

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, please see page 20 for important information.

2022 Open Enrollment Guide

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A Message from HR at Petersburg Borough

At Petersburg Borough we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely, Becky Regula

Human Resources 907-772-5404

This brochure summarizes the benefit plans that are available to Petersburg Borough eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Eligibility

Eligible Employees:

You may enroll in the Petersburg Borough Employee Benefits Program if you are:

An **Active Full Time Employee** working twenty (20) or more hours per week.

An **Active Part Time IBEW Employee** working twenty (20) or more, but less than thirty (30) hours per week.

A **Returning Permanent Season Employee** working twenty (20) or more hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship. Domestic Partners are not eligible for coverage.

When Coverage Begins:

Newly hired employees and dependents will be effective in Petersburg Borough's benefits programs on the first day following thirty (30) days of hire. Returning Permanent Seasonal employees will be effective on the first day following the date of return to duty. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 60 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance

Petersburg Borough is pleased to provide a choice between two (2) medical plans through Premera BCBS of Alaska. You can choose between the **Heritage Plus \$1500** plan or the **Heritage Plus \$3000** plan with the **B3 Rx plan formulary**. Highlights of the medical plans are listed below.

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an in-network PPO provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider. To find a provider, visit www.pemera.com. Please see your Booklet or Carrier Benefit Summary for more information.

| Benefit Coverage | Premera BCBS of Alaska Medical PPO – HP 1500 NGF 1039158 | | Premera BCBS of Alaska Medical PPO – HP 3000 NGF 1039158 | |
|---|--|--|--|--|
| | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | | | |
| Individual | \$1,500 | \$1,500 | \$3,000 | \$3,000 |
| Family | \$4,500 | \$4,500 | \$9,000 | \$9,000 |
| Coinsurance | 80% Preferred | 60% | 80% Preferred | 60% |
| Maximum Out-of-Pocket | | | | |
| Individual | \$4,000 | \$45,000 | \$5,000 | \$45,000 |
| Family | \$12,000 | \$90,000 | \$10,000 | \$90,000 |
| Physician Office Visit | | | | |
| Primary Care | \$35 Copay Preferred After Deductible | 60% After Deductible | \$35 Copay Preferred After Deductible | 60% After Deductible |
| Specialty Care | \$35 Copay Preferred After Deductible | 60% After Deductible | \$35 Copay Preferred After Deductible | 60% After Deductible |
| Virtual Care | Covered in Full | N/A | Covered in Full | N/A |
| Preventive Care | | | | |
| Adult Periodic Exams | Covered in Full | 60% After Deductible | Covered in Full | 60% After Deductible |
| Well-Child Care | Covered in Full | 60% After Deductible | Covered in Full | 60% After Deductible |
| Immunizations | Covered in Full | 60% After Deductible | Covered in Full | 60% After Deductible |
| Diagnostic Services | | | | |
| X-ray and Lab Tests | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Complex Radiology | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Urgent Care Facility | \$35 copay Preferred After Deductible | 60% After Deductible | \$35 Copay Preferred After Deductible | 60% After Deductible |
| Emergency Room Facility Charges (Copay waived if admitted) | \$150 Copay; 80% Preferred After Deductible | \$150 Copay; 80% Preferred after In-network Deductible | \$150 Copay; 80% Preferred After Deductible | \$150 Copay; 80% Preferred after In-network Deductible |

| | | | | |
|---|--|---|--|---|
| Inpatient Facility Charges | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Outpatient Facility and Surgical Charges | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Mental Health | | | | |
| Inpatient | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Outpatient | \$35 Copay Preferred | 60% After Deductible | \$35 Copay Preferred | 60% After Deductible |
| Substance Abuse | | | | |
| Inpatient | 80% Preferred After Deductible | 60% After Deductible | 80% Preferred After Deductible | 60% After Deductible |
| Outpatient | \$35 Copay Preferred | 60% After Deductible | \$35 Copay Preferred | 60% After Deductible |
| Other Services | | | | |
| Manipulations (24 visits PCY) | \$35 Copay Preferred After Deductible | 60% After Deductible | \$35 Copay Preferred After Deductible | 60% After Deductible |
| Acupuncture (12 visits PCY) | \$35 Copay Preferred After Deductible | 60% After Deductible | \$35 copay Preferred After Deductible | 60% After Deductible |
| Routine Hearing Exam (1P2CY) | 80%, Deductible Waived | 80%, Deductible Waived | 80% Deductible Waived | 80%, Deductible Waived |
| Hearing Hardware (1P3CY) | 80%, Deductible Waived \$3,000 max | 80%, Deductible Waived \$3,000 max | 80% Deductible Waived \$3,000 max | 80%, Deductible Waived \$3,000 max |
| Medical Access Transportation 3 round trips PCY for patient (3 round trips PCY for parent/guardian if patient under 19 yrs.) | 80% Preferred After Deductible | In Network Deductible, then 80% Preferred | 80% Preferred | In Network Deductible, then 80% Preferred |
| Elective Procedure Travel (Prior Approval Required: Member & Medically Necessary Companion) Air: 1 round-trip per episode; Surface Transportation & Parking: \$35/day; Ferry Transportation \$50 per person each way; Lodging \$50/day per person | Travel: Covered in Full; Related Medical Services: Covered in Full | Travel: Covered in Full; Related Medical Services: Covered as any other service | Travel: Covered in Full; Related Medical Services: Covered in Full | Travel: Covered in Full; Related Medical Services: Covered as any other service |
| Centers for Excellence Packaged Services (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement), Spine & Gynecology) | Covered in Full <i>Travel and Care Coordination (See Elective Procedure Travel)</i> | Covered as any other service <i>Travel and Care Coordination (See Elective Procedure Travel)</i> | Covered in Full <i>Travel and Care Coordination (See Elective Procedure Travel)</i> | Covered as any other service <i>Travel and Care Coordination (See Elective Procedure Travel)</i> |

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which “tier” category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at www.premera.com.

If you have a Maintenance Drug, one you take every day, week or month, take advantage of the Mail Order Programs with your medical plan. See your packet or go online for details.

| Pharmacy | 3Tier Formulary B3 | | 3Tier Formulary B3 | |
|--|--------------------|-------------------------------|--------------------|-------------------------------|
| Retail Pharmacy (30 Day Supply) | | | | |
| Generic (Tier 1) | \$20 copay | Same as in-network cost share | \$20 copay | Same as in-network cost share |
| Preferred Brands (Tier 2) | \$40 copay | | \$40 copay | |
| Non-Preferred Brands (Tier 3) | \$80 copay | | \$80 copay | |
| Mail Order Pharmacy (90 Day Supply) | | | | |
| Generic (Tier 1) | \$50 copay | Not covered | \$50 copay | Not covered |
| Preferred (Tier 2) | \$100 copay | Not covered | \$100 copay | Not covered |
| Non-Preferred (Tier 3) | \$200 copay | Not covered | \$200 copay | Not covered |



Health Reimbursement Account (HRA)

Petersburg Borough offers a Health Reimbursement Account in conjunction with the medical plan. The HRA will reimburse deductible, coinsurance, copay and Rx drug expenses as indicated below. In addition, the HRA will reimburse \$50 toward the \$150 Emergency Room copay per occurrence for each enrolled family member.

| PREMERA 1500 DEDUCTIBLE | PREMERA 3000 DEDUCTIBLE |
|---|---|
| <u>Employee Only</u> <ul style="list-style-type: none"> • 0% of the first \$3,500 • 100% of the next \$500 Maximum HRA Reimbursement: \$500 | <u>Employee Only</u> <ul style="list-style-type: none"> • 0% of the first \$3,500 • 100% of the next \$500 • 0% of the last \$1,000 Maximum HRA Reimbursement: \$500 |
| <u>Employee + Spouse/Child</u> <ul style="list-style-type: none"> • 0% of the first \$2,500 • 100% of the next \$250 • 0% of the next \$4,250 • 100% of the last \$1,000 Maximum HRA Reimbursement: \$1,250 | <u>Employee + Spouse/Child</u> <ul style="list-style-type: none"> • 0% of the first \$2,500 • 100% of the next \$250 • 0% of the next \$4,250 • 100% of the next \$1,000 • 0% of the last \$2,000 Maximum HRA Reimbursement: \$1,250 |
| <u>Employee + Family/2 or More</u> <ul style="list-style-type: none"> • 0% of the first \$3,000 • 100% of the next \$1,500 • 0% of the next \$2,500 • 100% of the last \$5,000 Maximum HRA Reimbursement: \$6,500 | <u>Employee + Family/2 or More</u> <ul style="list-style-type: none"> • 0% of the first \$3,000 • 100% of the next \$1,500 • 0% of the next \$2,500 • 100% of the last \$3,000 Maximum HRA Reimbursement: \$4,500 |

Once you've received treatment from a provider, the provider will bill your medical insurance. You will receive an Explanation of Benefits (EOB) from your insurance carrier showing how your benefits were applied. If the EOB shows that the service was applied to the deductible, you may submit the EOB and a completed claim form to Navia for reimbursement. Rx drugs may be submitted in the form of an itemized statement from the pharmacy/provider. The statement must include the date of service, type of service and cost.

- Funds run according to the calendar year (January 1st – December 31st)
- Unused HRA dollars do not roll over from year to year

Dental Insurance

Petersburg Borough offers a Dental PPO plan through Premera BCBS of Alaska for all employees. With the Dental PPO plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider.

| Premera BCBS of Alaska Dental PPO – Dental Standard 1500 1039158 | | |
|--|---------------------|-------------------------|
| Benefit Coverage | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | |
| Individual | \$0 | \$0 |
| Family | \$0 | \$0 |
| Waived for Preventive Care? | Yes | Yes |
| Annual Maximum | | |
| Per Person/Family PCY | \$1,500 | \$1,500 |
| Preventive | 100% | 100% |
| Basic | 80% | 80% |
| Major | 50% | 50% |
| Orthodontia | | |
| Benefit Percentage | Not covered | Not covered |

Vision Insurance

Premera BCBS of Alaska has a large network of Eye Care Providers. By seeing a preferred provider, you have the benefit of a low copayment for a vision exam and materials. You may also go to out-of-network providers, but you will need to pay for services and then submit a claim form for the reimbursed allowances. Please see the Premera BCBS of Alaska flyer for more information.

| Vision | | |
|--|--|--|
| Benefit Coverage | In-Network Benefits | Out-of-Network Benefits |
| Copay | | |
| Routine Exam | \$35 copay | \$35 copay |
| Materials | Covered in full to \$150 PCY | Covered in full to \$150 PCY |
| Hardware | | |
| Frame | Covered in Full to \$150 Combined with Lenses | Covered in Full to \$150 Combined with Lenses |
| Lenses | Covered in Full to \$150 Combined with Frames | Covered in Full to \$150 Combined with Frames |
| Pediatric Vision Hardware | Covered in Full 1 Pair of glasses (Frames and Lenses) | Covered in Full 1 Pair of glasses (Frames and Lenses) |
| Contact Lenses* in lieu of glasses | | |
| Elective | 100% up to \$150 | 100% up to \$150 |
| Pediatric Contact Lenses | Covered in Full 12-month supply | Covered in Full 12-month supply |
| Other Services | | |
| Laser Corrective Surgery | N/A | N/A |
| Frequency – All benefits are allowed 1 time per calendar year | | |

Life and AD&D

Petersburg Borough provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through Mutual of Omaha Insurance Company to assist you and your family in the event of a loss. The life insurance policy will pay as follows:

| Mutual of Omaha Life and AD&D G000BD4X | |
|--|---|
| Employee | |
| Benefit Amount | \$10,000 |
| Overall Maximum | \$10,000 |
| Guarantee Issue Amount | \$10,000 |
| Spouse | |
| Benefit Amount | Not Covered |
| Overall Maximum | Not Covered |
| Guarantee Issue Amount | Not Covered |
| Child(ren) | |
| Benefit Amount | Not Covered |
| Overall Maximum | Not Covered |
| Guarantee Issue Amount | Not Covered |
| Additional Features | |
| Accidental Death Benefit | In the event of an accidental death, the benefit may double. Please see your booklet for further details. |
| Dismemberment Benefit | In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details. |

The above benefits do not reduce with age.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and AD&D Insurance

You may purchase additional Life and AD&D insurance with Mutual of Omaha Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

| Mutual of Omaha Voluntary Life and AD&D G000BD4X | |
|--|---|
| Employee | |
| Benefit Amount | Increments of \$10,000 |
| Overall Maximum | 7x Annual Salary to \$250,000 |
| Guarantee Issue Amount | \$100,000 |
| Spouse | |
| Benefit Amount | Increments of \$5,000 |
| Overall Maximum | 100% of Employee Amount to \$250,000 |
| Guarantee Issue Amount | \$25,000 |
| Child(ren) | |
| Benefit Amount | Flat \$10,000 |
| Overall Maximum | \$10,000 |
| Guarantee Issue Amount | \$10,000 |
| Additional Features | |
| Accidental Death Benefit | In the event of an accidental death, the benefit may double. Please see your booklet for further details. |
| Dismemberment Benefit | In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details. |

The above benefits will reduce to 65% at age 65 and 50% at age 70.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

| Ages | Rates per \$1,000 of Benefit Amount |
|-------------------------|-------------------------------------|
| LIFE BENEFIT | |
| Under 25 | \$0.080 |
| 25 - 29 | \$0.080 |
| 30 - 34 | \$0.090 |
| 35 - 39 | \$0.090 |
| 40 - 44 | \$0.150 |
| 45 - 49 | \$0.220 |
| 50 - 54 | \$0.350 |
| 55 - 59 | \$0.530 |
| 60 - 64 | \$0.750 |
| 65 - 69 | \$1.270 |
| 70 - 74 | \$2.390 |
| 75 - 79 | \$4.530 |
| 80 - 84 | \$6.440 |
| 85+ | \$9.900 |
| Child Life | \$0.200 |
| AD&D BENEFIT | |
| EE/SP | \$0.050 |
| Child | \$0.050 |

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with ComPsych Corporation, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

ComPsych Corporation is only a phone call away at 877-616-0508 or via the web at guidanceresources.com, web ID: CN3906K.

Have Questions? Need Help?

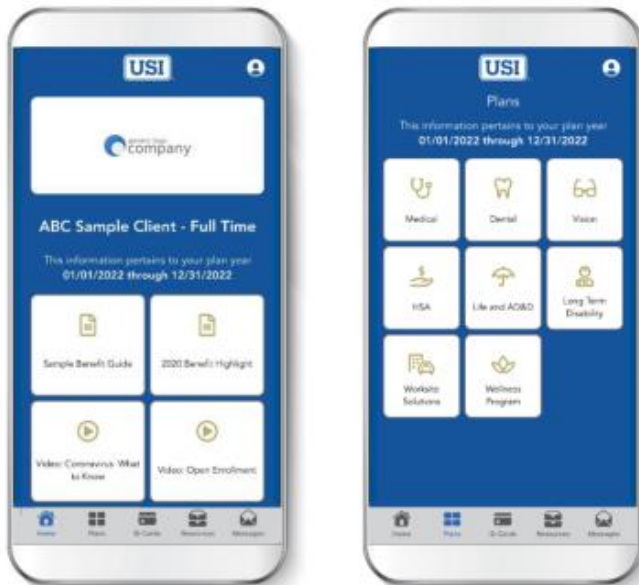
Have Questions? Need Help?

Petersburg Borough is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Alaska Standard Time at 866-468-7272 or via e-mail at BRCWest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

USI Mobile App

Petersburg Borough is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Download in the App Store or Google Play Store and enter code **S91092** in the app to access your benefit highlights.



To access the upcoming plan year information, download the new **MyBenefits2GO** app to view plan contact information, key plan documents and more.

Petersburg Borough

Enter this code when prompted:

S91092



Call the Benefit Resource Center ("BRC"),
We're Here To Help!

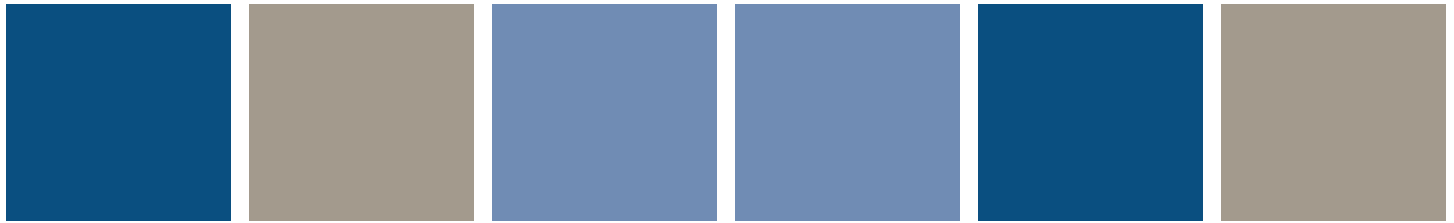
We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCWest@usi.com | Toll Free: 866-468-7272
Monday through Friday 8:00am to 5:00pm Mountain, Pacific and
Alaska Standard Time



Customer Service Information

| Carrier | Type of Coverage | Plan Name / Group Number | Contact Information |
|-----------------------------------|----------------------------------|--------------------------|---------------------|
| Premera BCBS of Alaska | Medical PPO | Medical PPO - 1039158 | 1.800.508.4722 |
| Premera BCBS of Alaska | Dental PPO | Dental PPO - 1039158 | 1.800.508.4722 |
| Premera BCBS of Alaska | Vision | Vision - 1039158 | 1.800.508.4722 |
| Mutual of Omaha Insurance Company | Life and AD&D | Life and AD&D - G000BD4X | 1.800.877.5176 |
| Mutual of Omaha Insurance Company | Voluntary Life / AD&D | Vol. Life - G000BD4X | 1.800.877.5176 |
| Navia Benefit Solutions | Health Reimbursement Arrangement | HRA | 1.866.897.1996 |
| ComPsych | Employee Assistance Plan (EAP) | EAP | 1.877.616.0508 |



Becky Regula
P.O. Box 329
Petersburg, Alaska 99833

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply:

- Plan 1: \$1,500 deductible / Plan pays 80% coinsurance In-Network
- Plan 2: \$3,000 deductible / Plan pays 80% coinsurance In-Network

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Becky Regula
P.O. Box 329
Petersburg, Alaska United States 99833
907-772-5404
bregula@petersburgak.gov

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

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

Your Choices

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

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

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

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

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

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

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

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

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

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

OMB 0938-0990

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Petersburg Borough 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 Petersburg Borough 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. Petersburg Borough has determined that the prescription drug coverage offered by the Premera PPO 1500 Plan and Premera PPO 3000 Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th 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.

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.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

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 Petersburg Borough coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Petersburg Borough coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Petersburg Borough 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 Petersburg Borough changes. You also may request a copy of this notice at any time.

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.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

| | |
|---------------------------|---|
| Date: | 07/01/2022 |
| Name of Entity/Sender: | Petersburg Borough/Becky Regula |
| Contact--Position/Office: | Deputy Borough Clerk |
| Address: | 12 South Nordic Drive; P.O. Box 329; Petersburg, AK 99833 |
| Phone Number: | 907.772.5404 |

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.

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 January 31, 2022. Contact your State for more information on eligibility –

| ALABAMA-Medicaid | CALIFORNIA-Medicaid |
|---|--|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA-Medicaid | COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| 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 | 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 |
| ARKANSAS-Medicaid | FLORIDA-Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

| GEORGIA-Medicaid | MAINE-Medicaid |
|--|---|
| <p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p> | <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> |
| INDIANA-Medicaid | MASSACHUSETTS-Medicaid and CHIP |
| <p>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</p> | <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p> |
| IOWA-Medicaid and CHIP (Hawki) | MINNESOTA-Medicaid |
| <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> | <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> |
| KANSAS-Medicaid | MISSOURI-Medicaid |
| <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| KENTUCKY-Medicaid | MONTANA-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</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p> |
| LOUISIANA-Medicaid | NEBRASKA-Medicaid |
| <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |

| | |
|---|---|
| NEVADA-Medicaid | SOUTH CAROLINA-Medicaid |
| Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| NEW HAMPSHIRE-Medicaid | SOUTH DAKOTA-Medicaid |
| 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 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| NEW JERSEY-Medicaid and CHIP | TEXAS-Medicaid |
| 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 | Website: http://gethipptexas.com/ Phone: 1-800-440-0493 |
| NEW YORK-Medicaid | UTAH-Medicaid and CHIP |
| Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| NORTH CAROLINA-Medicaid | VERMONT-Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| NORTH DAKOTA-Medicaid | VIRGINIA-Medicaid and CHIP |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 | Website: 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 |
| OKLAHOMA-Medicaid and CHIP | WASHINGTON-Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| OREGON-Medicaid | WEST VIRGINIA-Medicaid and CHIP |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| PENNSYLVANIA-Medicaid | WISCONSIN-Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| RHODE ISLAND-Medicaid and CHIP | WYOMING-Medicaid |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItc Share Line) | 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 January 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid 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 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 and reference the OMB Control Number 1210-0137.

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