



**MERCED
IRRIGATION
DISTRICT**

WATER & POWER

Merced Irrigation District

Employee Benefits Overview

1/1/2022 – 12/31/2022

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Take a Closer Look

At Merced Irrigation District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health - physical, emotional and financial- is the reason Merced Irrigation District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

The information in this brochure is a summary only of the benefits offered under Merced Irrigation District's benefit program. Specific details and plan limitations are provided in your individual Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. Please refer to your EOC or Summary Plan Description for details. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

Medicare Part D Notice:

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 the Annual Notices for more details.

**The benefits in this summary are effective:
January 1, 2022 - December 31, 2022**

Summary

The information in this booklet is a general outline of the benefits offered under the Merced Irrigation District benefits program. Specific details and plan limitations are provided in the Summary Plan Description (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

If you have any questions or need additional information, please contact Human Resources:

Vic Moreno – Director of Administration
(209) 354-2802 or email at vmoreno@mercedid.org

Jill Thompson – HR Analyst
(209) 354-2803 or email at jthompson@mercedid.org

Online Resource:

<https://merced.accessgovernment.net/EmployeeSelfService/Account/SignIn?returnURL=%2FEmployeeSelfService>

Who Can You Cover?



WHO IS ELIGIBLE?

Regular full time employees working 40 or more hours per week or qualified under the Affordable Care Act are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit and registered with the State of California. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing coverage for your domestic partner. Any premiums for your domestic partner paid for by Merced Irrigation District are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
 - o Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age of 26 ONLY if they are permanently disabled and primarily dependent on you for support.
 - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, grandchildren, and siblings.
- Employees who work less than 30 hours per week, temporary employees, contract employees, seasonal employees, or employees residing outside the United States (unless otherwise qualified under the Affordable Care Act regulations).

WHEN CAN I ENROLL?

Coverage for new employees begins on the first day of the month following 30 days of employment.

Open enrollment for employees is generally held in October/November of each year. Open enrollment is the only time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources right away if you have a qualifying event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child (31 days)
- Loss of other healthcare coverage (31 days)
- Marriage/Domestic Partnership (31 days)
- Divorce/Termination of Domestic Partnership (31 days)

Please refer to Important Plan Notices on page 22 for further information

Getting Care When You Need It Now

WHEN TO USE THE EMERGENCY ROOM

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

FIND AN URGENT CARE

What should you do when you need care right away, but it's not an emergency? If you can't see your doctor right away, you may have other options such as urgent care centers, retail health clinics and walk-in doctor's offices.

Learn more about conditions that can be handled outside of the ER by visiting www.anthem.com/ca/ms/prism/home.html. You'll be able to take a quiz to test your knowledge about where to get the most appropriate care. You can also find nearby doctors, clinics or urgent care centers before you need to go. If you have questions about where to get care, call 24/7 NurseLine at (800) 337-4770.



SYDNEY MOBILE APP

Meet Sydney, the mobile app that's all about you, your plan and your health care needs. It connects your questions to answers — and you to the right resources. You get one-click access to benefits info, your member ID card and wellness resources. The more you use it, the more Sydney can help you stay

healthy and save money. Sydney's interactive chat feature can answer your questions in real time. Find care and check costs, view claims, see your benefits, view your ID card and more! Download today on Google Play or your Apple App Store!

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change. Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road

FIND A DOCTOR

Use our online Find a Doctor tool to look for doctors, hospitals, labs and other health care providers in your Anthem plan. Check if your favorite doctor is part of your plan, or look for one near you. To look for a doctor, log in to anthem.com/ca/PRISM

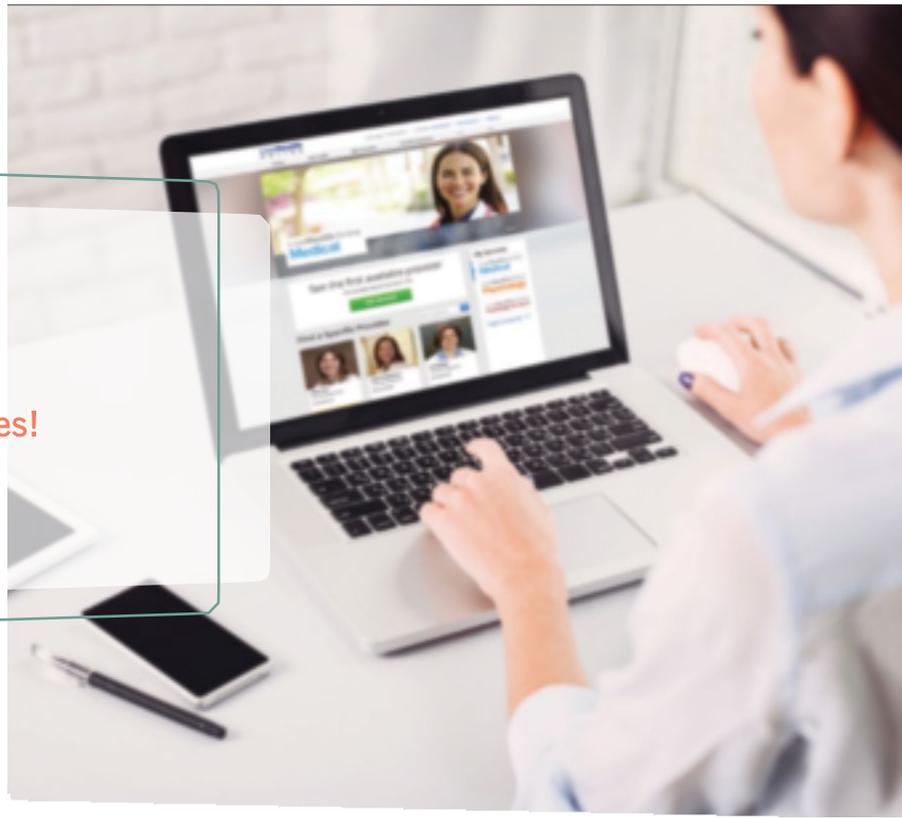
24/7 NURSELINE

Have a question about a health issue? Can you treat a problem at home? Do you need to see your doctor or go to urgent care? Should you head straight to the emergency room (ER)? Our registered nurses can answer your health questions any time, day or night. Making the right choice can help you save time and money and get the best possible care for you and your family.

24/7 NurseLine can connect you to our other health and wellness programs, so you have access to the best resources for the best health results. To reach 24/7 NurseLine, call (800) 337-4770

LiveHealth Online

Sign up for LiveHealth Online
It's easy and takes just a few minutes!



Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go. When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed. Virtual visit costs as little as a regular office visit or at most \$59.

How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the Terms of Use and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?" select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select Anthem.
7. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green Finish button.

Medical Insurance

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.



Anthem Blue Cross HSA

Anthem Blue Cross PPO

	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$2,250 Single \$2,800 Individual in Family \$4,500 Family		\$200 Single \$600 Family	\$400 Single \$1,200 Family
Annual Out-of-Pocket Max	\$2,800 Single \$2,800 Ind. in Fam. \$5,600 Family	\$5,600 Single \$5,600 Ind. in Fam. \$11,200 Family	\$1,000 Single \$2,000 Family	\$4,500 Single \$9,000 Family
Office Visit				
Primary Provider	20%	50%	\$15 (Ded. Waived)	30%
Specialist	20%	50%	\$15 (Ded. Waived)	30%
Preventive Services	No Charge (Ded. Waived)	Not Covered	No Charge (Ded. Waived)	Not Covered
Chiropractic Care	20% 20 visits/calendar year	50% 20 visits/calendar year	\$25 12 visits/calendar year	30% 12 visits/calendar year
Lab and X-ray	20% \$25 + 20% Hospital	50% (up to \$350 benefit/visit)	Center: \$15 Hospital: \$40	30% (up to \$350 benefit/visit)
CT, MRI, PET	20% \$100 + 20% Hospital	50% (up to \$800 benefit/visit)	10%	30% (up to \$800 benefit/visit)
Inpatient Hospitalization	\$100 + 20%	50% (up to \$600 benefit/day)	10%	30% (up to \$600 benefit/day)
Outpatient Surgery	20%	50% (up to \$350 benefit/day)	10%	50% (up to \$350 benefit/day)
Emergency Room	\$100 copay + 20% (copay waived if admitted)		\$100 copay (copay waived if admitted)	
Urgent care	20%	50%	\$15 (Ded. Waived)	30%



Sydney – Anthem’s Mobile App



- Meet Sydney, the mobile app that’s all about you, your plan and your health care needs. It connects your questions to answers — and you to the right resources. Using it is like having a personal health assistant in the palm of your hand.

Prescription Drugs



Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans. Express Scripts (ESI) is the Pharmacy Benefit Manager for the PPO and Anthem Blue Cross is the Pharmacy Benefit Manager for the HSA.



Anthem Blue Cross HSA

Anthem Blue Cross PPO

	In-Network Only	In-Network Only
Prescription Drug Deductible	None	None
Annual Out-of-Pocket Limit	Combined with Medical	\$1,000 Individual \$2,000 Family
Pharmacy		
Tier 1	\$10 copay	\$5 copay
Tier 2	\$25 copay	\$10 copay
Tier 3	\$40 copay	\$25 copay
Tier 4	30% up to \$250/fill	30% up to \$250/fill
Supply Limit	30 days	30 days
Mail Order		
Tier 1	\$20 copay	\$10 copay
Tier 2	\$50 copay	\$20 copay
Tier 3	\$80 copay	\$50 copay
Tier 4	30% up to \$500/fill	30% up to \$500/fill
Supply Limit	90 days	90 days

*If you purchase a brand-name medication when a generic medication is available, you will pay the generic copayment, plus the difference in cost between the brand and the generic. Note: After **three purchases** of a long-term prescription (such as those used to treat high cholesterol, high blood pressure, depression or diabetes) at a participating retail pharmacy, **your co-payment may increase**. Excludes Walgreens and CVS through the Smart90 program.

Prescription Drugs Savings Programs

Retail Fill Allowance

The first three times that you purchase a long-term drug at a participating retail pharmacy, you'll pay your retail co-payment. After the second purchase, you'll pay a higher cost if you continue to purchase at retail. To avoid paying more, use the Express Scripts Pharmacy or transfer your maintenance prescription to a nearby CVS or Walgreens pharmacy and pay your mail-order co-payment for up to a 90-day supply.

Get the Facts on Your Maintenance Medication Pharmacy Network – Smart90

As part of your prescription benefit, you have access to a money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you must fill a 90-day supply of your maintenance medications at a preferred pharmacy – but you could pay less for each 90-day supply than you would pay for three 30-day supplies at a non-preferred retail pharmacy.

There are Two Ways to Save on Your Maintenance Prescriptions

1. For savings and convenience, take advantage of home delivery from the Express Scripts Pharmacy. Get 90-day supplies of your medications delivered direct to you, safely and securely, with free standard shipping. Log in at express-scripts.com or call the number listed on the back of your member ID card to learn how to get started with home delivery. Express Scripts can contact your doctor to have a new 90-day prescription sent right to you.

Or, you can transfer your maintenance prescriptions to a nearby CVS or Walgreens pharmacy. The pharmacist will contact your doctor to get a new 90-day prescription or will transfer your current 90-day prescriptions from the non-preferred pharmacy.

2. Your copayment for your 90-day supply will be the same whether you fill your prescriptions through Express Scripts home delivery or at a CVS or Walgreens pharmacy.

Saving with Generics and Step Therapy

If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can fill under your plan. FDA-approved generics are as safe and effective as their brand-name counterparts. Under Express Scripts Step Therapy program, certain classes of medication will require you to try the generic equivalent first. To find out if your medication requires step therapy, visit www.express-scripts.com/mercedirrigationdistrict.

Saving with Mail

Ask your doctor to write a new prescription for your plan's maximum days' supply (usually 90 days) with refills up to 1 year, as appropriate. You may mail your prescriptions in the special envelope you receive with your enrollment materials or ask your doctor to call (888) 327-9791 for instructions on how to fax them. If your order is faxed, your doctor must have your member number to complete the transaction.

Advantage Plus Package: Prior Authorization & Drug Quantity Management

When you're prescribed certain medicines, your pharmacist may tell you it requires Prior Authorization or Drug Quantity Management. With Prior Authorization, ESI will need more information to make sure the medicine will work well for you and your condition. Under Drug Quantity Management, ESI makes sure you get the right amount considered safe by the U.S Food & Drug Administration (FDA).

Express Scripts Member Services

Once enrolled you may call Express Scripts Member Services at (800) 711-0917, 24 hours a day, 7 days a week (except Thanksgiving and Christmas) for more details on your plan. Wondering if your medication is covered? Visit www.express-scripts.com/mercedirrigationdistrict to find out more details on your medication.

Prescription Drugs Savings Programs Continued



As your prescription drug benefit manager, Express Scripts wants to remind you of an important plan feature that affects your co-payment for long-term medications.

After **three purchases** of a long-term prescription (such as those used to treat high cholesterol, high blood pressure, depression or diabetes) at a participating retail pharmacy, **your co-payment may increase.** *

However, if you order your long-term prescriptions by mail from Express Scripts Pharmacy or transfer your maintenance medication to a nearby CVS or Walgreens for a 90 day supply, you'll pay your mail-order co-payment.

*The medications affected by this plan limit may change. To find whether other medications are affected by these plan limits, visit www.express-scripts.com and select "Price a medication" from the left hand menu after you log in. After selecting your medication, click "coverage notes" on the results page. If you are a first-time visitor to our website, please take a moment to register and have your member ID number and a recent prescription number handy. If the cost of a medication at a retail pharmacy is lower than your plan's retail co-payment, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the medication. In some cases, this price may be less than either your standard retail or mail co-payment.

For short-term medication: You should continue to get all your *short-term* drugs, such as antibiotics, at a participating retail pharmacy. You'll pay your retail pharmacy co-payment for these medications.

Before you send your first mail-order prescription, please make sure you have a 2-week supply of medication on hand while waiting for your new medication to arrive. If necessary, ask your doctor for a 14-day prescription that you can fill at a participating retail pharmacy.

You can transfer your long-term retail prescriptions to mail by going to www.express-scripts.com. Upon log in, scroll down the Order Page to the "Transfer your retail prescriptions to mail service" to select the medications you'd like to transfer to Express Scripts. We'll do the rest.

To learn more about how to use Home Delivery Services from Express Scripts Pharmacy

- Go to www.express-scripts.com
- Call the number on the back of your prescription drug ID card 24 hours a day, 7 days a week



Health Savings Account (HSA)

Do you want to save money on taxes? A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the High Deductible Health Plan through Anthem Blue Cross. To learn more about how a Health Savings Account (HSA) works, please click here: <https://healthequity.com/learn/hsa>

You and Merced Irrigation District contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. This year Merced Irrigation District will be increasing the employer contribution towards your account to enhance its support of you and your family. Plus, any money that you don't spend grows year after year and can be used in the future, even after you retire. Health Equity administers the program.

Merced Irrigation Contributes¹

You May Contribute*

Employee	Previously \$1,000 – Now \$2,000!	\$1,650
Employee + Family²	Previously \$2,000 – Now \$4,000!	\$3,300

¹ Company contributions to the HSA are only available to members who are actively enrolled in the HDHP.

² Includes Employee + Spouse and Employee + Children

***Contribution Limits:** The IRS has set limits on the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count. In 2022, the limit is \$3,650 for an individual and \$7,300 for a family. If you're over the age of 55, the IRS allows you to contribute an additional \$1,000 known as a "catch-up contribution".

Using your Money: You can use the money in your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). For a full list of those expenses, go to [irs.gov](https://www.irs.gov).

When possible, use your HSA debit card to pay for your qualified expenses. Make sure that you keep records of your receipts and any over-the-counter (OTC) prescriptions. You will need them to prove that you spent the money on qualified expenses if you are audited.

Eligibility: You are not eligible to open an HSA if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- Claimed as a dependent on someone else's tax return

HSA Activation: If you elect medical coverage under the Anthem HDHP HSA plan, your HSA will be automatically opened with Health Equity. Your HSA will be credited with the amount you elect to have withheld from your paycheck as well as any amount provided by Merced Irrigation District. **For additional information, contact Health Equity at (866) 382-3510**

Dental Insurance



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Merced Irrigation District provides you with comprehensive coverage through Delta Dental.

Delta Dental PPO Plan

	PPO Network	Premier Network	Out-Of-Network
Calendar Year Deductible	\$50 per individual \$150 per family (Waived for Preventative)		
Annual Plan Maximum	\$2,000 per individual		
Diagnostic and Preventive Oral Exam Cleanings (2 per year) Sealant	Plan pays 100%	Plan pays 100%	Plan pays 100% of UCR
Basic Services Amalgam Fillings Most Extractions Oral Surgery Endodontics Periodontics	Plan pays 80%	Plan pays 80%	Plan pays 80% of UCR
Major Services Bridgework Dentures Crowns	Plan pays 50%	Plan pays 50%	Plan pays 50% of UCR
Orthodontic Services Orthodontia Lifetime Maximum Dependent Adult and Children	Plan pays 50% \$1,500 Covered	Plan pays 50% \$1,500 Covered	Plan pays 50% of UCR \$1,500 Covered

UCR: Usual, Customary, and Reasonable – Fees paid according to geographic location

Vision Insurance



Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a vision plan through VSP.

VSP provides participants with access to a large network of vision care providers. To locate a network provider visit www.vsp.com. If you decide not to see a VSP doctor, the plan co-pay still applies. This choice is yours— either way, your VSP benefits are a tremendous part of your overall benefits package. There are no ID cards necessary for this plan



VSP Choice Plan B

	In-Network	Out-Of-Network
Examination		
Benefit	\$10 copay	Plan pays up to \$45
Frequency	Every 12 Months	Every 12 Months
Eyeglass Lenses		
Single Vision Lens	Covered	Plan pays up to \$30
Bifocal Lens	Covered	Plan pays up to \$50
Trifocal Lens	Covered	Plan pays up to \$65
Frequency	Every 12 Months	Every 12 Months
Frames		
Benefit	\$130 Allowance + 20% off the amount over allowance	Plan pays up to \$70
Frequency	Every 24 Months	Every 24 Months
Contacts (Elective)		
Benefit	\$130 Allowance	Plan pays up to \$105
Frequency	Every 24 Months in lieu of eyeglasses	Every 24 Months in lieu of eyeglasses

Vision benefits are based on a 12 month service year, not a calendar year. This means that you are not eligible for another exam, new lenses, frames or contacts until at least 12/24 months have passed since you last received services.

*When you choose contacts instead of glasses, your \$130 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

Life Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. Merced Irrigation District currently provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance as follows:

Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. Coverage is provided by Mutual of Omaha.

All Eligible Employees

Basic Life Amount	1 x annual salary up to a maximum of \$125,000
Basic AD&D Amount	1 x annual salary up to a maximum of \$125,000
Guarantee Issue Amount	1 x annual salary up to a maximum of \$125,000

All Eligible Directors & Administrative Retirees under 65 with 40k

Basic Life Amount	1 x annual salary up to a maximum of \$40,000
Basic AD&D Amount	1 x annual salary up to a maximum of \$40,000
Guarantee Issue Amount	1 x annual salary up to a maximum of \$40,000

All Eligible Retirees over 65 years old with 1k

Basic Life Amount	1 x annual salary up to a maximum of \$1,000
Basic AD&D Amount	1 x annual salary up to a maximum of \$1,000
Guarantee Issue Amount	1 x annual salary up to a maximum of \$1,000

All Eligible Retirees over 65 years old with 9k

Basic Life Amount	1 x annual salary up to a maximum of \$9,000
Basic AD&D Amount	1 x annual salary up to a maximum of \$9,000
Guarantee Issue Amount	1 x annual salary up to a maximum of \$9,000

All Eligible Retirees over 65 years old with 20k

Basic Life Amount	1 x annual salary up to a maximum of \$20,000
Basic AD&D Amount	1 x annual salary up to a maximum of \$20,000
Guarantee Issue Amount	1 x annual salary up to a maximum of \$20,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Life Insurance



Dependent Term Life Insurance

Spouse Benefit	\$1,000
Spouse Guarantee Issue Amount	\$1,000
Child Benefit (birth to 14 days)	\$1,000
Child Benefit (12 days to 6 mos.)	\$1,000
Child Benefit (6mos. To limiting age)	\$1,000

Supplemental Life and AD&D (Voluntary Buy-Up Option)

Supplemental Life Insurance allows you to purchase additional life insurance to protect your family's financial security. All Active employees under the age of 80 are eligible and the premium is paid in full by you via payroll deduction. Coverage is provided by Mutual of Omaha.

Employee Benefit:

Buy-Up Life Amount	5 x annual Salary up to a maximum of \$500,000
Election Options	Increments of \$10,000
Guarantee Issue Amount	\$100,000
Employees over Age 70	Benefit reduces to 50%

Spouse Benefit:

Buy-Up Life Amount	50% of Employee's Benefit up to \$50,000
Election Options	Increments of \$5,000
Guarantee Issue Amount	100% of Employee's Benefit up to \$50,000

Dependent Child(ren) Benefit:

Birth to 14 Days	50% of Employee's Benefit up to \$10,000
14 Days to 6 Months	50% of Employee's Benefit up to \$10,000
6 Months to 26 Years	50% of Employee's Benefit up to \$10,000
Election Options	Increments of \$2,000
Guarantee Issue Amount	100% of Employee's Benefit up to \$10,000

Voluntary Long-Term Disability Insurance



Merced Irrigation District offers an integrated disability plan that is designed to be simpler and more cost effective for employees. This feature includes a voluntary Long-Term Disability plan, which allows for monthly payments during your disability period, after a 30 day waiting period. If your disability exceeds 22 weeks (180 days), Mutual of Omaha will begin making payments to you through the Long-Term Disability plan and you will receive payments for the duration of your disability per contract definitions.

Voluntary Long-Term Disability Insurance (LTD)



Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$10,000/month
Benefits Waiting Period:	180 Days of Disability
Maximum Payment Period (prior to age 62)	To age 65 or SSNRA
Maximum Payment Period (at age 62 or older)	Based on a reduced duration schedule

Employee Assistance Program



Your Mutual of Omaha Employee Assistance program offers someone to talk to and resources to consult whenever and wherever you need them. Contact Mutual of Omaha for no-cost, confidential solutions to life's challenges. With Mutual of Omaha, you will receive:

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and quickly refer you to in-person counseling and other resources for:

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

24/7 Support, Resources, and Information

Your toll-free number gives you direct, 24/7 access to a consultant who will answer your questions and, if needed, refer you to a counselor or other resources.

Call: 800.316.2796

Or visit: www.mutualofomaha.com/eap

Contact Mutual of Omaha EAP counselors directly about your needs or to consult articles, podcasts, videos and other helpful tools online. Mutual of Omaha EAP is a no cost benefit that is provided by Merced Irrigation District.

Additional Programs & Discounts

Lark – Diabetes Prevention Program

Lark is a 16 week cutting edge program that can help you lose weight, adopt healthy habits, and significantly reduce your risk of developing type 2 diabetes. And it's available at no cost (FREE) to qualified health plan members. You'll be able to choose from an array of national and local programs like Weight Watchers, Retrofit, and Healthslate. While programs differ, most include the following elements:



Access to a personal health coach



Weekly lessons



A small group for support



Tools like a wireless scale or an activity tracker

Find out if you qualify by taking a 1 minute quiz at www.lark.com/anthemBC.

Carrum Health Surgery Benefit

Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence”. These facilities and doctors provide for an improved patient experience, high quality of care, and **zero or minimal out of pocket costs**. Eligible procedures include: total hip and total knee replacement, outpatient musculoskeletal procedures of the shoulder, elbow, wrist/hand, hip, knee, or ankle/foot, outpatient back pain management, spinal procedures, bariatric weight loss surgery, and coronary bypass surgery.

Explore more by visiting www.carrum.me/EIAHEALTH, texting “EIA” to **5558888**, or calling **(888) 855-7806**!

Delta Dental Amplifon Hearing Aid Discount

You now have access to discounts on hearing aids through Amplifon Hearing Health Care. Delta Dental selected Amplifon, a leader in hearing health care, to act as your personal concierge. They'll guide you through every step, from using your discounts to finding the right products and care to match your hearing needs. Call Amplifon at **(888) 779-1429** to be connected to a **Patient Care Advocate**.

Delta Dental Qualsight Lasik

Because Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures! Call QualSight at **(855) 248-2021** for more information.

VSP TruHearing

VSP Vision Care members can save up to 60% on the latest brand name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too! Call TruHearing at **(877) 396-7194** and mention **VSP**.

Plan Contacts



If you need to reach our plan providers, below is their contact information:

Plan Type	Provider And Group Number	Phone Number And Claims Address	Website
Medical	Anthem Blue Cross Anthem ID #: on ID Card Subscriber #: Employee SSN Group Numbers: <ul style="list-style-type: none"> • PPO Plan: 175075M076 • HSA Plan: 175075M079 	(800) 967-3015 Claims Address: Anthem Blue Cross PO Box 60007 Los Angeles, CA 90060	https://www.anthem.com/ca/ms/prism/home.html
Medical	Carrum	(888) 855-7806	my.carrumhealth.com
Prescriptions	Express Scripts (ESI) Pharmacy Services ESI ID #: on ID Card Group Number: <ul style="list-style-type: none"> • PPO Plan: 175075M076 	(800) 711-0917	express-scripts.com
Dental	Delta Dental No Cards Issued Subscriber #: Employee SSN Group Number: TBD	(800) 765-6003	deltadentalins.com
Vision	VSP No Cards Issued Subscriber #: Employee SSN Group Number: TBD	(800) 877-7195	vsp.com
Life & Disability	Mutual of Omaha No Cards Issued Subscriber #: Employee SSN Group Number: G000AJWS	(800) 769-7159	mutualofomaha.com
Employee Assistance Program	Mutual of Omaha No Cards Issued Subscriber #: Employee SSN Group Number: G000AJWS	(800) 316-2796	mutualofomaha.com/eap
Merced Irrigation District HR Department	Vic Moreno (209) 354-2802 vmoreno@cmercedid.org	Jill Thompson (209) 354-2803 jthompson@cmercedid.org	

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our intranet site and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBC's are available on the District's intranet site.

- Anthem EPO Core Plan
- Anthem EPO Buy-Up Plan

Paper copies of these documents and notices are available if requested, at no cost. If you would like a paper copy, please contact your Human Resources Benefits Team.

Medicare Part D Notice

Important Notice from Merced Irrigation District 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 Merced Irrigation 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. Merced Irrigation District has determined that the prescription drug coverage offered by the Anthem Blue Cross 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.
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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 Merced Irrigation District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under Anthem Blue Cross is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Merced Irrigation District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Merced Irrigation 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 Merced Irrigation 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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:	01/01/2022
Name of Entity/Sender:	Merced Irrigation District
Contact-Position/Office:	Human Resources
Address:	744 West 20 th Street, Merced, CA 95340
Phone Number:	209-354-2803

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 21244-1850.

Women's Health and 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 this plan. If you would like more information on WHCRA benefits, call your plan administrator.

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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Merced Irrigation District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, or you experience a Qualifying Life Event, you or your dependents may be able change your status in Merced Irrigation District's health plan without waiting for the next open enrollment period.

The following "Qualifying Life Events" require you to notify the Support Services Department within 31 days after the event.

- Lose other health insurance or group health plan coverage.
- Gain a new dependent as a result of marriage/domestic partnership, birth or adoption.
- Loss of a dependent as a result of death, divorce/termination of domestic partnership, end of the child's status as a dependent, placement for adoption or subscriber is entitled to Medicare.

If you lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, you must request medical plan enrollment within 60 days after the loss of such coverage.

If a court has ordered that coverage be provided for a dependent child, coverage will become effective for that child on the earlier of (a) the first day of the month following the date you file the enrollment application or (b) within 30 days after a copy of the court order is received or of a request from the district attorney, either parent or the person having custody of the child, or the employer.

If you request a change due to a special enrollment event within the appropriate timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment, except for court orders. In addition, you may enroll in the District's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage. Please refer to the Carrier Benefit Booklet for further details.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Merced Irrigation District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

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, 2021. Contact your State for more information on eligibility –

ALABAMA	Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	
ALASKA	Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS	Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	
CALIFORNIA	
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	
COLORADO	Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	
FLORIDA	Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268	
GEORGIA	Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	
INDIANA	Medicaid
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)

<p>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</p>	
KANSAS	Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	
KENTUCKY	Medicaid
<p>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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	
LOUISIANA	Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	
MAINE	Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 TTY: Maine relay 711</p>	
MASSACHUSETTS	Medicaid and CHIP
<p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>	
MINNESOTA	Medicaid
<p>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</p>	
MISSOURI	Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	
MONTANA	Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	
NEBRASKA	Medicaid
<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	
NEVADA	Medicaid
<p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	
NEW HAMPSHIRE	Medicaid
<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	
NEW JERSEY	Medicaid and CHIP
<p>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</p>	
OKLAHOMA	Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	
OREGON	Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	
PENNSYLVANIA	Medicaid
<p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	
RHODE ISLAND	Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>	
NEW YORK	Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA	Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	
NORTH DAKOTA	Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	
UTAH	Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	
VIRGINIA	Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
WASHINGTON	Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	
WEST VIRGINIA	Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN	Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	
WYOMING	Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it 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.

This booklet is a general outline of the benefits offered under the City of Monterey benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this booklet differs from the Plan Documents, the Plan Documents will prevail.



Rev. 10/29/2021