRIPTION DRUG BENEFIT

Prescription Drug Deductible, per Covered Person per Calendar Year \$50

Pharmacy Option (Retail Prescriptions - 30-day supply)

Generic drugs Copay	\$10
Formulary Brand Name drugs Copay	\$30 then 20% of balance
Non-Formulary Brand Name drugs Copay.....	\$50 then 20% of balance
Specialty Drugs	10% of cost with a max of \$1500 per year

The following charges will be paid at the Non-Participating Provider benefit level:

- When a Participating Pharmacy is not utilized*;
- If you purchase Prescription Drugs at a Participating Pharmacy without using your Prescription Drug Card*; or
- This is your secondary plan

*If the Non-participating Pharmacy charges less than the Participating Pharmacy's price, the Covered Person can submit proof from Pharmacy or PBM and have the claim processed at the higher benefit.

A claim form must be submitted with the receipt (and EOB from primary plan if available). The claim form may be obtained from the HR office or at www.med-pay.com.

Maintenance Prescription Drug Option (90-day supply)

Generic drugs Copay.....	\$20
Formulary Brand Name drugs Copay	\$60
Non-Formulary Brand Name drugs Copay.....	\$100

Please refer to the plan document for other details on the plan.

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 Camdenon R-III School District 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 Camdenon R-III School District 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).

Name of Entity/Sender: Camdenon R-III School District
For more information about any of the above notices, contact Robin Darringer at 573-346-9221.
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