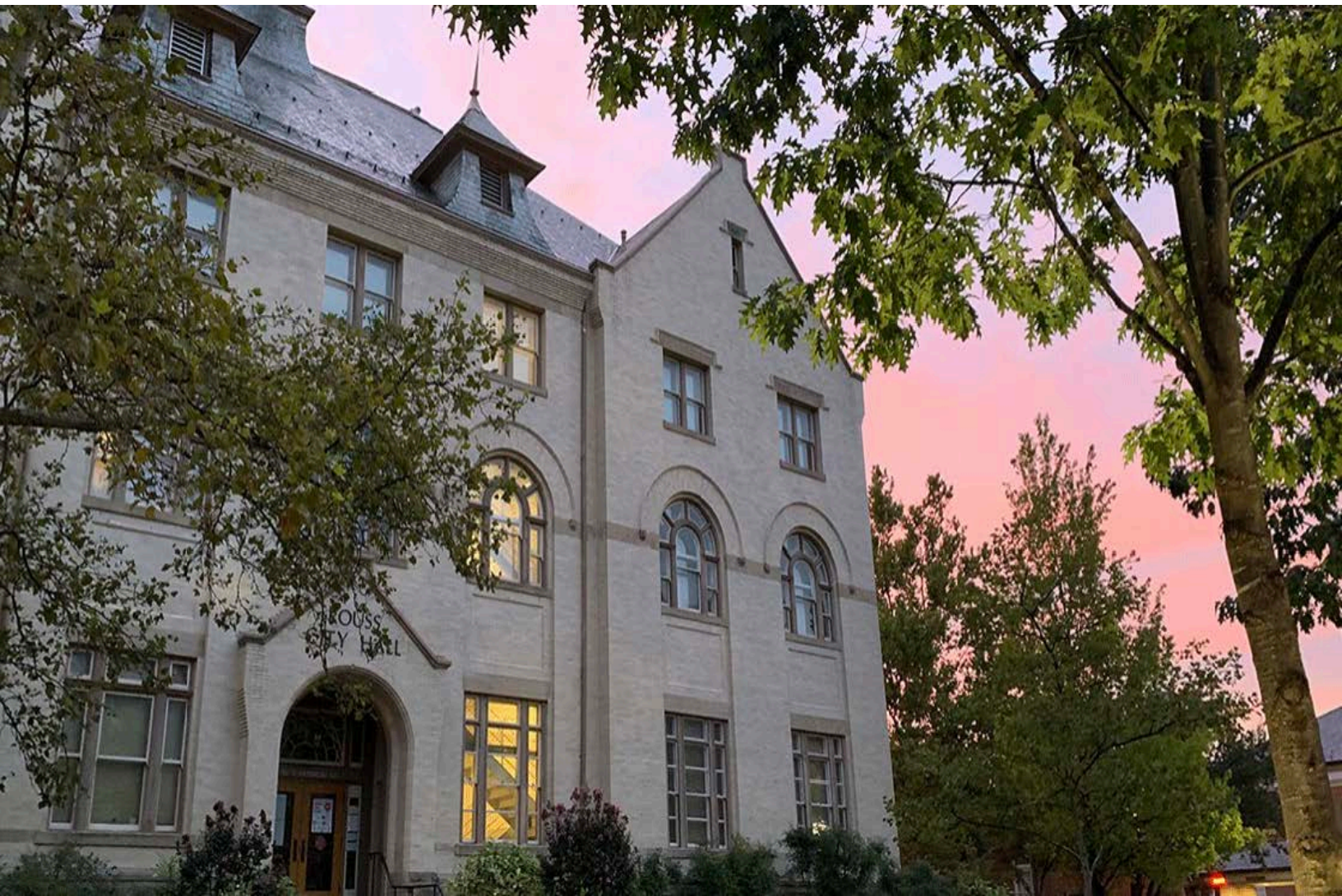


# Winchester *Virginia*



## 2022–2023 Benefit Booklet



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## 2022 Important Dates

Open Enrollment:

May 2, 2022 – May 13, 2022

All Open Enrollment Decisions  
Due By: May 13, 2022

Benefits Begin: July 1, 2022

**Questions?**  
**Contact HR Team at 540-667-2304**

## Your Benefits Package

Please review this guide to learn about the benefit options available to you so you can make informed decisions about your benefits for 2022. When you make well-informed decisions, you can help reduce your out-of-pocket health care costs, and help control the rising costs of health care premiums.

This brochure summarizes the coverage that is available during the upcoming 2022-2023 benefit year. It does not provide all of the details about all of the benefit programs. Additional information is available in each program's benefit summary.

## Need More Information?

Find detailed information regarding each benefit by logging onto your NeoGov account and clicking on "My Onboarding"

*This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available by request from the Human Resources Department. This brochure summarizes the coverage that is available during the upcoming 2022 plan year. If you have any questions, please contact Human Resources. Additional contact information is shown at the end of this guide.*

# Welcome!



## Open Enrollment Reminders

### *Beneficiary Information Check Up*

- Please make sure your beneficiary information is up to date with VRS ([varetire.org](http://varetire.org))

### *Securian-Optional Life Insurance*

- Children are eligible for coverage until age 21 or age 25 if they are a full-time student.

## Eligibility

The City of Winchester is committed to providing a health care benefits program that offers choices and competitive coverage for you and your family. If you are an active full-time employee you are eligible to enroll in the benefits described in this guide. The following family members are eligible for benefits:

- Legal Spouse
- Child(ren) up to age 26.

## New Hires

Benefits begin on the first day of the month following your date of hire.

## Qualifying Events

Under IRS Section 125 regulations after your Initial or Annual Enrollment period is closed, you cannot make changes to the benefits you elect or waive until the next annual enrollment period unless you experience a qualifying event. Events falling within the following categories are considered qualifying events:

- Marriage, divorce, death of spouse, legal separation, or annulment
- Birth, adoption, placement for adoption, death, qualified medical child support order (QMCSO), or dependent ceases to satisfy eligibility requirements
- Employee or spouse termination or commencement of employment
- Change from part-time to full-time

***In order to be eligible to make changes, you must notify HR within 30 days of a qualifying event.***

# *How to Enroll*

How do I make changes and/or enroll in our benefits?

## **TLC - Anthem:**

Submit form through NeoGov. Complete and submit the form titled TLC Open Enrollment form.

## **ProBenefits:**

FSA and/or Dependent Care: Submit form through NeoGov. Complete and submit form titled ProBenefits Enrollment Form.

## **Securian:**

Contact HR at (540) 667-2304 for appropriate form

## **Allstate:**

Contact HR at (540) 667-2304 for appropriate form

## **Legal/ID Shield:**

Online at <https://w3.legalshield.com/gs/init?grp=cityofwinchester>

## **Mission Square:**

New Enrollments: online at <https://accountaccess.icmarc.org/enroll/identify.jsp> or call Habib! Changes to existing accounts: NeoGov form titled Deferred Compensation/IRA Update

**Be sure to submit the appropriately titled form. Incorrect form submissions can delay the processing of your request.**

# Medical & Prescription Drugs

We are committed to providing you with comprehensive medical benefits to meet your needs. This section will provide a brief summary of each medical plan option. With any plan you can visit the physician of your choice.

You have two options for medical benefits. Costs for coverage are paid through pre-tax payroll deductions. For greater detail on each of the plans listed, please refer to the Anthem summary of benefits.

Visit and sign up on [www.anthem.com/tlc](http://www.anthem.com/tlc) or download the Sydney app to view claim details, estimate the cost of care, check deductible and out of pocket balances, view full summary of services covered, search network of providers, view Id cards, and so much more!



Plan Features	Key Advantage \$1,000	Key Advantage \$500
<b>Deductible</b>	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family
<b>Coinsurance</b>	20%	20%
<b>Out-of-Pocket Maximum</b>	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family
<b>Primary Physician Office Visit</b>	\$25 copay	\$25 copay
<b>Specialist Physician Office Visit</b>	\$40 copay	\$40 copay
<b>Preventive Care Services</b>	100% covered	100% covered
<b>Virtual Visit</b>	\$10 copay	\$10 copay
<b>Urgent Care</b>	\$40 copay	\$40 copay
<b>Inpatient Services</b>	20% after deductible	20% after deductible
<b>Outpatient Services</b>	20% after deductible	20% after deductible
<b>Emergency Room Charges</b>	20% after deductible	20% after deductible
<b>Labs and X-Rays</b>	20% after deductible	20% after deductible
<b>Diagnostic Services</b>	20% after deductible	20% after deductible
<b>Pharmacy</b>		
<b>Retail</b> (up to a 34-day supply) Tier 1/Tier 2/Tier 3/Tier 4	\$10 / \$30 / \$45 / \$55 copay	\$10 / \$30 / \$45 / \$55 copay
<b>Mail Order</b> (up to 90-day supply) Tier 1/Tier 2/Tier 3/Tier 4	\$20 / \$60 / \$90 / \$110 copay	\$20 / \$60 / \$90 / \$110 copay
<b>Out of Network Benefits</b>		
<b>Deductible</b>	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family
<b>Coinsurance</b>	30%	30%
<b>Out-of-Pocket Maximum</b>	\$9,000 Individual \$18,000 Family	\$7,000 Individual \$14,000 Family

*This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.*

# Additional Anthem Benefits

## Life Health Online – [www.LiveHealthOnline.com](http://www.LiveHealthOnline.com)

LiveHealth Online lets you have a face-to-face doctor visit from your mobile device or computer with a webcam at *no cost*. Go to [www.livehealthonline.com](http://www.livehealthonline.com) or download the app so you'll be ready whenever you need these LiveHealth Online services:

- LiveHealth Online Medical
- LiveHealth Online Psychology
- LiveHealth Online Psychiatry
- LiveHealth Online EAP
- LiveHealth Online Healthy Sleep

## Sydney App

The Sydney Health mobile app acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).

## ConditionCare

Take advantage of free and confidential support to manage these conditions: Asthma, Heart failure, Diabetes, Chronic obstructive pulmonary disease (COPD), Coronary artery disease (CAD), and Hypertension. You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.

## Future Moms

Enroll within the first 16 weeks for free pre-and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.

## MyHealth Advantage

Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.

## 24/7 NurseLine & Audio Health Library

Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.



# Dental

**Remember!**  
If you enrolled in a Medical plan you are also enrolled in the Dental and Vision plan

Oral health affects our ability to speak, smell, taste, chew, and swallow. Oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year. Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body.

Visit and sign up on [www.deltadentalva.com](http://www.deltadentalva.com) or download the Delta Dental app to search dental providers, access a dental cost calculator, view dental benefit summary, download and order Id cards, view claims or download claim forms, and much more!

In and Out of Network Benefits	
<b>Annual Deductible</b> Individual Family	\$25 \$75
<b>Annual Plan Maximum</b>	\$1,500 per member
<b>Preventive Services</b> (Deductible Waived) <i>Exams, Cleanings, X-rays</i>	100%
<b>Basic Services</b> <i>Fillings, Simple Extractions, Root Canal, Oral Surgery</i>	80%
<b>Major Services</b> <i>Dentures, Crowns, Implants</i>	50%
<b>Orthodontia</b> <i>Adult and Child</i>	50%
<b>Orthodontia Lifetime Max</b>	\$1,500 per member



# Vision

*Remember!  
If you enrolled in a Medical plan you are also  
enrolled in the Dental and Vision plan*

Taking care of your vision can also mean early detection for symptoms of diabetes, hypertension, high cholesterol, tumors, thyroid disorders, and neurological disorders. A qualified vision care professional can help treat and manage cataracts, corneal diseases, diabetic retinopathy, eye infections, glaucoma, and macular degeneration.

Members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs.

Access [www.anthem.com/tlc](http://www.anthem.com/tlc) to search the provider directory.

In-Network Benefits	
<b>Exam Copay</b>	\$40
<b>Lens and Frames Copay</b>	\$20
<b>Lens Options</b>	
UV coating, tints, standard scratch resistant	\$15
Standard polycarbonate	\$40
Standard progressive	\$65
Standard anti-reflective	\$45
<b>Frame Allowance</b>	\$100
<b>Contact Lens Allowance</b>	\$100
Frequency	
<b>Eye Exam</b>	Once every 12 months
<b>Lenses – Eyeglasses or Contact</b>	Once every 12 months
<b>Frames</b>	Once every 12 months





# Employee Assistance Program (EAP)

*For employees and their family members enrolled on either medical plan*

It's good to know you aren't alone. Balancing your work and home life is not always easy. With Anthem's EAP, you don't have to face life's challenges alone. Anthem's EAP provides support and guidance for matters that range from personal issues you might be facing to providing information on every day topics that affect your life.

EAP consultants are trained to understand your concerns so they can connect you with the service best able to help you. Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and Recovery
- Work and Career
- Childcare and parenting
- Helping aging parents
- Financial issues
- Legal concerns
- Smoking cessation

One call puts you in touch with a clinician, counselor, mediator, lawyer, or financial adviser who could help change your life for the better.



Your EAP gives you, your covered dependents and members of your household up to 4 free confidential counseling sessions per issue each plan year.

Learn all about your EAP services and resources by contacting Anthem EAP by calling 855-223-9277 or visiting [www.anthemEAP.com](http://www.anthemEAP.com). Enter Commonwealth of Virginia as company name and select The Local Choice.



# Your Cost for Coverage

Your per pay payroll deductions for coverage are shown in the table below:

Key Advantage \$1,000 Deductible Plan w/ Dental and Vision	
	Cost Per Pay
Employee Only	\$0.00
Employee + 1	\$67.84
Employee + Family	\$189.70

Key Advantage \$500 Deductible Plan w/ Dental and Vision	
	Cost Per Pay
Employee Only	\$13.84
Employee + 1	\$93.23
Employee + Family	\$227.08

## Important Contacts

BENEFIT	CARRIER	WEBSITE or EMAIL	PHONE
Medical	Anthem	<a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a>	800-552-2682
Pharmacy	Anthem	<a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a>	833-267-3108
Dental	Delta Dental	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>	888-335-8296
Vision	Anthem	<a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a>	800-552-2682
EAP	Anthem	<a href="http://www.anthemEAP.com">www.anthemEAP.com</a>	855-223-9277
FSA	ProBenefits	<a href="http://www.probenefits.com">www.probenefits.com</a>	888-722-8382
Supplemental Benefits	Allstate	Email: <a href="mailto:lonabishop@cox.net">lonabishop@cox.net</a>	540-336-5891
457 Deferred Comp/Roth IRA	Mission Square	Email: <a href="mailto:hmbye@missionsq.org">hmbye@missionsq.org</a>	202-759-7079
Legal/ID Shield	Legal/ID Shield	Email: <a href="mailto:sampiazza@gmail.com">sampiazza@gmail.com</a>	800-858-2589
Optional Life Insurance	Securian	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>	800-441-2258

# Flexible Spending Account (FSA)

FSA's provide you with an important tax advantage that can help you pay for health care or dependent care expenses on a pre-tax basis. You save Federal, State and FICA taxes on all the money you set aside into a Flexible Spending Accounts. By anticipating your family's costs for the next year, you can actually lower your taxable income.

## Healthcare Reimbursement FSA

Health FSAs offer an option for setting aside money to use for qualified medical expenses. These accounts offer a convenient way to prepare for out-of-pocket medical expenses. Funds can be used to pay for co-pays, prescriptions and over the counter medications, vision expenses, and dental and orthodontia services to name a few.

Estimate carefully on a FSA amount – any funds over \$550 left in the account at year end are forfeited.

You can incur claims from July 1-June 30.

**2022 FSA Maximum Contribution Limit = \$2,850**

## Dependent Care FSA

When you need to pay for dependent care expenses such as daycare, in-home dependent care, before and after school care, preschool, and summer day camp a Dependent Care FSA is beneficial.

**2022 Dependent Care FSA Maximum Contribution Limit = \$5,000**

**Be sure to download the ProBenefits mobile app for easy claim tracking and receipt submission.**



**All FSA participants are REQUIRED to submit a new form during open enrollment. Forms are due by May 13, 2022.**



# Allstate®

## Benefits

### Welcome to Allstate Benefits!

These supplemental benefit plans are made available to you by your employer through payroll deduction and are designed to provide benefits to you in addition to your regular health insurance\*. You may choose any of these that you would like, and you may also cover your spouse and/or children to age 26.

Accident, Cancer, and Critical Illness Benefits are paid directly to you in addition to what your other insurance may pay\*, and you may use that money for whatever you choose.

#### Accident Plan

Benefits for accidental injuries requiring medical attention. From minor injuries such as tick bites or poison ivy, to more serious injuries such as broken bones. Plan also includes benefits for 2 or 4 office visits each year.

#### Cancer Plan

Benefits for the diagnosis and treatment of Cancer, including hospitalization, surgery, radiation/chemotherapy and more. Also available with benefits added for a covered stay in the ICU due to medical illness or injury, (ICR on enrollment form). This also adds an ambulance benefit that pays you 100% of billed charges for ambulance when transported to hospital and admitted to ICU, ground OR air. Benefits for treatment of additional specified diseases as listed in brochure. Annual Wellness benefit available for each covered person.

#### Critical Illness Plan

Benefits paid for the health events listed in the brochure, including heart attack, stroke, and more. Now Guaranteed Issue! No medical questions to answer, even if you did not enroll when initially eligible. **Rate does not increase with age, and benefits do not decrease with age.**

\*Except Medicaid. Insurance Company is prohibited from paying benefits to the insured for care that is provided by Medicaid

Refer to plan brochures for details, limitations and premiums. Contact your representative with any questions or for assistance.

#### Allstate Representative:

Lona Bishop

Tel. 540-336-5891

Fax 888-773-8257

Email [lonabishop@cox.net](mailto:lonabishop@cox.net)

# Diversify your savings

A smart addition to your 457 plan, a Roth IRA offers:

- **Tax benefits** – Get a tax benefit now with pre-tax 457 plan contributions and a tax benefit later with flexible, tax-free Roth IRA withdrawals.
- **Savings goals** – Use each for different goals, like increased retirement income, future health care costs, college education, a new home, etc.

457 Plan	Roth IRA <sup>1</sup>
Pre-tax contributions	After-tax contributions
Taxable withdrawals	Tax-free withdrawals
Withdraw after separation	Withdraw any time

Visit [www.icmarc.org/whichira](http://www.icmarc.org/whichira) to view Roth IRA income limits.

Start saving to a Roth IRA with as little as \$50 per month and aim to increase this amount over time. In 20 years, you could save...<sup>2</sup>

**\$22,672**

If you contribute \$10 monthly...  
**BUT**, increase your contributions by \$5 each year  
**\$39,914**

**\$45,344**

If you contribute \$50 monthly...  
**BUT**, increase your contributions by \$10 each year  
**\$79,829**

**\$68,016**

If you contribute \$100 monthly...  
**BUT**, increase your contributions by \$20 each year  
**\$136,985**

<sup>1</sup> Roth contributions may be withdrawn any time without taxes or penalties. Earnings may be withdrawn tax- and penalty-free if you have owned a Roth IRA for at least a five-year period and have a qualifying event, including age 59½, a first-time home purchase, disability or death. See IRS Publication 590.

<sup>2</sup> Assumes 6% effective average annual return, compounded biweekly. For illustrative purposes only.

**To learn more, contact your MissionSquare Retirement representative.**

# Your 457 plan matters



## Why save to your 457 deferred compensation plan when you already have a 401(k) plan?

- 1. No early withdrawal penalties**  
Only a 457 plan avoids the IRS 10% early withdrawal penalty tax, regardless of your age.\*
- 2. Achieve other savings goals**  
Do you have another one retirement savings goal, such as medical costs, long-term care, or a home purchase? Having another savings bucket can help.
- 3. Save big**  
Max out either plan and you can save even more to the other. Visit [www.icmarc.org/contributionlimits](http://www.icmarc.org/contributionlimits) to view current year maximum contribution amounts.

## Your 457 plan can bridge the gap between an early retirement and age 59½.

At age 59½, you can withdraw from any retirement account without penalty taxes.

**Have questions? Your MissionSquare Retirement representative can help.**

\*10% penalty tax never applies to withdrawals of original 457 plan contributions and associated earnings. But penalty may apply to non-457 plan assets rolled into a 457 plan and subsequently withdrawn prior to age 59½.



## Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?

- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

### The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15<sup>th</sup> of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

### The IDShield Membership Includes:

- **Continuous Credit Monitoring**
- **Financial Account Monitoring** Accounts monitored include checking savings, 401k accounts, loans and more
- **Consultation** on an unlimited number of identity-related issues
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **\$1 Million Protection Plan** This covers certain identity fraud expenses and legal costs such as lost wages, legal defense costs, and more as a result of a covered identity fraud event.
- **24/7 Emergency Access** In the event of an identity theft emergency.

Plan	Family Price	Individual Price
LegalShield	\$3.45 weekly / \$6.90 bi-weekly	\$3.45 weekly / \$6.90 bi-weekly
IDShield	\$4.37 weekly / \$8.75 bi-weekly	\$2.06 weekly / \$4.13 bi-weekly
Combined	\$6.90 weekly / \$13.80 bi-weekly	\$5.51 weekly / \$11.03 bi-weekly



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/> summary-of-benefits. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



Sam Piazza --Group Security Specialist (800) 858-2589  
[sampiazza@gmail.com](mailto:sampiazza@gmail.com)  
<https://www.legalshield.com/info/cityofwinchester>

# Where to Go Guide

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care

	Conditions Treated*	Your Cost & Time	
<b>Emergency Room</b>			
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"> <li>· Sudden numbness, weakness</li> <li>· Uncontrolled bleeding</li> <li>· Seizure or loss of consciousness</li> <li>· Shortness of breath</li> <li>· Chest pain</li> <li>· Head injury/major trauma</li> <li>· Blurry or loss of vision</li> <li>· Severe cuts or burns</li> <li>· Overdose</li> </ul>	<ul style="list-style-type: none"> <li>· Costs are highest</li> <li>· No appointment needed</li> <li>· Wait times may be long, averaging over 4 hours</li> </ul>	
<b>Urgent Care Center</b>			
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> <li>· Minor cuts, sprains, burns, rashes</li> <li>· Fever and flu symptoms</li> <li>· Headaches</li> <li>· Chronic lower back pain</li> <li>· Joint pain</li> <li>· Minor respiratory symptoms</li> <li>· Urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>· Costs are lower than an ER visit</li> <li>· No appointment needed</li> <li>· Wait times vary</li> </ul>	
<b>Doctor's Office</b>			
The best place to receive routine or preventive care, track medications, or get a referral to see a specialist.	<ul style="list-style-type: none"> <li>· General health issues</li> <li>· Preventive services</li> <li>· Routine checkups</li> <li>· Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>· May include coinsurance and/or deductible</li> <li>· Appointment usually needed</li> <li>· May have little wait time</li> </ul>	
<b>Virtual Medicine</b>			
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app.	<ul style="list-style-type: none"> <li>· Cold and flu symptoms such as a cough, fever and headaches</li> <li>· Allergies</li> <li>· Sinus infections</li> <li>· Family health questions</li> </ul>	<ul style="list-style-type: none"> <li>· Cost is lower than office visit</li> <li>· No appointment needed</li> <li>· Immediate, private, and secure visits</li> </ul>	

\*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.



# *Helpful Terms to Know*

**Copay** – A fixed amount you pay for covered health care services, typically paid at time of visit.

**Deductible** - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

**Coinsurance** - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 70% and employee pays 30% of the charges after the deductible is met.

**Out of Pocket Maximum** - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

**In-Network Providers** - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

**Pre-Authorization** - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

**Pre-Determination** - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

**Explanation of Benefits (EOB)** - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

**Appeal** - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

# Annual Notices

## Medicare Part D Creditable Coverage Notice

### Important Notice from City of Winchester. 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 offered by the Anthem TLC Plan through City of Winchester 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. City of Winchester has determined that the prescription drug coverage offered by the Anthem TLC Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through City of Winchester will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage.

If you decide to join a Medicare drug plan and drop your current group health coverage through City of Winchester, be aware that you and your dependents will be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current group health coverage through City of Winchester 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 Plan Administrator 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 City of Winchester changes. You may request a copy of this notice at any time.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

For purposes of this notice, the Plan Administrator is: Paula Nofsinger 540-667-1815

# Annual Notices

## WHCRA enrollment/annual notice

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 as identified at the end of these notices.

## Newborns' Act disclosure

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).

## Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

For purposes of this notice, the plan administrator is:

Paula Nofsinger  
540-667-1815

# Annual Notices

## CHIPRA premium assistance notice

### 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](http://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-KIDSNOW**, or [www.insuredkidsnow.gov](http://www.insuredkidsnow.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](http://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, 2020. Contact your state for more information on eligibility –**

<b>ALABAMA – MEDICAID</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>ALASKA – MEDICAID</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855-692-6442
<b>ARKANSAS – MEDICAID</b>	<b>FLORIDA - Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 877-357-3268
<b>GEORGIA - Medicaid</b>	<b>MISSOURI - Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>INDIANA - Medicaid</b>	<b>MONTANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 800-457-4584	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 800-694-3084

## Annual Notices

CHIPRA premium assistance notice: Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) Continued...

<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>NEBRASKA – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 888-346-9562	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KANSAS – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 800-792-4884	Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 800-992-0900
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 800-852-3345, ext 5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.medicare.la.gov">www.medicare.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium Webpage <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 800-862-4840	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 800-250-8427

## Annual Notices

CHIPRA premium assistance notice: Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) Continued...

<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 800-692-7462	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/hipp">https://www.coverva.org/hipp</a> Medicaid Phone: 800-432-5924 CHIP Phone: 800-432-5924
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 855-MyWVHIPP (855-699-8447)
<b>SOUTH DAKOTA – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING - Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
<a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a>	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>
1-866-444 EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such a collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210, or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



***Summary of Benefits Guide does not provide all the details about all the Benefit Plans. If you have additional questions please contact HR. Should a discrepancy arise between this document and the plan documents, the plan documents will prevail.***



This Guide is only intended to offer an outline of benefits. All details and contract obligations of the plan are stated in the group contract/insurance documents, including any disclosures (whether regarding "grandfathering " of plans or others) required by the new health reform law, The patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.