Newburgh
Enlarged City School District

2016-2017 Employee Benefit Guide

For the MVP PPO Plan

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US Employee Benefits Services Group

Please Note: This enrollment guide is a summary of the benefits provided to benefit eligible employees. Newburgh Enlarged City School District reserves the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification. This plans described in this bulletin are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this bulletin as accurate as possible. However, should there be any discrepancy between this bulletin and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any descriptions of these plans, since the written descriptions in the insurance contracts or plans documents will always govern.

This is the only written summary of benefits. Please consult the Plan Document for more detailed information.

124 Grand Street
Newburgh, NY 12550

P (845) 563-3500
F (845) 563-3501
www.newburghschools.org

Dear Employee:

Welcome all eligible employees to our Benefit Enrollment Process for 2016-2017. Our goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Please read this Benefits Guide to gather important details about your benefits as an aid to making your final decisions.

The definition of "full-time" for healthcare benefit eligibility purposes is working on average 30 or more hours per week within a standard 12-month measurement period. Newburgh Enlarged City School District will track your hours and notify you if you are eligible for benefits. More information on eligibility to participate in our healthcare plan can be found in the Summary Plan Description, which can be obtained by contacting our Human Resources department.

Open Enrollment

Open Enrollment is a window of opportunity during which you can make changes to your benefit elections, or enroll if you previously waived coverage. It is the time of year to make sure that you have enrolled in the health benefits that meet your healthcare needs and fit into your overall financial plan. The District's annual open enrollment period is October and November, with all changes effective January 1st of the given year. Ask yourself:

- Whether your current coverage meets you(r) family's needs.
- Have you been married or divorced, had a child or another qualifying status change since you last looked at your benefits?
- Were you covered under a spouse and now would like to be covered primarily by your employer?
- Verify that your enrolled dependents meet the definition of an eligible dependent. Medical coverage is provided for dependent children up to their 26th birthday under Health Care Reform. Other benefit plans are subject to plan age limits.

During Open Enrollment all benefit eligible employees must elect and/or waive medical coverage. Beginning in 2016 the penalty is: the greater of 2.5% of adjusted household income or $695 per adult plus $347.50 per child. For tax year 2017 and beyond, the percentage option will remain at 2.5%, but the flat fee will be adjusted for inflation. These penalties will be deducted from any Federal income tax refunds, not through payroll.

Changing Your Benefits after Open Enrollment

After open enrollment you may change your benefits only if you have met a qualified status change, such as loss of other medical coverage, the birth of a child, marriage, divorce or a child reaching the coverage maximum age limit.

A copy of this Benefit Guide, the Summary of Benefits and Coverage (SBC) for the medical plans, Glossary of Health Coverage, Medical Terms and CHIPRA Notice are available on the Newburgh Enlarged City School District's website located at http://www.newburghschools.org/healthbenefits.php. Upon request a paper copy will be provided at no charge.

If you have any questions or concerns regarding your benefits, please do not hesitate to contact Keisha Martinez, Health Benefits Specialist at (845) 563-3467 or Kristen Coolbaugh of US Employee Benefits Services Group at (855) 562-7821 ext. 102 or email her at kristen@usemployeebenefits.com . We are here to help.

Yours truly,

Michael McLymore

Executive Director of Human Resources

Medical

You can select a medical plan option or waive coverage altogether, if you're covered under another plan (for example, a spouse's plan). You may choose from one of the following medical plan options that best suits your individual or family needs:

The NYSHIP and MVP PPO (Preferred Provider Organization) plans contain in- and out-of-network benefits. Benefits are determined at the point the member decides to use either in-network or out-of-network services, giving the members greater freedom of choice. When a member remains in-network or uses a participating provider, benefits are provided as an HMO (low out of pocket expenses and no deductible or claim forms). Members choosing out-of-network benefits will have reduced benefits and higher out of pocket costs.

Benefits	NYSHIP		MVP Health Care With Cigna National Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Deductible Accumulation/Benefit Period	Calendar Year (January 1 – December 31)		Plan Year (August, 1, 2016 - December 31, 2017)	
Referrals	Not Required		Not Required	
Medicare Part D Creditable Coverage	**Creditable**		**Creditable**	
Network	The Empire Plan	N/A	MVP Preferred High Deductible PPO	N/A
Annual Deductible				
Individual	N/A	$1,000	$2,500 100% Employer Funded $0 Member Responsibility	$5,000 Partially Employer Funded $1,000 Member Responsibility
Family		$3,000	$5,000 100% Employer Funded $0 Member Responsibility	$10,000 Partially Employer Funded $3,000 Member Responsibility
Out-of-Pocket Maximum (Including Deductible)				
Individual	N/A	$3,000	$2,500	$10,000 Partially Employer Funded $3,000 Member Max
Family		$9,000	$5,000	$20,000 Partially Employer Funded $9,000 Member Max
Preventive Care				
Adult Physical Exams	No Charge	20% after Deductible	No Charge	20% after Deductible
Well-baby Care				
Immunizations				
Well Woman Care				
Physician Services				
PCP Office visits	$20 Copay	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Specialists Office visits				
Maternity Services				
Pre-Natal	Covered in Full	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Delivery & Post-Natal				
Diagnostic Services				
Laboratory Services	$20 Copay	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Radiology Services				
Hospital Services				
Inpatient	Covered in Full	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Outpatient	$40 Copay			
Emergency Care				
Emergency Room	$70 Copay	Paid as In-Network Care	Covered in Full after Deductible	Paid as In-Network Care
Ambulance	$35 Copay			20% after Deductible
Durable Medical Equipment				
Lifetime limits apply	Covered in Full	50% after Deductible	Covered in Full after Deductible	20% after Deductible
Mental Health				
Inpatient	Covered in Full	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Outpatient	$20 Copay			
Substance Abuse				
Inpatient	Covered in Full	20% after Deductible	Covered in Full after Deductible	20% after Deductible
Outpatient	$20 Copay			
Prescription Drug Coverage				
Retail (30-day supply)	$5 / $25 / $45	In-Network Benefit Only	Covered in Full after Deductible	In-Network Benefit Only
Mail Order (31 to 90-day supply)	$10 / $50/ $90			

- If you participate in the NYSHIP plan and visit a non-participating provider, you are responsible for paying the deductible, coinsurance and the difference between what the provider charges and the Plan pays.
- Inpatient admissions, outpatient surgery, x-rays, high level imaging, mental health and substance abuse require preauthorization. Please refer to your Certificate of Coverage for detailed information.

This benefit summary provides selected highlights of the employee benefits program at Newburgh Enlarged City School District. It is not a legal document and shall not be consulted as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information through this summary and the actual items of such policies, contracts and plan documents shall be governed by the terms of such plan documents. Newburgh Enlarged City School District reserves the right to amend, suspend or terminate any benefit plan, all or in part, at any time. The authority to make such changes rests with the Plan Administrator.

In-Network Health Reimbursement Arrangement

The Newburgh Enlarged City School District HRA is designed to give each employee enrolled in the MVP High Deductible PPO medical plan funds to offset any covered in-network medical expenses subject to the deductible, funding is as follows:

Funding Arrangement	In-Network Deductible	Employer Funding	Out-Of-Pocket Max
Single	$2,500	$2,500	$2,500
Family	$5,000	$5,000	$5,000

The HRA deductible is money that is paid out-of-pocket before benefits will begin. Medical claims submitted to MVP will automatically apply towards your HRA deductible through the integration process.

Integrated Reimbursement: How does it work?

Your HRA includes an integrated reimbursement feature to automate payment of your medical claims. When you get care that is billed to MVP, payment will automatically be deducted from your HRA and sent to your provider on your behalf.

What about other non-medical claims?

Your HRA is designed to pay for prescriptions that fall under your deductible.

When to Use Your Debit Card

Service Received	How Your HRA Will Pay
Covered medical care	For services billed to MVP, payment will automatically be made from your HRA, and you should not use your HRA debit card.
Covered prescription	Use your MVP CareFund debit card at the pharmacy.

Medical Expenses Subject to Deductible

- Always present your MVP medical ID card when accessing services.
- Make sure that your health care provider bills MVP Health Care for these services. Please note that some providers prefer payment at the time of service. You may want to encourage your provider to contact MVP for the appropriate costs associated with your services. If you pay over the allowable charge you should receive a reimbursement from that provider.
- The provider will send the claim directly to MVP Health Care and MVP will process the claim to determine the allowable charge and apply it to your deductible.
- An Explanation of Benefits (EOB) will be issued to you and to the health care provider, showing how the claim was processed and what the allowable charge is.
- Medical claims will be submitted on your behalf to the HRA. No claim forms are required.
- MVP will directly pay your health care provider on your behalf.
- Once you receive the EOB from MVP and the bill from your health care provider, make sure the amount charged by your provider is the same amount labeled as "member responsibility" on your EOB.

Pharmacy Expenses Subject to Deductible

- Be sure to present your MVP medical ID card AND your MVP CareFund debit card for every purchase at the pharmacy, as proof of coverage. This will ensure that you receive the MVP negotiated discount and allow MVP to track expenses applied to your deductible.
- When you present your MVP CareFund debit card, those funds that apply to your deductible will be automatically withdrawn from your HRA.
- Your CareFund debit card may only be used to pay for expenses allowed under your high-deductible health plan.

Substantiation

Always keep your receipts. According to IRS guidelines, all transactions must be verified for coverage. If we cannot verify your transaction automatically, we may send you a substantiation letter requesting you provide a copy of your EOB plus an itemized receipt showing what you paid.

90-Day Run Out

The MVP HRA has a 90 day run out period from August 1, 2016 to October 31, 2016 for the previous plan year (August 1, 2015 to July 31, 2016). If a claim comes in during the run out, MVP will pay it from the HRA in the same way that MVP does during the plan year. If the member paid out-of-pocket for a service, they will need to submit to the HRA for reimbursement. However, if it is discovered that the provider billed MVP and MVP also paid that provider from the HRA (in addition to the member paying the provider out-of-pocket), the member will need to go back to the provider to get a reimbursement.

MVP Out-of-Network Health Reimbursement Arrangement

The Newburgh Enlarged City School District HRA is designed to give each employee enrolled in the MVP High Deductible PPO medical plan funds to offset any covered out-of-network medical expenses subject to the deductible, funding is as follows:

Funding Arrangement	Single	Family
Deductible		
Out-Of-Network Deductible	$5,000	$10,000
Employee Responsibility – to be met first	$1,000	$3,000
Employer Funding after Employee Responsibility met	$4,000	$7,000
Coinsurance		
Out-of-Network Coinsurance	$5,000	$10,000
Employee Responsibility – to be met first	$2,000	$6,000
Employer Funding after Employee Responsibility met	$3,000	$4,000

Integrated Reimbursement: How does it work?

Your HRA includes an integrated reimbursement feature to automate payment of your medical claims. When you visit an out-of-network provider, the claim gets submitted to MVP and will automatically accumulate towards your out-of-network deductible. Once you have met your out-of-network employee responsibility for deductible and coinsurance, the HRA will pay the provider directly on behalf of the member.

Medical Expenses

- Present your MVP ID card to your provider. The provider bills MVP or provides you with an itemized bill for you to submit to MVP.
- MVP will process the claim to determine the allowable charge and apply it to your deductible and/or coinsurance.
- An Explanation of Benefits (EOB) will be issued to you showing how the claim was processed and what the allowable charge is.
- Medical claims will be submitted on your behalf to the HRA. No claim forms are required.
- Once your employee responsibility for deductible and coinsurance has been met, the HRA will directly pay your health care provider on your behalf.

Substantiation

Always keep your receipts. According to IRS guidelines, all transactions must be verified for coverage. If we cannot verify your transaction automatically, we may send you a substantiation letter requesting you provide a copy of your EOB plus an itemized receipt showing what you paid.

90-Day Run Out

The MVP HRA has a 90 day run out period from August 1, 2016 to October 31, 2016 for the previous plan year (August 1, 2015 to July 31, 2016). If a claim comes in during the run out, MVP will pay it from the HRA in the same way that MVP does during the plan year. If the member paid out-of-pocket for a service, they will need to submit to the HRA for reimbursement. However, if it is discovered that the provider billed MVP and MVP also paid that provider from the HRA (in addition to the member paying the provider out-of-pocket), the member will need to go back to the provider to get a reimbursement.

Manage Your MVP Accounts

Manage Your MVP Health Insurance Account

Register for an online account by using your Member ID number (located on your ID card) and a valid email address. Once registered, you can access your plan information when and where you need it.

- Website is www.mvphealthcare.com
- Select "Members" tab top right of home page
- Select "Manage Your Account"
- Select "Log in/Register"
- If you are new to this site Select "Register" to create an MVP Health Care account
- If you already created your account you can log in here – also gives you the prompts if you forgot your Username or your password

This site will allow you to view your benefits and claim history for medical services and Prescriptions that have been processed by MVP as well as your deductible balance.

MVP Customer Care Center

In order to direct your call to the appropriate representative, please **call the Customer Care Center at the phone number shown on the back of your Member ID card**.

Representatives are available to assist you:
Monday - Friday, 8 am to 6 pm
(Eastern Time)
Toll Free: 1-888-687-6277, TTY 1-800-662-1220

Manage Your MVP Health Reimbursement Arrangement (HRA) Account

MVP Select Care administers your Health Reimbursement Arrangement (HRA) – Debit card. The HRA is your employer funded benefit and will assist in covering eligible out of pocket expenses that are part of the deductible under the High Deductible Health Plan:

- **In-Network Deductible**: Single $2,500 for Family $5,000
- **Out-of-Network Deductible**: Single $4,000 (after member pays first $1,000) for Family $7,000 (after member pays first $3,000)

Provider and Facility Claims

At the time of service please show your MVP medical insurance ID card to indicate that you belong to a High Deductible Health Plan. The provider and or facility should submit to MVP for processing prior to billing your patient responsibility. ***Provider claims that are part of your deductible will be reimbursed to the provider automatically based on the balance available in your HRA at the time the claim is received for processing***. You will receive an Explanation of Benefits (EOB) from MVP for medical services and that will correspond to the disbursement from the HRA.

Participant Online Account Access

Please remember to visit our website at: www.mywealthcareonline.com/MVPhealthcare. Select the "Register" and follow the instructions to create your unique username and password. You will need the following information to create your account:

- Employer ID: MVP414086
- Employee ID: 414086/First 9 digits MVP Member ID (Employee ID *Example: 414086/888888888)*

Representatives are available to assist you:
Monday - Friday, 8:30 am to 5 pm (Eastern Time)
Toll Free: 1-888-222-9931

Once you create a username and password for yourself, you can view your account balance 24 hours a day, 7 days a week.

Newburgh Enlarged City School District
MVP PPO Medical Plan and HRA
for August 1, 2016 through December 31, 2017
Frequently Asked Questions

MVP PPO Medical Plan

Q. Will I receive a new MVP ID card?
A. No, please continue to use your current card.

Q. What if I need additional card for dependents?
A. Call MVP Customer Care at 1-888-687-6277 –or- go on line to www.mvphealthcare.com to place order – or call Kristen Coolbaugh Account Manager at US Employee Benefits Services Group at 855-562-7821 ext. 102.

Q. What to do if providers want upfront payment?
A. Show your wallet sized card, which would indicate to providers they should directly bill MVP.

Q. What is the Brand/Generic Difference Program?
A. The Brand/Generic Difference Program is designed to promote the use of generic medications when there is an equivalent - but more expensive - brand product. Brand/Generic Difference pricing is defined as the difference between the cost of the brand drug and the cost of the generic drug PLUS the member's generic copay. When a brand drug has an FDA approved generic equivalent (also called a multi-source brand), Brand Generic Difference pricing will apply to each prescription.

Q. What is MAC pricing? Does MAC Pricing apply to the deductible?
A. MAC pricing is the out-of-pocket cost when a member demands a brand over generic. This cost is the responsibility of the member to pay, not NECSD or MVP. MAC differential does not apply to the deductible or out-of-pocket maximum. It is also the responsibility of the provider and member to ensure there is an appropriate authorization in place to negate MAC pricing.

Q. How will out of Network work?
A. Refer to your benefit guide for details.

Q. How do I find/obtain a copy the plan Summary of Benefits and Coverage (SBC) for my medical plans along with Glossary of Health Coverage and Medical Terms and CHIPRA Notice?
A. This is available on the school intranet. Upon request a paper copy will be provided at no charge.

Health Reimbursement Arrangement (HRA)

Q. Will I receive a HRA debit card?
A. No, your current card is good for 3 years.

Q. When do I use my new debit card from MVP?
A. The only time the employee will have to use their HRA debit card is to pay for prescriptions only! *Remember to show your pharmacy both your MVP insurance ID card as well as your HRA debit card*

Q. What about non-pharmacy claims?
A. Your HRA includes an integrated reimbursement feature to automate payment of your medical claims. When you get care that is billed to MVP, payment will automatically be deducted from your HRA and sent to your provider on your behalf.

Q. What type of balance notification will enrollees receive regarding debit card?
A. MVP provides a balance statement via monthly email. If you have no access or will not use computer, then you can call MVP Flexible Benefits (HRA) at 1-888-222-9931 to request a statement faxed or mailed to you or you can obtain the balance over the phone.

Q. Will I have online access to my HRA account?
A. Yes, on the MVP HRA member site www.mywealthcareonline.com/MVPHealthCare select "Register" to create your unique username and password.

Q. How will out of Network work?
A. Refer to your benefit guide for details.

Q. What is the turnaround time for payments made by MVP to physician or hospital on enrollee's behalf?
A. Providers remit claims, payments are processed weekly.

WELLSTYLE EXTRAS

Rewarding members for taking meaningful steps toward better health

$300 WELLSTYLE REWARDS

Achieving and maintaining your best health can be a challenge. WellStyle Extras from MVP Health Care® can make it easier and more rewarding!

With WellStyle Extras, you can earn up to $300 WellStyle Rewards (per contract, per calendar year) for completing a Personal Health Assessment (PHA), submitting a *Health Risk Screening Form*, participating in personal lifestyle coaching by phone and completing self-guided health education courses online. You also will have opportunities to earn rewards for meeting recommended health guidelines.

POWERFUL TOOLS FOR REACHING IMPORTANT GOALS

Go online

MVP's online Wellness Tools and Activities can help you set, track and succeed at reaching the health improvement goals that are important to you. Plus, you can earn WellStyle Rewards for participating!

Login to **www.mvphealthcare.com**, choose the *Manage Your Account* option and click on YOUR WELLNESS STARTS HERE to take advantage of these great resources.

Personal Health Assessment (PHA)

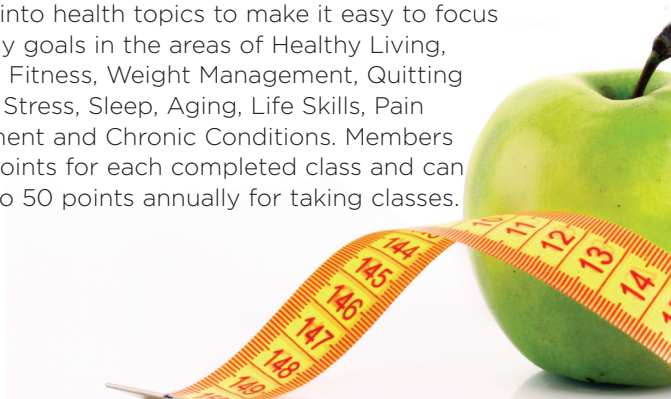
By taking the Personal Health Assessment you can see how you stack up in the following health areas:

- Biometrics
- Lifestyle
- Health Conditions
- Preventive Health

The PHA only takes about ten minutes to complete. Once finished, you'll immediately receive a *Personal Scorecard* which provides a summary of your Personal Health Assessment (PHA) and biometric screening results (if you've been screened). The Personal Scorecard is customized and specific to you to help you be the healthiest you can be. Completing the PHA is a required step toward earning $300 WellStyle Rewards.

Valuable Health Information

To help you on the road to better health, WellStyle Extras includes an abundance of health information and resources brought together in online classes grouped into health topics to make it easy to focus on healthy goals in the areas of Healthy Living, Nutrition, Fitness, Weight Management, Quitting Tobacco, Stress, Sleep, Aging, Life Skills, Pain Management and Chronic Conditions. Members earn 10 points for each completed class and can earn up to 50 points annually for taking classes.



GUIDANCE TO ACHIEVE POSITIVE LIFESTYLE CHANGES

Work with a health care provider

Your body mass index (BMI), blood pressure, blood sugar, total cholesterol and whether you use tobacco can tell you a lot about your risk for diseases like diabetes and cancer. Keeping these health measures within recommended ranges is one of the most important things you can do for your overall health.

You can earn WellStyle Rewards just by completing basic health screenings. If your screening results are within recommended ranges based on health guidelines, you can earn even more! We even reward you 100 points for meeting with your doctor and obtaining their signature on your *Screening Form*.

Simply contact your doctor's office to schedule an annual physical and have a health care provider complete a *WellStyle Rewards Health Screening Form*. You also may complete the form yourself and include a copy of your medical record if you have had screenings within the past 24 months. This is also a required step toward earning your $300 WellStyle Rewards.

You can send your completed form:

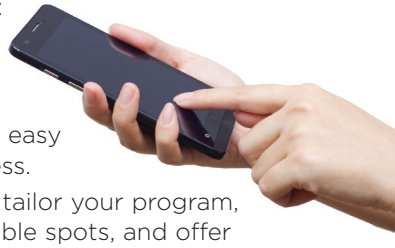
BY MAIL to MVP WellStyle Rewards
Healthyroads Customer Service – C4-1
P.O. Box 509040
San Diego, CA 92150-9040.

BY E-MAIL to **mvpforms@ashn.com**, with the subject line *MVP Screening Form*.

- Forms must be received by 12/31/2016 to count toward 2016 WellStyle Rewards.
- Keep a copy of the form for your records.

Call a coach

For members who are ready to achieve a healthier weight, stop smoking or reach for other healthy goals, **Personal Lifestyle Coaches** are just a phone call away with guidance and motivation.



Working with a lifestyle coach is:

- **CONVENIENT:** Talk with a coach by phone, video or chat sessions once a week when it works with your schedule, with easy online tools for tracking progress.
- **CUSTOMIZED:** Health coaches tailor your program, talk through concerns and trouble spots, and offer motivation.
- **SUCCESSFUL:** Reach a goal, make a healthy change, and enjoy the rewards!

MVP offers personal lifestyle coaching programs (through our arrangement with Healthyroads, Inc., a subsidiary of American Specialty Health Incorporated) to help you with:

- Weight Management
- Tobacco Cessation
- Healthy Living (fitness, nutrition and stress management, along with help managing high blood pressure, high cholesterol, metabolic syndrome or pre-diabetes)

Once you become an MVP member, simply call **1-877-748-2746** to start your customized coaching program — and earn WellStyle Rewards for participating!

www.mvphealthcare.com

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health 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 2014 for coverage starting as early as January 1, 2015.

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*.

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:

Keisha Martinez
Health Benefits Specialist
Newburgh Enlarged City School District
124 Grand Street
Newburgh, NY 12550
(845) 563-3467
kmartine@necsd.net

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.

*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% of such costs.

General Notices

Patient Protection Disclosure Notice

If your health plan generally allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

The Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis and complications resulting from a mastectomy, including lymph edema? Contact your employer for more information.

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who select breast reconstruction in connection with a mastectomy. Plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

Women's Health and Cancer Rights Act (WHCRA):

- Applies to group health plans for plan years starting on or after October 21, 1998.
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to mastectomy.
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Under WHCRA, mastectomy benefits must include coverage 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;
- Prosthesis and treatment of physical complications of the mastectomy, including lymph edema;

Under WHCRA mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage. Therefore, the following **in-network** copays, deductibles and coinsurance apply:

	NYSHIP	MVP
Deductible	N/A	$2,500 – Single / $5,000 – Family
Office Visits	$20	Covered in Full after Deductible
Inpatient Hospital Admissions	Covered in Full	Covered in Full after Deductible
Emergency Room	$70	Covered in Full after Deductible

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plans to avoid the requirements of WHCRA.
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the WHCRA.

If you would like more information on WHCRA benefits, call your plan administrator.

HIPAA Special Enrollment Rights

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

In addition, this special enrollment opportunity will not be available when other coverage ends unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph below, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

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

A special enrollment opportunity may be available in the future if you or your dependent(s) lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph above, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

- If you or your dependent(s) experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you or your dependent(s) become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

Note: In the two above listed circumstances only, you or your dependent(s) will have sixty (60) days to request special enrollment in the group health plan coverage. An individual must request this special enrollment within sixty (60) days of the loss of coverage described at bullet one, and within sixty (60) days of when eligibility is determined as described at bullet two.

To request special enrollment or obtain more information, contact

Keisha Martinez
Health Benefits Specialist
Newburgh Enlarged City School District
124 Grand Street
Newburgh, NY 12550
(845) 563-3467
kmartine@necsd.net

Resources

Before enrolling, be sure to:

- The carriers make a number of tools and resources available through their web site that provide additional information:

  ★ NYSHIP
  www.empireplanprovider.com/provider.htm
  (877) 769-7447

  ★ MVP
  www.mvphealthcare.com
  (888) 687-6277

  ★ MVP Flexible Benefits (HRA)
  www.mywealthcareonline.com/mvphealthcare
  (888) 222-9931

Keep this guide handy. Refer to the information in this guide to help you make wise benefit choices

Phone: (855) 562-7821
HTTP://USEBSG.COM/