



2024-2025 Benefits Guide

Annual Insurance Enrollment



Table of Contents

3	Welcome	13	Health Alliance Member Offerings
4	Eligibility	18	Dental Benefits
5	Benefit Enrollment Instructions	19	Vision Benefits
7	Qualifying Life Event	20	Life Insurance
8	Medical Benefit	21	Income Protection Benefits
9	Prescription Benefit	25	Employee Assistance Program
10	Where to go for Care	27	Compliance Notices
11	Medtipster & GoodRx	36	Key Contacts
12	Preventive Care		

Important Notice

Vermilion County has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Vermilion County reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Vermilion County share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Vermilion County.



OPEN ENROLLMENT is from August 19th to August 23rd

Dear Valued County Employee,

Vermilion County is extremely proud to offer you and your family members a comprehensive and valuable benefits program as part of your total compensation package. The decisions you make as you choose benefits are important ones. This Benefit Guide will help you understand the benefit choices you can make before the enrollment deadline and be a great reference through the plan year. We want our team and their families to be healthy and happy. Whether that means keeping fit, eating right, knowing your health risks or changing lifestyle behaviors, your well-being is important to you, your family, your coworkers and Vermilion County.

Sincerely,

Nancy Boose

Meg Jacobson

IMPORTANT ENROLLMENT NEWS

Starting August 19th, you will have the opportunity to make changes to your health care coverage that will become effective October 1, 2024. **All benefit elections must be made by August 23rd.**

This year is a **PASSIVE ENROLLMENT**. That means that if you do not enroll or make changes during this time, your benefits will remain the same for the next plan year.

You must participate in Open Enrollment if you wish to do any or all the following:

- Update who is covered on any of your policies
- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Make changes to your income protection benefits



To be eligible for the County's insurance plan, you must work in a qualifying position, working at least 20 hours or more per week. Eligible dependents include:

- Legally married spouses
- Natural/adopted dependent children under 26 years old (regardless of student or marital status)
- Children undergoing legal guardianship
- Stepchildren under 26 years old (regardless of student or marital status)
- Children under a qualified medical child support order
- Disabled children 26 years or older

Enrolling in Vermilion County's Insurance

- If you need to enroll, make changes or cancel your insurance coverage log into Employee Navigator portal <https://employeenavigator.com> to update your elections.
- **This is a Passive Enrollment.** That means that if you do not enroll or make changes during this time, your benefits will remain the same for the next plan year. Log into Employee Navigator if you wish to make changes to your benefit elections.
- If after reading this guide you have enrollment questions, please contact Nancy Boose or Meg Jacobson by August 23rd.

Eligible Employees: If your position qualifies and you have been employed for 60 days or more, you are eligible to enroll or make changes during the annual enrollment period. If your position qualifies and you have not been employed for 60 days, you will qualify for benefits the first of the month following your 60 days, which is the initial enrollment period.

Disclaimer: A report of all changes, enrollments and cancellations will be generated for payroll, but it will be the employee's responsibility to ensure deductions are correct on paychecks within the first 30 days of deduction changes.

Helpful Benefits Terms

Before reviewing your benefit choices for this year, here's a refresher on some health insurance vocabulary that will help you better understand your options.

Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible.
Copayment (Copay)	A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
Deductible	The amount you pay in a plan year before your health plan begins to pay benefits.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Premium	The amount of money that's paid for your health insurance every month. Vermilion County pays a portion of this amount, and you pay the rest.



ENROLL IN YOUR BENEFITS: One step at a time with Employee Navigator

Step 1: Log In

Go to www.employeenavigator.com and click **Login**.

- Returning users: Log in with the username and password you selected. Click **Reset a forgotten password**.
- First time users: Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password. **Company Identifier: VermilionCounty**

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

\$138.46
Cost per pay period

Effective on 09/01/18
Employee

Compare Details **Select**

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$138.46	\$0.00

[View employee contribution summary](#)

Save & Continue
Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or need to make changes, please contact HR.

Enrollment Not Complete
Please complete the step and highlighted items from our enrollment progress menu.

Enrolled Plans

Mail to: [Click here](#)

Key Cover 501 (K0001) 1 (08/01/18) Long Plan Menu

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. FICA
- 7. FSA
- 8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete

You've only got one more item to complete.

- Enroll in your benefits
- 1. HR Tasks**

Start Tasks [Dismiss, complete later](#)

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

Qualifying Life Event



Vermilion County has a Section 125 plan in place which allows employees to enroll in Health, Dental and Vision on a pre-tax basis. To receive these tax advantages, Internal Revenue Service (IRS) rules apply. Employees may only make benefit elections to these plans once a year and your benefit choices are binding through September 30, 2025 unless you or your dependents experience a Qualifying Event. The following special circumstances are reasons you may change your benefits during the plan year.

Please refer to your plan documents for a complete and specific list of Qualifying Events.

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan; a significant change in your or your spouse's health coverage attributable to your spouse's employment; the reduction or increase in hours of employment or other changes in employment category for you or your spouse or dependent, including a change between part-time and full-time
- Gain or loss of other coverage for your spouse or adult child
- Death of a spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare or loss or gain of Medicaid during the year
- Receiving Qualified Medical Child Support Order (QMCSO)
- Significant Cost Increase/Decrease

Qualifying Life Events allow you to make changes to your coverage during the plan year in which they occur. For any allowable changes, you must notify your benefits representative within 30 calendar days of the event and provide proof of the Qualifying Life Event, or you must wait until the following open enrollment to make changes. An election change must be consistent with the change in status.

Changes that are requested due to a "change of mind" are not allowed until the next annual open enrollment period.

Documentation is required for all Qualifying Life Events

For birth, adoption or placement for adoption, the acquired dependent of a covered employee will be covered effective the day of the event, provided that enrollment for the dependent is submitted within 30 days from the date of the event and all applicable documents are submitted.





You have the opportunity to enroll in one medical plan through Health Alliance.



What is a POS Plan (Point of Service)?

Coverage is determined at the point of service, dependent on the provider chosen. When choosing one of our network providers, HMO-style benefits apply. When choosing a non-participating provider, indemnity benefits apply (except in emergencies, as defined by law).

Members select primary care providers (PCP) to coordinate all medical care.

For participating specialty care, PCPs give referrals to participating specialists. Specialty care received without a referral or from a non-participating provider is covered at the lower (indemnity) level.

Women can also choose Woman's Principal Healthcare Providers (specializing in obstetrics, gynecology, or family practice) in addition to their PCPs.

Medical Plans Summary

Key Features	Health Alliance – POS 2500B	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance (portion you pay)	20%	40%
Preventive Care	Covered 100%	40%, after deductible
Physician Services Office Visit / Specialist Visit	\$25 Copay / \$40 Copay	40%, after deductible
Urgent Care Copay	\$50 Copay	\$50 Copay
Emergency Room Copay (waived if admitted)	\$250 per visit	\$250 per visit
Inpatient Hospital (per admission)	20% after deductible	40%, after deductible

Contribution Summary

Benefit	Employee Single	Employee + 1	Employee + Family
Medical Plan	\$58.00 per pay	\$290.00 per pay	\$455.00 per pay



Medical plan options include prescription drug coverage from Health Alliance.

Key Features	Health Alliance – POS 2500B	
	In-Network	Out-of-Network
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Tier I Preferred Generic	\$0	50%, after deductible
Tier II Non-Preferred Generic	\$10	50%, after deductible
Tier III Preferred Brand	\$40	50%, after deductible
Tier IV Non-Preferred Brand	\$80	50%, after deductible
Tier V Preferred Specialty	30%	50%, after deductible
Tier VI Non-Preferred Specialty	50%	50%, after deductible
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)		
Tier I Preferred Generic	\$0.00	Not available
Tier II Non-Preferred Generic	\$27.50	Not available
Tier III Preferred Brand	\$110.00	Not available
Tier IV Non-Preferred Brand	\$220.00	Not available

Ways to Save on Your Prescriptions

There are many ways to save on prescriptions! Keep these in mind the next time your provider prescribes a new medication.

Order by Mail

For maintenance medications, you can save time and money by using a mail-order service. Instead of a 30-day supply, you can have a 90-day supply shipped directly to you.



Compare Pharmacies

Less expensive prescriptions may be offered by some pharmacies, such as those at warehouse clubs or discount stores. Call ahead to determine which pharmacy has the most competitive price.



Check Over-The-Counter Options





Over-the-counter drugs can be an inexpensive alternative for some common ailments. Ask your pharmacist if they have any suggestions for options that serve the same purpose for less.





With so many options for care, how do you know which is best for the flu, a broken bone or physical exam?

Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save on health care expenses and your time.

Location of Care	Cost	Common Conditions	Time Investment
Telemedicine 	\$	<ul style="list-style-type: none"> • Cough/cold/sinus/flu • Earaches/stomach pain/diarrhea • Rashes/allergies/insect bites • Urinary tract infections • Pink eye 	Appointments typically available within an hour No need to leave home
Primary Care Physician or Retail Clinic 	\$\$	<ul style="list-style-type: none"> • Checkups • Preventive services • Vaccinations and screenings • General health management • Sick visits for minor conditions 	Usually need appointment Short wait times
Urgent Care 	\$\$\$	<ul style="list-style-type: none"> • Severe Fever and flu symptoms • Sprains and strains • Stitches • Minor burns • Minor infections • Minor broken bones 	No appointment needed Typically have extended hours
Emergency Room 	\$\$\$\$	<ul style="list-style-type: none"> • Chest pain • Heavy bleeding • Large open wounds • Spinal or head injuries • Major broken bones • Severe cuts/burns • Numbness or weakness • Sudden vision change 	Open 24/7 No appointment needed Wait times can be up to several hours.



Medtipster

To begin saving on your out of pocket prescription costs visit www.medtipster.com today! Medtipster is dedicated to providing American consumers with thousands of dollars annually in healthcare and pharmaceutical savings by being the first to provide the most accurate and reliable healthcare data, pricing, and information to the public.

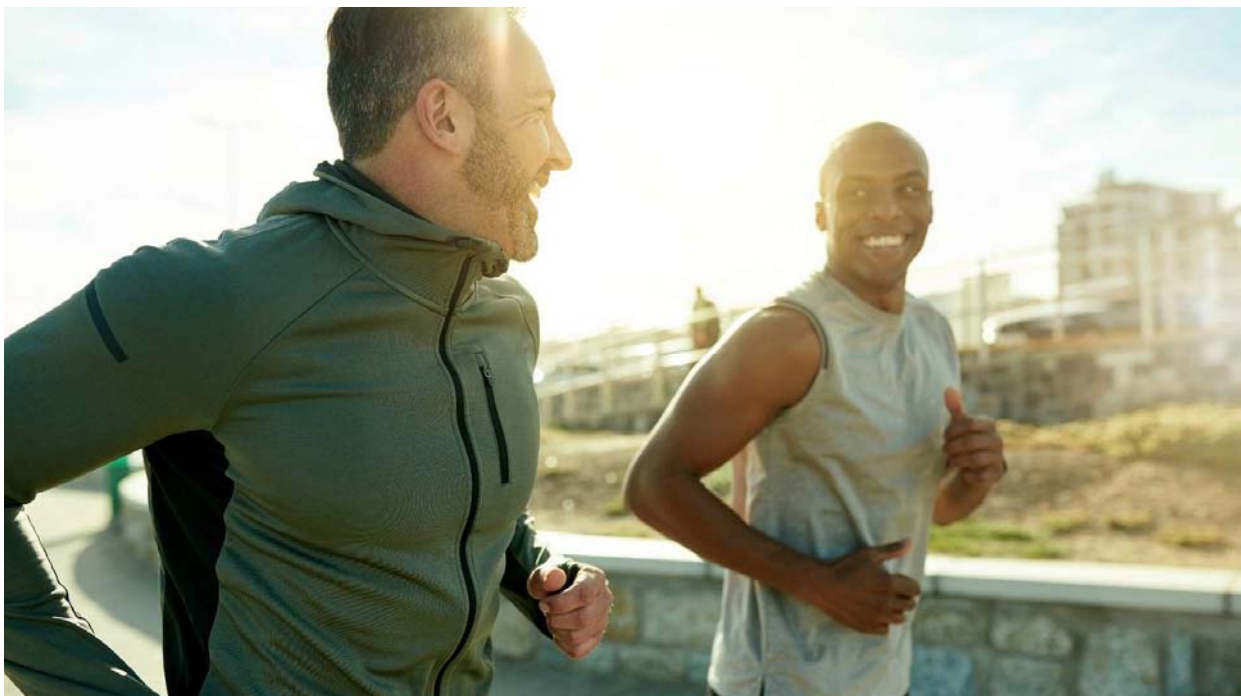
On medtipster.com, finding generic equivalents and therapeutic alternatives to prescription medications is as easy as 1-2-3. Using Medtipster's patented technology, visitors type in their drug name, dosage and zip code, and instantly find affordable equivalents to their prescriptions, including \$4 generic drugs and therapeutic alternatives, both in their zip codes and anywhere in the country.

GoodRx

Additional savings can also be found by visiting www.goodrx.com! GoodRx provides prices and discounts for thousands of prescription drugs at more than 70,000 local and mail-order pharmacies in the USA. Doctors, hospitals, clinics, and patients use us every day to save money.

Simply enter the name of any drug (generic or brand-name) into the form, give a location (city, state, or ZIP), and GoodRx will show you the lowest price they can find at both local and mail order pharmacies for a variety of dosages and quantities for your prescription.

In addition to prices, GoodRx also provides information about manufacturer discounts. These discounts are typically free, but may require registration. GoodRx also provides you with tips on how to save even more money by pill splitting or considering other medications for the same condition. Of course, only you and your doctor will know what works best for you!





Child Preventive Care

Screening Tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Vision screening when done as part of a preventive care visit
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)
- Measles, mumps and rubella (MMR)

Women's Preventive Care

- Well-woman visits
- Breast cancer, including exam, mammogram, and including genetic testing BRCA 1 and BRCA 2 when certain criteria are met
- Breast-feeding: Primary care intervention to promote breast-feeding support, supplies and counseling
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV
- Pelvic exam and Pap test, including screening for cervical cancer

Adult Preventive Care

Screening Tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening



Get to know Hally health.



When it comes to your health and wellness, your health plan has you covered.

We value giving you the best member experience with a variety of options to fit your busy lifestyle – and as a member of our health plan you get access to Hally® health, our comprehensive suite of health and wellness resources, programs, perks and offerings. Hally health is your ally and partner in helping you live your healthiest life.

Get secure, instant access to your coverage by logging in to your Hally account through the MyChart app or on hally.com. Manage your health plan and get the care you need anytime, anywhere. And find exercise classes, cooking demos, tasty recipes, wellness tips and more on hally.com and facebook.com/HallyHealth.

While you're logged in to hally.com, you can:

- Sign up for text alerts.
- Go paperless by opting in for secure e-Delivery of your plan materials.
- Know where to go for care depending on your symptoms.
- Pay your monthly premium using Premium Bill Pay and set up recurring payments.
- Compare costs with our Treatment Cost Calculator.**
- View past and current claims, authorizations and Explanations of Benefits.
- Find doctors, facilities and pharmacies covered by your plan.
- Check your spending.

**Not available for our Medicare members.

With your Hally account on the MyChart app, you're able to:

- Sign up for alerts.
- Go paperless by opting in for secure e-Delivery of your plan materials.
- Pay your monthly premium or set up recurring payments.
- View your claims, authorizations and Explanations of Benefits.
- Find doctors, healthcare facilities and pharmacies covered by your plan.

*Please review your plan documents or call the number on the back of your health plan ID card for specifics.

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Download the MyChart mobile app to access your Hally account information on the go. Visit the App Store® or Google Play®, or simply scan one of these QR codes.



Download on the App Store



GET IT ON Google Play





Treatment Cost Calculator

See options. Save money.

The power's in your hands. Our Treatment Cost Calculator helps you explore a wide range of healthcare options and potentially save money. With the Treatment Cost Calculator you can easily:

- Save money with more informed shopping.
- Review a helpful estimate of costs for specific treatments (based on your plan's coverage).

- Compare costs for in-network and out-of-network providers.
- Search by medical treatment, service or condition.
- Find doctors, hospitals and clinics in your area.

Log in to hally.com and choose "Learn More" under "Cost Calculator" at the top of the "At-A-Glance" page.

hally.com

Cost Calculator
Estimate & compare treatment costs

Learn More

hally Treatment Cost Calculator

Knee Replacement - Full

Your Out-of-Pocket Estimate: \$8,204

Based on average costs for in-network healthcare providers in Illinois (incl. Chicago), IL, Lewis.

Estimated Total Cost: \$28,079
 Deductible: \$2,000 - Primary Physician: \$1,411 - Office: \$1,300
 Hospital: \$24,844 - Primary Physician: \$1,411 - Office: \$1,300
 Out-of-Pocket Estimate: \$8,204
 Deductible: \$2,000 - Copay: \$5 - Co-insurance

You will save money...
Your cost for a generic tablet (not-changing to less effective go to all in-network providers...

Did you know?
You may have to pay the difference between the doctor's charges and what health insurance pays. Ask your doctor about this at your appointment.

Questions to ask your doctor...
What are the risks of having this surgery? What is the success rate for this surgery? How long will it take to recover from this surgery? How many surgeries like this have you done?

Remember to...
Look at both cost and quality when choosing a specialist and a facility. If you ever have had a good match, ask Customer Service at the number on the back of your ID card.

hally®

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Virtual Visits with Hally Health



Talk with a doctor or counselor anytime from home or on the go.

The Care You Want Anytime, Anywhere

With virtual visits, you can skip the waiting room and meet with a doctor for general or pediatric care by phone, secure video or the Hally™ app, 24/7.

- See board certified doctors and licensed counselors.
- Health details covered in the visit are kept private and safe.
- If prescriptions are needed, they're sent to the nearest in-network pharmacy.

Coverage

Some plans offer a set number of visits for \$0. Call the number on the back of your ID card to see what your plan offers.

Care for Many Everyday Problems

Get help with allergies, a cold, the flu, pink eye and more - any time, any day from anywhere with a phone or the internet.

On the Hally app

Log in, click on Get Care then choose Book a Virtual Visit.

On hally.com

Log in, click on Find Care then click on Get Started under the Virtual Visits section.

Talk with client support if you have any questions.



Get the Hally app for free!

hally.com/VirtualVisits
(888) 912-0904

App store is a service mark of Apple, Inc. registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

Yes. You can reverse type 2 diabetes.



In only one year, Virta patients see an average of¹:

63% medication reduction

1.3pt HbA1c reduction

12% weight loss

No matter the time of year, if you are part of an eligible plan,^{*} you can enroll in Virta. Virta is a research-backed treatment that can help you lose weight and reverse your type 2 diabetes.

The Virta difference

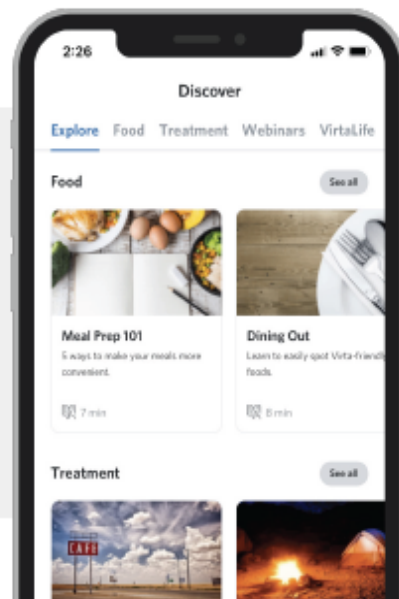
Unlike other diabetes treatments, Virta goes beyond just treating the symptoms of the disease. On Virta, you learn how to change how you eat so that your body burns fat for energy, instead of sugar/carbohydrates. This can help you naturally lower your blood sugar and reduce the need for diabetes medication. It also can help you lose weight and live a healthier life.

What's more? Hally health fully covers the cost of Virta.^{*}



Learn more:
info.virtahealth.com/hally

**Virta is available to members and eligible dependents between the ages of 18 and 79 who are enrolled in the health plan. This benefit is currently being offered to those with type 2 diabetes. There are some medical conditions that would exclude patients from the diabetes reversal program. Start the application process now to find out if you qualify. Participation in the program is not a guarantee that the member's diabetes will be reversed and that it requires active participation/adherence by the member.*



¹ Hallberg SJ, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. Diabetes Ther. 2018.



home **or** gym? we'll keep you active either way.



**2,500+ DIGITAL
WORKOUT VIDEOS**



**UNLIMITED
LIFESTYLE COACHING**



**11,000+ FITNESS CENTERS
AND STUDIOS**

Members can change anytime



**NO LONG-TERM
CONTRACT**

Try us out for free!

1. Enjoy **200 free digital workout videos** available to all eligible members, even before you enroll.
2. Join us for a variety of workout classes available anytime on YouTube and Facebook, designed for all levels!



Get Started: HealthAlliance.org/ActiveFitDirect

Over 2,500 digital workout videos including programs from:



Over 11,000 fitness centers and studios nationwide including:



*Plus applicable taxes.

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The County offers dental coverage through Sun Life. The dental plan is designed to keep you smiling year after year. Good dental health can have an impact on you as a whole and can be the first sign of a more serious health issue. Take advantage of our comprehensive plan option and keep up with your preventive dental care.

Dental Plans Summary

Key Features	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventive Services (no deductible) Oral Exam, Full Mouth X-rays, Bitewing X-rays, Cleanings	100%	100%
Basic Services Topical Fluoride Applications, Sealants, Space Maintainers, Amalgam and Composite Fillings	90%	80%
Major Services Crowns/Inlays/Onlays, Crowns Repairs, Root Canal, Periodontal Surgery, Periodontal Scaling & Root Planing, Periodontal Maintenance, Oral Surgery (Simple Extractions), Oral Surgery (Surgical Extractions), Bridges, Dentures, Emergency Palliative Treatment, General Anesthesia, Consultations, Harmful Habits Appliances	60%	50%
Annual Calendar Year Maximum	\$1,500	\$1,500

Semi-Monthly Contribution Summary

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental Plan	\$14.16	\$28.81	\$31.12	\$48.92



You and your dependents have access to vision coverage through Sun Life. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

Vision Plans Summary

Key Features	In-Network	Out-of-Network	Frequency
Exam	\$10 Copay	Up to \$45	Every 12 Months
Lenses Single Bifocal Trifocal Lenticular	\$25 Copay	Up to \$30 Up to \$50 Up to \$60 Up to \$100	Every 12 Months
Frames	\$130 Allowance after \$25 Copay	Up to \$70	Every 24 Months
Contact Lenses (instead of glasses)	Elective: \$130 Allowance Medically Necessary: Covered 100%	Elective: Up to \$105 Medically Necessary: Up to \$210	Every 12 Months

Semi-Monthly Contribution Summary

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Vision Plan	\$3.90	\$7.82	\$6.62	\$10.90





Basic Life and AD&D

The County provides you with Basic Life and AD&D insurance up to \$10,000, at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount. Benefit reduces by 35% at age 65, and to 50% of the original amount at age 70.

Voluntary Life and AD&D

You have the option to supplement your company-paid coverage by purchasing additional Life and AD&D insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members.

Coverage Amounts	Employee Age and Cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.35	0.35	0.42	0.55	0.65	0.90	1.30	2.30	3.40	6.50	13.15
\$20,000	0.69	0.69	0.84	1.09	1.29	1.79	2.59	4.59	6.79	12.99	26.29
\$30,000	1.04	1.04	1.26	1.64	1.94	2.69	3.89	6.89	10.19	19.49	39.44
\$40,000	1.38	1.38	1.68	2.18	2.58	3.58	5.18	9.18	13.58	25.98	52.58
\$50,000	1.73	1.73	2.10	2.73	3.23	4.48	6.48	11.48	16.98	32.48	65.73
\$60,000	2.07	2.07	2.52	3.27	3.87	5.37	7.77	13.77	20.37	38.97	78.87
\$70,000	2.42	2.42	2.94	3.82	4.52	6.27	9.07	16.07	23.77	45.47	92.02
\$80,000	2.76	2.76	3.36	4.36	5.16	7.16	10.36	18.36	27.16	51.96	105.16
\$90,000	3.11	3.11	3.78	4.91	5.81	8.06	11.66	20.66	30.56	58.46	118.31
\$100,000	3.45	3.45	4.20	5.45	6.45	8.95	12.95	22.95	33.95	64.95	131.45
\$110,000	3.80	3.80	4.62	6.00	7.10	9.85	14.25	25.25	37.35	71.45	144.60
\$120,000	4.14	4.14	5.04	6.54	7.74	10.74	15.54	27.54	40.74	77.94	157.74
\$130,000	4.49	4.49	5.46	7.09	8.39	11.64	16.84	29.84	44.14	84.44	170.89
\$140,000	4.83	4.83	5.88	7.63	9.03	12.53	18.13	32.13	47.53	90.93	184.03
\$150,000	5.18	5.18	6.30	8.18	9.68	13.43	19.43	34.43	50.93	97.43	197.18

Coverage Amounts	Spouse Age and Cost									
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.17	0.17	0.21	0.27	0.32	0.45	0.65	1.15	1.70	3.25
\$10,000	0.35	0.35	0.42	0.55	0.65	0.90	1.30	2.30	3.40	6.50
\$15,000	0.52	0.52	0.63	0.82	0.97	1.34	1.94	3.44	5.09	9.74
\$20,000	0.69	0.69	0.84	1.09	1.29	1.79	2.59	4.59	6.79	12.99
\$25,000	0.86	0.86	1.05	1.36	1.61	2.24	3.24	5.74	8.49	16.24
\$30,000	1.04	1.04	1.26	1.64	1.94	2.69	3.89	6.89	10.19	19.49
\$35,000	1.21	1.21	1.47	1.91	2.26	3.13	4.53	8.03	11.88	22.73
\$40,000	1.38	1.38	1.68	2.18	2.58	3.58	5.18	9.18	13.58	25.98
\$45,000	1.55	1.55	1.89	2.45	2.90	4.03	5.83	10.33	15.28	29.23
\$50,000	1.73	1.73	2.10	2.73	3.23	4.48	6.48	11.48	16.98	32.48
\$55,000	1.90	1.90	2.31	3.00	3.55	4.92	7.12	12.62	18.67	35.72
\$60,000	2.07	2.07	2.52	3.27	3.87	5.37	7.77	13.77	20.37	38.97
\$65,000	2.24	2.24	2.73	3.54	4.19	5.82	8.42	14.92	22.07	42.22
\$70,000	2.42	2.42	2.94	3.82	4.52	6.27	9.07	16.07	23.77	45.47
\$75,000	2.59	2.59	3.15	4.09	4.84	6.71	9.71	17.21	25.46	48.71
\$80,000	2.76	2.76	3.36	4.36	5.16	7.16	10.36	18.36	27.16	51.96
\$85,000	2.93	2.93	3.57	4.63	5.48	7.61	11.01	19.51	28.86	55.21
\$90,000	3.11	3.11	3.78	4.91	5.81	8.06	11.66	20.66	30.56	58.46
\$95,000	3.28	3.28	3.99	5.18	6.13	8.50	12.30	21.80	32.25	61.70
\$100,000	3.45	3.45	4.20	5.45	6.45	8.95	12.95	22.95	33.95	64.95

Child(ren) Cost	
Coverage Amounts	Cost Per Pay
\$1,000	0.15
\$2,000	0.29
\$4,000	0.58
\$5,000	0.73
\$10,000	1.46



Short-Term Disability

Short-Term Disability (STD) insurance through MetLife.

	Short-Term Disability Plan 1	Short-Term Disability Plan 2
Benefit Begins	For Injury: 14 days For Sickness (includes pregnancy): 14 days	For Injury: 7 days For Sickness (includes pregnancy): 7 days
Benefit Amount	\$50 - \$1,000 a week/month in \$25 increments	\$50 - \$1,000 a week/month in \$25 increments
Benefit Percentage	60% of weekly/monthly earnings	60% of weekly/monthly earnings

Semi-Monthly Contribution Summary

	<50	50-59	60+
Short-Term Disability Plan 1	\$0.32	\$0.45	\$0.66
Short-Term Disability Plan 2	\$0.43	\$0.61	\$0.82





Critical Illness

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as child care or mortgage payments.

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$5,000, \$10,000, \$15,000 or \$20,000	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.

Covered illnesses may include:

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	100% of face amount
Non-Invasive Cancer	25% of Initial Benefit	25% of face amount
Heart Attack	100% of Initial Benefit	100% of face amount
Stroke	100% of Initial Benefit	100% of face amount
Coronary Artery Bypass Graft	100% of Initial Benefit	100% of face amount
Kidney Failure	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable

*Please check benefit summary for complete list of Covered Conditions

Semi Monthly Premium for \$1,000 of Coverage

Employee Critical Illness - Choice 1 Non-tobacco rates. Age and cost - pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.33	1.43	1.68	2.18	2.93	3.95	5.55	7.13	8.40	10.78	14.43	20.33
\$10,000	2.65	2.85	3.35	4.35	5.85	7.90	11.10	14.25	16.80	21.55	28.85	40.65
\$15,000	3.98	4.28	5.03	6.53	8.78	11.85	16.65	21.38	25.20	32.33	43.28	60.98
\$20,000	5.30	5.70	6.70	8.70	11.70	15.80	22.20	28.50	33.60	43.10	57.70	81.30

Employee Critical Illness - Choice 1 Tobacco rates. Age and cost - pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.35	1.48	1.80	2.60	3.88	5.75	8.93	12.30	15.28	20.85	27.43	34.45
\$10,000	2.70	2.95	3.60	5.20	7.75	11.50	17.85	24.60	30.55	41.70	54.85	68.90
\$15,000	4.05	4.43	5.40	7.80	11.63	17.25	26.78	36.90	45.83	62.55	82.28	103.35
\$20,000	5.40	5.90	7.20	10.40	15.50	23.00	35.70	49.20	61.10	83.40	109.70	137.80

Spouse Critical Illness - Choice 1 Non-tobacco rates. Age and cost - pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.33	1.43	1.68	2.18	2.93	3.95	5.55	7.13	8.40	10.78	14.43	20.33
\$10,000	2.65	2.85	3.35	4.35	5.85	7.90	11.10	14.25	16.80	21.55	28.85	40.65
\$15,000	3.98	4.28	5.03	6.53	8.78	11.85	16.65	21.38	25.20	32.33	43.28	60.98
\$20,000	5.30	5.70	6.70	8.70	11.70	15.80	22.20	28.50	33.60	43.10	57.70	81.30

Spouse Critical Illness - Choice 1 Tobacco rates. Age and cost - pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.35	1.48	1.80	2.60	3.88	5.75	8.93	12.30	15.28	20.85	27.43	34.45
\$10,000	2.70	2.95	3.60	5.20	7.75	11.50	17.85	24.60	30.55	41.70	54.85	68.90
\$15,000	4.05	4.43	5.40	7.80	11.63	17.25	26.78	36.90	45.83	62.55	82.28	103.35
\$20,000	5.40	5.90	7.20	10.40	15.50	23.00	35.70	49.20	61.10	83.40	109.70	137.80

Child(ren) Critical Illness - Choice 1

Coverage Amounts	Cost- pay period (semi-monthly) premium
\$2,500	0.14
\$5,000	0.28
\$7,500	0.41
\$10,000	0.55



ACCIDENT PLAN

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

Benefit Type	Low Plan Only	High Plan
Injuries		
Fractures	\$200 – \$6,000	\$300 – \$7,500
Dislocations	\$100 – \$4,000	\$200 – \$8,000
Second- and Third- Degree Burns	\$200 – \$10,000	\$300 – \$15,000
Concussions	\$100	\$200
Cuts/Lacerations	\$20 – \$500	\$50 – \$400
Eye Injuries	\$200	\$300
Coma	\$5,000	\$10,000
Medical Services & Treatment		
Ambulance	\$300 – \$1000	\$400 – \$1,500
Emergency Room Admission	\$100	\$200
Non-Emergency Care	\$100	\$200
Physician Follow-Up	\$50	\$100
Therapy Services (including physical therapy)	\$25	\$50
Medical Testing Benefit	\$100	\$200
Medical Devices	\$200	\$400
Inpatient Surgery	\$250 – \$1,000	\$500 – \$1,500
Hospital Coverage (Accident)		
Admission	\$1,000 (non-Intensive Care Unit (ICU)) – \$1,500 (ICU) per accident	\$1,500 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$200 a day — up to 365 days per covered accident	\$300 a day — up to 365 days per covered accident
Inpatient Rehabilitation (paid per accident)	\$50 a day, up to 30 days	\$100 a day, up to 30 days
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$215,000 \$30,000 for common carrier	\$25,000 \$100,000 for common carrier
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$750 – \$15,000 per injury	\$1,500 - \$25,000 per injury
Other Benefits		
Lodging — Pays for lodging for companion — up to 31 nights per calendar year	\$50 per night — up to 30 nights	\$100 per night — up to 30 nights
Health Screening Benefit (Wellness) benefit provided if the covered insured takes one of the covered screening/prevention tests	\$50	\$50

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$3.90	\$6.05	\$7.13	\$9.29
High Plan	\$5.66	\$9.48	\$11.36	\$15.17



Hospital Indemnity

Hospital Indemnity Insurance provides a cash payment if you or a covered family member are admitted to the hospital.

Benefit Type	Low Plan	High Plan
Hospital Coverage (Accident)		
Admission must occur within 180 days after the accident	\$500 per accident (non-Intensive Care Unit (ICU)) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Confinement must occur within 180 days after the accident	\$100 a day (non-ICU) for up to 30 days \$100 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 30 days \$200 a day (ICU) for up to 15 days
Inpatient Rehabilitation stay must occur immediately following hospital confinement and must occur within 365 days of accident	\$100 a day, up to 15 days per accident but no more than 30 days per calendar year	\$200 a day, up to 15 days per accident but no more than 30 days per calendar year
Hospital Coverage (Sickness)		
Admission Payable 1 time per calendar year	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
Confinement Paid per sickness	\$100 a day (non-ICU) for up to 30 days \$100 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 30 days \$200 a day (ICU) for up to 15 days

Semi-Monthly Contribution Summary

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$6.64	\$13.77	\$11.19	\$18.32
High Plan	\$11.62	\$24.34	\$19.50	\$32.22



GROUP PRODUCTS

EAP EssentialSM

Sun Life is proud to offer our EAP Essential plan. Part of Sun Life's EAP By DesignSM program, it is offered in partnership with ComPsych[®] Corporation, providing employers and employees access to an array of services that address personal life challenges and improve workplace productivity and performance.

EAP Essential offers a wide range of valuable services for the cost-sensitive Client, including:

EAP By Design programs can be included with Sun Life Disability or Life group products.

Services for your employees and their household family members

- **EAP:** Three confidential telephonic counseling sessions per occurrence with experienced clinicians available 24/7.
- **Legal resources:** Unlimited phone access to ComPsych legal professionals and an initial consultation at no charge with a local attorney, and discounts on additional services.
- **Financial resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- **Work/Life resources:** Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.
- **GuidanceResources[®] Online:** Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs, and more.
- **Health risk assessments:** Online access to a health risk assessment survey and a variety of health management tools and information.

Services for you

- **HR resources:** Supervisors and managers have phone access to HR professionals who consult on various workplace-related issues such as managing difficult employee situations.
- **ComPsych ResourceCenterSM Website:** Provides HR professionals with access to a full menu of reports and services, including utilization reports, detailed EAP program information, online training courses, and print-on-demand information flyers and posters.
- **Direct-to-consumer reports:** Employers receive confidential utilization reports that help with trending, tracking, and identifying employee interest areas.
- **Employee materials:** Flyers, wallet cards, and e-posters.

To learn more, call your broker or Sun Life representative.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant™, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

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App: GuidanceNow™

Web ID: EAP Essential

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Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice: Your Rights After a Mastectomy

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 deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductible and coinsurance you will be subject to depends on your medical plan. If you would like more information on WHCRA benefits, call your plan Administrator.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributions towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your director of Human Resources with appropriate or required documentation of the change in which you are submitting. Please know that you may be asked to complete the carrier specific change form, for the change you are currently requesting.

Newborns' And Mothers' Health Protection Act Notice

Group Health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).Administrator.

Michelle Law Notice

The health plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact your Human Resource Department as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.



HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



HIPAA Notice of Privacy Practices cont'd

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



HIPAA Notice of Privacy Practices cont'd

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticep.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- Insert Effective Date of this Notice
- Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.
- Insert any special notes that apply to your entity's practices such as "we never market or sell personal information."
- The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "We will never share any substance abuse treatment records without your written permission." Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.
- If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.
- If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."



OMB 0938-0990

Important Notice from Health Alliance 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 Health Alliance 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. Health Alliance has determined that the prescription drug coverage offered by Health Alliance 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.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1830.



OMB 0938-0990

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 Health Alliance coverage will not be affected.

If you decide to join a Medicare drug plan you can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Health Alliance coverage, be aware that you and your dependents will 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 Health Alliance 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 at 1-800-851-3379. **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 Health Alliance 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.

CMS Form 10182-CC

Updated April 1, 2011

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OMB 0938-0990

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:	October 2021
Name of Entity/Sender:	Health Alliance
Contact--Position/Office:	Customer Service 3310
Address:	Fields South Drive Champaign, IL 61822
Phone Number:	1-800-851-3379

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CMS Form 10182-CC

Updated April 1, 2011

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

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



PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Vermilion County		4. Employer Identification Number (EIN) 37-6002224	
5. Employer address 201 N. Vermilion Street, 2 nd Floor		6. Employer phone number 217-554-6000	
7. City Danville	8. State IL	9. ZIP code 61832	
10. Who can we contact about employee health coverage at this job? Mez Jacobson			
11. Phone number (if different from above) 217-554-6003		12. Email address Meg.jacobson@vercounty.org	

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

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

All employees. Eligible employees are:

- Some employees. Eligible employees are:
See HR

- With respect to dependents:

- We do offer coverage. Eligible dependents are:
See HR

- We do not offer coverage.

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

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

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

Key Contacts



For Questions About	Carrier	Phone Number	Website/Email
Medical & Prescription Drug	Health Alliance	800-851-3379	www.healthalliance.org
Dental	Sun Life	1-800-275-4638	www.sunlife.com
Vision	Sun Life	1-855-638-3931	www.sunlife.com
Life Insurance	Sun Life	1-800-438-6388	www.sunlife.com
Voluntary Life	Sun Life	1-800-438-6388	www.sunlife.com
Short-Term Disability	Sun Life	1-800-438-6388	www.sunlife.com
Accident Plan	Sun Life	1-800-438-6388	www.sunlife.com
Critical Illness	Sun Life	1-800-438-6388	www.sunlife.com
Hospital Indemnity	Sun Life	1-800-438-6388	www.sunlife.com
For Additional Assistance	Name	Phone Number	Website/Email
Human Resource	Meg Jacobson	217-554-6003	meg.jacobson@vercounty.org
	Nancy Boose	217-554-6005	njboose@vercounty.org
EPIC Insurance Midwest	Dane Warren Account Manager	317-574-7874	dane.warren@epicbrokers.com



