Insurance Benefits
For Employees
2019

C H E S T E R F I E L D C O U N T Y P U B L I C S C H O O L S
What you will find in this booklet:

- Overview of Employee Benefits – Information regarding eligibility, premiums and changes that can be made to your health and/or dental benefits.
- Summary of Benefits and Coverage – Federal law requires that summaries for benefits be presented in a specific format so employees will be able to compare coverage with other plans offered through their employer as well as plans available through a spouse’s employer and the Health Care Exchange. A Summary of Benefits and Coverage is provided for each health plan offered through Chesterfield County Public Schools.
- Comparison of Dental Benefits – A brief comparison of the dental options available.
- Notices – Federal law requires these notices to be distributed to employees.
OVERVIEW OF EMPLOYEE BENEFITS

Eligibility
All full-time employees are eligible for participation in the group health and/or dental insurance plans. An employee may obtain coverage for:

- the employee’s legally married spouse as recognized by Virginia state law
- the employee’s children until the end of the calendar year they reach age 26 which includes:
  - the employee’s newborn, natural child, or child placed with an employee for adoption;
  - the employee’s stepchild;
  - any other child for whom the employee is a legal guardian.

Retirees
School Board Policy 5320, Benefits for Retirees, identifies eligibility and contribution requirements for retiree health and/or dental coverage.

Premiums
Premiums are deducted from each paycheck. The School Board must pay the insurance providers one month in advance; therefore, deductions are taken from an employee’s paycheck one month in advance. Changes in coverage or a new enrollment could result in multiple premiums being deducted from an employee’s paycheck. Questions regarding health and/or dental insurance deductions can be answered by the Finance Office at 748-1719.

Under the Internal Revenue Code, Chesterfield County Public Schools has adopted a flexible benefits plan. Eligible employees have the option of paying health and/or dental insurance premium deductions with tax-free dollars.

Coverage for New Employees
New employees have 31 days from the date of employment to enroll in health and/or dental insurance coverage. If coverage is not selected during this period of time, the employee is not eligible for health and/or dental insurance through the School Division unless there is a qualifying family status change or until the next open enrollment period.

Status Change
A new enrollment, addition of eligible dependents, termination of all coverage or removal of a spouse or dependent outside of the open enrollment period is permitted if there is a qualifying family status change. (Examples: marriage, divorce, death of spouse or child, legal adoption of minor child, award of legal custody of minor child to subscriber and/or subscriber’s spouse, birth of child, loss of coverage, and enrollment of other coverage.) Official documentation of the event will be required. Paperwork and documentation must be received in the Benefits Department within 31 days from date of the event. Coverage will be made effective as of the qualifying event date.

Open Enrollment
Open Enrollment is a period of time during which full-time employees may make changes in coverage or enroll in health and/or dental insurance programs. The effective date for coverage chosen during the open enrollment period is January 1, 2019.

Open Enrollment Dates
October 1 - October 31, 2018 Employees
October 15 - November 9, 2018 Retirees
Anthem Healthkeepers 25 POS

833-630-6741 (toll-free)
Hours:  8:00 a.m. – 6:00 p.m. Monday-Friday
       9:00 a.m. – 1:00 p.m. Saturday

Website:  www.anthem.com

The Anthem Healthkeepers 25 POS is an open access HMO (health maintenance organization) plan with out of network benefits. The plan requires a selection of a Primary Care Physician from within the Anthem Healthkeepers HMO network. Referrals to seek specialist care are not required. Services received from a physician, facility or hospital within the network will be covered at a co-payment or co-insurance deductible applies for services covered with co-insurance. Services received from a physician, facility or hospital not in the network will be covered at 70% after the out-of-network deductible has been met.

The following summary of benefits will highlight coverage details provided for this plan. More detailed benefits are available in the Anthem Enrollment kit.
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [https://eoc.anthem.com/eocdps/aso](https://eoc.anthem.com/eocdps/aso). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](https://www.healthcare.gov/sbc-glossary/) or call (833) 630-6741 to request a copy.

### Important Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>$750/individual or $1,500/family for In-Network Providers, $1,500/individual or $3,000/family for Out-of-Network Providers.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td><strong>Are there services covered before you meet your deductible?</strong></td>
<td>Yes. In-network deductible only applies to services with coinsurance. You must pay all of the costs up to the deductible.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>Yes. $150/individual or $300/family for Prescription Drugs. There are no other specific deductibles.</td>
<td>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</td>
</tr>
<tr>
<td><strong>What is the out-of-pocket limit for this plan?</strong></td>
<td>$4,000/individual or $8,000/family for In-Network Providers, $5,000/individual or $10,000/family for Out-of-Network Providers.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td><strong>What is not included in the out-of-pocket limit?</strong></td>
<td>Routine eye exam copayments, Premiums, balance-billing charges, and health care this plan doesn't cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td><strong>Will you pay less if you use a network provider?</strong></td>
<td>Yes, HealthKeepers. See <a href="https://www.anthem.com">www.anthem.com</a> or call (833) 630-6741 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan covers.</td>
</tr>
</tbody>
</table>
For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.

Do you need a referral to see a specialist?

<table>
<thead>
<tr>
<th>Do you need a referral to see a specialist?</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can see the specialist you choose without a referral.</td>
<td></td>
</tr>
</tbody>
</table>

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>$25/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$50/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive; then check what your plan will pay for.</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>$25/visit PCP, $50/visit Specialist, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$300/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Tier 1 - Typically Generic</td>
<td>$10/prescription, Prescription Drug deductible applies (retail) and $20/prescription, Prescription Drug deductible applies (home delivery)</td>
<td>$10/prescription, Prescription Drug deductible applies (retail) and $20/prescription, Prescription Drug deductible applies (home delivery)</td>
</tr>
<tr>
<td></td>
<td>Tier 2 - Typically Preferred/Brand</td>
<td>$30/prescription, Prescription Drug deductible applies (retail) and $60/prescription, Prescription Drug deductible applies (home delivery)</td>
<td>$30/prescription, Prescription Drug deductible applies (retail) and $60/prescription, Prescription Drug deductible applies (home delivery)</td>
</tr>
</tbody>
</table>

*See Prescription Drug section

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td>Tier 3 - Typically Non-Preferred / Specialty Drugs</td>
<td></td>
<td>$50/prescription, Prescription Drug deductible applies (retail) and $100/prescription, Prescription Drug deductible applies (home delivery)</td>
<td>$50/prescription, Prescription Drug deductible applies (retail) and $100/prescription, Prescription Drug deductible applies (home delivery)</td>
</tr>
<tr>
<td>Tier 4 - Typically Specialty (brand and generic)</td>
<td></td>
<td>20% up to $250/prescription, Prescription Drug deductible applies (retail) and 20% up to $500/prescription, Prescription Drug deductible applies (home delivery)</td>
<td>Not covered</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$250/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>$25/PCP visit, $50/Specialist visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$300/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>$150/transport, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$50/visit, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$300/day up to $1,500/admission, medical deductible does not apply</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge</td>
<td>30% coinsurance</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
If you need mental health, behavioral health, or substance abuse services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Outpatient services</th>
<th>Inpatient services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>$25/visit, medical deductible does not apply</td>
<td>$300/day up to $1,500/admission, medical deductible does not apply</td>
</tr>
<tr>
<td>Medical deductible does not apply</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Professional services</td>
<td>Office Visit</td>
<td>Office Visit</td>
</tr>
<tr>
<td>Medical deductible does not apply</td>
<td>$25/visit, medical deductible does not apply</td>
<td>$200/pregnancy, medical deductible does not apply</td>
</tr>
<tr>
<td>Medical deductible does not apply</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
</tr>
</tbody>
</table>

If you are pregnant

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Home health care</th>
<th>Rehabilitation services</th>
<th>Habilitation services</th>
<th>Skilled nursing care</th>
<th>Durable medical equipment</th>
<th>Hospice services</th>
<th>Children’s eye exam</th>
<th>Children’s glasses</th>
<th>Children’s dental check-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical deductible does not apply</td>
<td>20% coinsurance</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Professional services</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>$15/visit, medical deductible does not apply</td>
<td>$30 allowance</td>
<td>$30 allowance</td>
</tr>
<tr>
<td>Medical deductible does not apply</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
<td>$30 allowance</td>
<td>30% coinsurance</td>
<td>30% coinsurance</td>
</tr>
</tbody>
</table>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care
- Routine foot care unless you have been diagnosed with diabetes
- Bariatric surgery
- Hearing aids
- Weight loss programs
- Cosmetic surgery
- Long-term care

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care 30 visits/calendar year.
- Infertility treatment (limitations apply).
- Emergency/urgent care provided outside the United States. See [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).
- Routine eye care (adult) one eye exam/member/calendar year.

---

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. For more information on your rights to continue coverage, contact Chesterfield County Government at (804) 748-1551 or Chesterfield County Public Schools at (804) 748-1226.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: [Grievances](#) and [Appeals](#), P.O. Box 27401, Richmond, VA 23279

**Does this plan provide Minimum Essential Coverage?** Yes

If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards?** Yes

If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the [Marketplace](#).

---

* For more information about limitations and exceptions, see plan or policy document at [https://eoc.anthem.com/eocdps/aso](https://eoc.anthem.com/eocdps/aso).
About these Coverage Examples:

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)
- The plan’s overall deductible: $750
- Specialist copayment: $50
- Hospital (facility) copayment: $300
- Other copayment: $25

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

Total Example Cost: $12,840

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$950</td>
<td>$3,900</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>What isn’t covered</td>
<td>$60</td>
<td>$55</td>
</tr>
</tbody>
</table>

The total Peg would pay is: $1,010

### Managing Joe’s type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)
- The plan’s overall deductible: $750
- Specialist copayment: $50
- Hospital (facility) copayment: $300
- Other copayment: $25

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost: $7,460

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$100</td>
<td>$1,590</td>
</tr>
<tr>
<td>Copayments</td>
<td>$3,900</td>
<td>$15</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>What isn’t covered</td>
<td>$60</td>
<td>$55</td>
</tr>
</tbody>
</table>

The total Joe would pay is: $4,055

### Mia’s Simple Fracture
(in-network emergency room visit and follow up care)
- The plan’s overall deductible: $750
- Specialist copayment: $50
- Hospital (facility) copayment: $300
- Other copayment: $25

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

Total Example Cost: $2,010

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$59</td>
<td>$90</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1,590</td>
<td>$35</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>What isn’t covered</td>
<td>$60</td>
<td>$55</td>
</tr>
</tbody>
</table>

The total Mia would pay is: $1,664

The plan would be responsible for the other costs of these EXAMPLE covered services.
Language Access Services:

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (833) 630-6741.

Amharic (አማርኛ): ይህ ለይም ለሰለወር እውነት ያሸው እውነት ለሸው ለጆም ያሸው እውነት ይህ ለስነድ ያሸው እውነት እርዳታ ይህ ለማናገር ለማብት ለአለወት። የስተርጓሚ (833) 630-6741 ያደውሉ።

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 630-6741:

Bassa (Bäsò Wûdù): M diyi dyi-die-dè bë bédeché hâ dié nià ke dyi ni, o mè ni dyi-bëdëchin-dè bë m ké gbo-krâ-krâ kë bô kpy dé m bëdî-wûdûün bô pîdyi. Bë m ké wûdû-zûn-nyô dò gbo wûdû ke, dà (833) 630-6741.

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিভাজিত সাহায্য পাওয়ার ও ভাষা পাওয়ার অধিকার আপনার আছে। একক নোটের সাথে কথা বলা জন্য (833) 630-6741 -তে কল করুন।

Burmese (ဗမာ): သင်သည် ဦးစွာ စွာမှာ မြန်မာပြိုင်းနှိပ်ခြင်းများကို ဖြေဆိုနိုင်သော အခြေခံအရာကို အကြောင်းပြုပြီး သင်တို့၏ မြင်ရွယ်စေရန် အပြင် မြန်မာလိုရှုပ်ထားသော အခြေခံအရာကို (833) 630-6741 ဖြင့် ကြည့်စွာ ခွဲခြားမှုများမှာ အပြင် မြန်မာပြိုင်းနှိပ်ခြင်းများကို ဖြေဆိုပါသည်။

Chinese (中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (833) 630-6741。

Dinka (Dinka): Na nong thieec nê ke de yâ thorë, ke yin nog loq bë yi kuony ku wer ake bë geer yic yin ne thon du ke cin wëu tâsuë ke piny. Te kôr yin ba jam wênê ran ye thok geysi, ke yin col (833) 630-6741.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 630-6741.

Farsi (فارسی): در صورتی که سوالی پیرامون این صندوق دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 711 تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 630-6741.
Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 630-6741.

**Greek (Ελληνικά):** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 630-6741.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપની પ્રશ્નો હોય તો, પ્રશ્નો બારે આપની ભાષામાં મદદ અને માહિતી મેળવવા તમને અધિકાર છે. દુભાષિણ સાથે વાત કરવા માટે, કોલ કરો (833) 630-6741.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 630-6741.

**Hindi (हिंदी):** यदि आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपने अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषियों से बात करने के लिए, कॉल करें (833) 630-6741.

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (833) 630-6741.

**Igbo (Igbo):** Ọ bụrụ na ị nwere ajụụgụ bula gbasara akwụkwọ a, ị nwere ikike ịnwenye ịnwenwe ọzọ ịn'asị ịn'awụghị ụgwọ ụbụla. Ka gị na ọkọwọ okwu kwuo okwu, kpọọ (833) 630-6741.

**Ilokano (Ilokano):** Nu addaan ka iti animan a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 630-6741.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 630-6741.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 630-6741.

**Japanese (日本語):** この文書についてなお不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 630-6741 にお電話ください。
Language Access Services:

Khmer (កម្ពុជា): ប្រធានបាលប្រព័ន្ធអន្តរមិនសម្រាប់ការជួយ: ការសិក្សាក្នុងមុខជាតិដែលមានសំណួរពីប្រទេសកម្ពុជា។ (833) 630-6741

Kirundi (Kirundi): Ugiez ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvgishe umusemuzi, akura (833) 630-6741.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (833) 630-6741 로 문의하십시오.

Lao (ລາວ): ໃ່ງໆໆວິສັຫາກາດກາງເກາະເສດາວຍາມນີ້, ທ່າມເລືອກໃໝ່ເພາະຮ້ອຍຍູ້ທິດໆທິດໆໃດເຕີ່ງ ມີວິສັຫາກາດກາງເກາະເສດາວຍາມນີ້. ທີ່ເໃຫ້ໄປແຂວງກາງເກາະເສດາວຍາມນີ້ (833) 630-6741.

Navajo (Dine): Dii naaltsos bikâ’iigii lahgo bina’dilkidgo ná bohonéedzá dóó beeb ahóó’t’i’ t’áá ni nizaad k’ehjí bee nił hodoonih t’aadoo báäh ilinígóó. Ata’hálne’iigii la’ bich’jí’ hadeesdzih níningjí kojí’ hodíilníh (833) 630-6741.

Nepali (नेपाली): यदि यो कार्यक्रमानुसार तपाईंले राष्ट्रीय भाषा प्रदान नहोस् छ भने, आफनै भाषामा निज:शस्त्र सहयोग तथा जानकारी प्राप्त गर्न पाउने तपाईंले हुँ तपाईंसेका। दोभाषिक सुरु गर्नको लागि, यहाँ कल गर्नितो(833) 630-6741

Oromo (Oromifaa): Sanadi kanaa wajiin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (833) 630-6741 bilbilla.


Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (833) 630-6741.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 630-6741.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੀਆਂ ਦੀਨ ਇਸ ਦੇਸ਼ ਦੀ ਸਰਕਾਰ ਦੇਖ ਵਾਲੇ ਲਗਭਗ ਤੋਂ ਤੁਹਾਡੀਆਂ ਚੇਲ ਮੂਲ ਦੀਨ ਅਲਖਤ Payment ਅਤੇ ਮਾਤਾਲੀ ਕੁਤੂਹਲ ਬਚਾਣ ਦੀ ਅਧਿਕਾਰ ਕੁਝੇ ਨਹੀਂ। ਦੀਨ ਟਿੱਕਸ ਦੀ ਸਰਕਾਰ ਦੀ ਸਰਕਾਰਦਾਰੀ ਦੇਖ ਵਾਲਾ, (833) 630-6741 ਵੇਲ ਲਗਭਗ ਵਾਲੇ।
Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui intrepret, contactați telefonic (833) 630-6741.

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 630-6741.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou ‘aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (833) 630-6741.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (833) 630-6741.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 630-6741.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kahinga ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 630-6741.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (833) 630-6741 เพื่อพูดคุยกับล่าม.

Ukrainian (Українська): Якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зв'яжіться за номером (833) 630-6741.

Urdu (اردو): اگر اس دستاویز کے بارے میں اپنا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنا کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے (833) 630-6741 کو جاری کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thống dịch viên, hãy gọi (833) 630-6741.

Yiddish (אידיש): zeigen wir Ihnen, unser Dokument, geben Ihnen ein kostenloses Telekommunikations- und Auskunftsdienst. Um einen Förster zu erreichen, rufen Sie (833) 630-6741 an.

Yoruba (Yorùbá): Tí o bá ni ẹyíkéyí ṣe bá o pè ti ájọ ojú àkọsilẹ yìí, o ni ìtọ́ látì gba iránwó àti ìwífún ni ìdè re lọ̀fè. Bá wà ogbùrù kan sòrò, pe (833) 630-6741.
Language Access Services:

It’s important we treat you fairly

That’s why we follow federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn’t English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA  23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
The Anthem Lumenos HSA (HDHP) is a High Deductible Health Plan with a Health Savings Account. The Plan requires a selection of a Primary Care Physician from within the Anthem Healthkeepers HMO network. Referrals to seek specialist care are not required. Services received from a physician, facility or hospital within the network will be covered at 100% after the deductible has been paid. Services received from a physician, facility or hospital not in the network will be covered at 70% after the out-of-network deductible has been met. The HSA (Health Savings Account) will allow you to contribute pre-tax dollars to your HSA to help pay your deductible.

Chesterfield County Public Schools will be contributing up to half of the deductible to your HSA over the course of the calendar year. Unused dollars in the HSA can be saved or invested and accumulate through retirement.

The following summary of benefits will highlight coverage details provided for this plan. More detailed benefits are available in the Anthem Enrollment kit.
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [https://eoc.anthem.com/eocdps/as0](https://eoc.anthem.com/eocdps/as0). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](https://www.healthcare.gov/sbc-glossary/) or call (833) 630-6741 to request a copy.

### Important Questions

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>$2,800/individual or $5,600/family for In-Network and Out-of-Network Providers.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td><strong>Are there services covered before you meet your deductible?</strong></td>
<td>Yes. Preventive care for In-Network Providers, Vision exam for In-Network and Out-of-Network Providers.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td><strong>What is the out-of-pocket limit for this plan?</strong></td>
<td>$4,000/individual or $8,000/family for In-Network Providers, $5,000/individual or $10,000/family for Out-of-Network Providers.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td><strong>What is not included in the out-of-pocket limit?</strong></td>
<td>Routine eye exam copayments, Premiums, balance-billing charges, and health care this plan doesn't cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td><strong>Will you pay less if you use a network provider?</strong></td>
<td>Yes, HealthKeepers. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 630-6741 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider.</td>
</tr>
</tbody>
</table>
For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.

| Do you need a referral to see a specialist? | No. You can see the specialist you choose without a referral. |

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>In-Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>30% coinsurance</td>
<td>You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive; then check what your plan will pay for.</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Tier 1 - Typically Generic</td>
<td>$10/prescription (retail) and $20/prescription (home delivery)</td>
<td>$10/prescription (retail) Not covered for home delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 2 - Typically Preferred/Brand</td>
<td>$30/prescription (retail) and $60/prescription (home delivery)</td>
<td>$30/prescription (retail) Not covered for home delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3 - Typically Non-Preferred/Specialty Drugs</td>
<td>$50/prescription (retail) and $100/prescription (home delivery)</td>
<td>$50/prescription (retail) Not covered for home delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 4 - Typically Specialty (brand and generic)</td>
<td>20% up to $250/prescription (retail) and 20% up to $500/prescription (home delivery)</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
<tr>
<td></td>
<td>Emergency room care</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
<td>--------none--------</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency medical transportation</td>
<td>In-Network Provider (You will pay the least) 0% coinsurance</td>
<td>Out-of-Network Provider (You will pay the most) 30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Office Visit 0% coinsurance, Other Outpatient 0% coinsurance</td>
<td>Office Visit 30% coinsurance, Other Outpatient 30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>0% coinsurance</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children’s eye exam</td>
<td>$15/visit, deductible does not apply</td>
<td>$30 allowance deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Children’s glasses</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Children’s dental check-up</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care
- Infertility
- Bariatric surgery
- Hearing aids
- Routine foot care unless you have been diagnosed with diabetes.
- Cosmetic surgery
- Long term care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)

- Chiropractic care 30 visits/calendar year.
- Emergency/urgent care coverage provided outside the United States. See www.bcbsglobalcore.com
- Routine eye care (adult) one eye exam/member/calendar year.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information on your rights to continue coverage, contact Chesterfield County Government at (804) 748-1551 or Chesterfield County Public Schools at (804) 748-1226.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279

Does this plan provide Minimum Essential Coverage? Yes
If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

* For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.
About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments, and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan’s overall deductible: $2,800
- Specialist coinsurance: 0%
- Hospital (facility) coinsurance: 0%
- Other coinsurance: 0%

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Total Example Cost**: $12,840

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Peg's Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,800</td>
</tr>
<tr>
<td>Copayments</td>
<td>$40</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$60</td>
</tr>
</tbody>
</table>

The total Peg would pay is **$2,900***

### Managing Joe’s type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan’s overall deductible: $2,800
- Specialist coinsurance: 0%
- Hospital (facility) coinsurance: 0%
- Other coinsurance: 0%

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

**Total Example Cost**: $7,460

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Joe's Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,800</td>
</tr>
<tr>
<td>Copayments</td>
<td>$1,200</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$55</td>
</tr>
</tbody>
</table>

The total Joe would pay is **$4,055***

### Mia’s Simple Fracture
(in-network emergency room visit and follow-up care)

- The plan’s overall deductible: $2,800
- Specialist coinsurance: 0%
- Hospital (facility) coinsurance: 0%
- Other coinsurance: 0%

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

**Total Example Cost**: $2,010

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Mia's Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$1,925</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$0</td>
</tr>
</tbody>
</table>

The total Mia would pay is **$1,925***

*The plan would be responsible for the other costs of these EXAMPLE covered services.
Language Access Services:

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktoar me një përkthyes, telefononi (833) 630-6741

Amharic (አማርኛ): ያደረጉም እንጭ ድምቱ ይገንዘጋ ከነጋሽ ከማይነገር በማስታወቀ ከማያከና ሌታ ይገኝ ይበታች ከአማርኛ ከማያከና ከአማርኛ በስር ከማይነገር (833) 630-6741 ያደረጉም (833) 630-6741

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 630-6741.

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսեք հետևյալ հեռախոսահամարով՝ (833) 630-6741:

Bassa (Bàssù Wùdù): M dyi dyi-die-dë bë béde bë cée-dë nià ke dyi nì, c mò ni dyi-bëdëin-dë bë m ké gbo-krá-krá kë bë bò kë dé m bìdi-wùdùún bò pìdyì. Bë m ké wùdù-ziìn-nyò dó gbo wùdù kë, dà (833) 630-6741.

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও ভাষা পাওয়ার অধিকার আপনার আছে। একজন ভাষাভাষীর সাথে কথা বলার জন্য (833) 630-6741 ।

Burmese (ဗမာ): ၎င်းတို့ကို ရေးထိုးသူများကို ဆိုရင်းတွေကို သတွေး၍ အများကို ဖော်ပြရန် လိုအပ်သည်။ (833) 630-6741

Chinese (中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (833) 630-6741。

Dinka (Dinka): Na no ng thièé nè ke de yà thorè, ke yin no ng log bë yi kuony ku wer alèu bë geer yic yin ne thon du ke cin wèu tǎṣuè ke piny. Te kòr yin ba jamm wènè ran ye thok geryic, ke yin col (833) 630-6741.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 630-6741.

Farsi (فارسی): در صورتی که سوالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 7141 (833) 630-6741 تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d’accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 630-6741.
Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 630-6741.

**Greek (Ελληνικά)** An έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 630-6741.

**Gujarati (ભારતીય):** જો આ દસ્તાવેજ અંગે આપને શું ધોરણ થયો હોય તો, શું ધોરણ પછી આપની ભાષામાં મદદ અને માહિતી મળશે તે અધિકાર છે. દુભાષિત સાથે વાત કરવા માટે, કોલ કરો (833) 630-6741.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 630-6741.

**Hindi (हिन्दी):** अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको नि:शुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषित वातावरण में बात करने के लिए, कॉल करें (833) 630-6741.

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (833) 630-6741.

**Igbo (Igbo):** Ọ bụrụ na ị nwere ajụjụ ọ bụla gbasara akwụkwọ a, ị nwere ikike ịnweta enyemaka na ozi n'asụsụ ị na akwụghị ịgwọ ọ bụla. Ka ị na ọkọwa okwu kwuo okwu, kpọ (833) 630-6741.

**Ilokano (Ilokano):** Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbangam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 630-6741.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 630-6741.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 630-6741.

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 630-6741 にお電話ください。
Language Access Services:

**Khmer** (Khmer): បង្កើតការពន្ធប្រការពិពណ៌នាទូទៅនេះ: ប្រការពិពណ៌នាគ្រប់គ្រងនិងរៀបរាប់ការប្រការពិពណ៌នាប្រការពិពណ៌នាឋើងរបស់មនុស្សក្នុងក្នុងដែលប្រការពិពណ៌នា ប្រការពិពណ៌នាទូទៅនេះ (833) 630-6741 ។

**Kirundi (Kirundi)**: Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (833) 630-6741.

**Korean** (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (833) 630-6741 로 문의하십시오.

**Lao** (ภาษาลาว): ทุกบทบาทที่เกี่ยวข้องกับเอกสารนี้, ท่านสามารถขอความช่วยเหลือได้ด้วยต่อไปนี้ แต่ไม่อยู่ในบริการที่มีค่าใช้จ่าย. โปรดทักกับบริการที่เรา, ได้หมายเลข (833) 630-6741.

**Navajo (Diné)**: Díi naaltsos biká’iigi’ lágho bina’idilkidgo ná bohóneédz’a dóó beehó’t’í’ taháa ní niíad k’e’ehjí beeh nií hodoo bááh iilíngiíóó. Ata’ halné’igí’ lá bichí’ë’ hadeesdzih níníngií kojí’ hodiilnih (833) 630-6741.

**Nepali** (नेपाली): यदि यो कार्यालय के साथ संबंधित प्रश्नों के हद दर्ज करने, आपको भाषा निष्कर्ष कहते है तथा जानकारी प्राप्त गरने हक रखते हैं। दोभाषासेवक कुरा गर्ना लागि, यहीं कल (833) 630-6741.

**Oromo (Oromifaa)**: Sanadi kanaa wajiin wakqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaq qabdaa. Turjumaana dubaachuuf, (833) 630-6741 bilbilla.

**Pennsylvania Dutch (Deitsch)**: Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Helfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (833) 630-6741 aa.

**Polish (polski)**: W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (833) 630-6741.

**Portuguese (Português)**: Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 630-6741.

**Punjabi** (ਪੰਜਾਬੀ): ਸੇ ਤੁਰਾਣੇ ਵਿੱਚ ਤਸਵੀਰ ਦਿੱਤੇ ਹੋਏ ਵੇਲ ਅਨੂਦਿਤ ਦਿੱਤੇ ਹਨ। ਪੰਜਾਬੀ ਦੀ ਤਸਵੀਰ ਦਿੱਤੀ ਹੋਏ ਵੇਲ ਅਨੂਦਿਤ ਹੋਏ ਹਨ। ਸਿੱਖ ਨਿਰਮਾਣ ਦਾ ਸਮਾਚਾਰ ਵਧਾਇਆ ਹੈ। (833) 630-6741 ਤੇ ਬੱਲ ਟੱਕਰ।
Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (833) 630-6741.

**Russian (Русский):** Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 630-6741.

**Samoan (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou ‘aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se to togi. Ina ia talanoa i se tagata faaliliu, vili (833) 630-6741.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (833) 630-6741.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 630-6741.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 630-6741.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (833) 630-6741 เพื่อพบคุณภักดีมายา

**Ukrainian (Українська):** Якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зв'яжіться з нами телефоном (833) 630-6741.

**Urdu (اردو):** اگر اس دستاویز کی بارے میں آپ کا کوئی سوال ہے، آپ کو مدد آور اہم ایک لئے بنی معلومات حاصل کرنے کا م lehetیا ہو گی۔ یہ کسی مترجم سے بات کرنے کے لئے (833) 630-6741 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thống dịch viên, hãy gọi (833) 630-6741.

**Yiddish (אידיש):** איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקט変わって, אין איך ייִדיש אין לי שאלת און דער דאָקטがらו (833) 630-6741.

**Yoruba (Yorùbá):** Ti o bá ní èyíkèyì ¡bèrè nípa àkọ̀sìle yìí, o ní ètò láti gba èìràn wò ati ìwífún ní èdè rẹ̀ lọ́fèè. Bá wa ògbùfù kan sòrò, pe (833) 630-6741.
Language Access Services:

It’s important we treat you fairly

That’s why we follow federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn’t English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA  23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Three dental options are available through Delta Dental of Virginia. The Basic and Comprehensive options will allow you to seek dental care within the Delta Dental PPO and Premier networks as well as dentists outside of Delta Dental’s network. The EPO plan option will allow you to seek dental care within the Delta Dental PPO network only. Services are covered on a fixed copay schedule for the EPO option.

The following comparison will provide an overview of the benefits for each plan. More detailed benefits are available in the Delta Dental brochure.
<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Delta Dental PPO-EPO Plan Design</th>
<th>Delta Dental PPO plus Premier Basic Option</th>
<th>Delta Dental PPO plus Premier Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic &amp; Preventive Services</td>
<td>No deductible</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
<tr>
<td>• Basic and Major Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td>$3,000 per patient per calendar year</td>
<td>$1,500 per patient per calendar year</td>
<td>$1,500 per patient per calendar year</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic &amp; Preventive Services (exams, cleanings, x-rays, Prevention First)</td>
<td>100% Plan Allowance, 0% Plan Allowance</td>
<td>100% Plan Allowance, 0% Plan Allowance</td>
<td>100% Plan Allowance, 0% Plan Allowance</td>
</tr>
<tr>
<td>• Basic Services (fillings, oral surgery, endodontics, periodontics)</td>
<td>Fixed Copayment</td>
<td>80% Plan Allowance (after deductible), 20% Plan Allowance (after deductible)</td>
<td>80% Plan Allowance (after deductible), 20% Plan Allowance (after deductible)</td>
</tr>
<tr>
<td>• Major Services (crowns, bridges, dentures)</td>
<td>Fixed Copayment</td>
<td>NOT COVERED</td>
<td>50% Plan Allowance (after deductible)</td>
</tr>
<tr>
<td>• Orthodontic Services</td>
<td>50% Plan Allowance</td>
<td>NOT COVERED</td>
<td>50% Plan Allowance</td>
</tr>
<tr>
<td><strong>Lifetime Orthodontic Maximum</strong></td>
<td>$2,000 lifetime maximum per patient</td>
<td>NOT COVERED</td>
<td>$1500 lifetime maximum per patient</td>
</tr>
<tr>
<td><strong>Dentist Network</strong></td>
<td>A Delta Dental PPO dentist must be utilized for care. In almost all cases, services rendered by a dentist that is not in the Delta Dental PPO network are not covered.</td>
<td>Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.</td>
<td>Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.</td>
</tr>
<tr>
<td><strong>Benefit/Membership Services</strong></td>
<td>1-800-237-6060</td>
<td>1-800-237-6060</td>
<td>1-800-237-6060</td>
</tr>
</tbody>
</table>

*PPO-EPO covered services may be subject to co-payments. Your co-payments range from 0% for most Diagnostic & Preventive Services, to approximately 25-45% for Basic Services, approximately 50-60% for Major Services, and approximately 50% for Orthodontic Services. Refer to the PPO-EPO Description of Benefits and Co-payments for specific covered services and co-payments.
### CHESTERFIELD COUNTY PUBLIC SCHOOLS
#### 2019 HEALTH CARE RATES COMPARISON
#### 24 PAY PERIOD

<table>
<thead>
<tr>
<th></th>
<th>Anthem Lumenos HSA</th>
<th>Anthem POS 25</th>
<th>Delta Dental Basic</th>
<th>Delta Dental Comprehensive</th>
<th>Delta Dental EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee cost</td>
<td>11.00</td>
<td>33.50</td>
<td>7.56</td>
<td>15.05</td>
<td>7.60</td>
</tr>
<tr>
<td>Employer cost</td>
<td>286.50</td>
<td>291.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>297.50</td>
<td>324.50</td>
<td>12.56</td>
<td>20.05</td>
<td>12.60</td>
</tr>
<tr>
<td><strong>Employee &amp; Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee cost</td>
<td>106.00</td>
<td>150.00</td>
<td>12.63</td>
<td>23.07</td>
<td>12.69</td>
</tr>
<tr>
<td>Employer cost</td>
<td>370.00</td>
<td>370.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>476.00</td>
<td>520.00</td>
<td>17.63</td>
<td>28.07</td>
<td>17.69</td>
</tr>
<tr>
<td><strong>Employee &amp; Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee cost</td>
<td>174.00</td>
<td>228.00</td>
<td>12.63</td>
<td>23.07</td>
<td>12.69</td>
</tr>
<tr>
<td>Employer cost</td>
<td>406.50</td>
<td>406.50</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>580.50</td>
<td>634.50</td>
<td>17.63</td>
<td>28.07</td>
<td>17.69</td>
</tr>
<tr>
<td><strong>Employee &amp; Spouse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee cost</td>
<td>174.00</td>
<td>228.00</td>
<td>21.38</td>
<td>37.11</td>
<td>21.45</td>
</tr>
<tr>
<td>Employer cost</td>
<td>406.50</td>
<td>406.50</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>580.50</td>
<td>634.50</td>
<td>26.38</td>
<td>42.11</td>
<td>26.45</td>
</tr>
<tr>
<td><strong>Employee &amp; Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee cost</td>
<td>260.50</td>
<td>342.50</td>
<td>30.20</td>
<td>51.14</td>
<td>30.30</td>
</tr>
<tr>
<td>Employer cost</td>
<td>616.50</td>
<td>616.50</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>877.00</td>
<td>959.00</td>
<td>35.20</td>
<td>56.14</td>
<td>35.30</td>
</tr>
</tbody>
</table>
This Notice is provided to you on behalf of:

- Chesterfield County Public Schools Health Plan
- Chesterfield County Public Schools Dental Plan
- Chesterfield County Public Schools Employee Assistance Program
- Chesterfield County Public Schools Retiree Healthcare Plan
- Chesterfield County Public Schools Health Flexible Spending Account Plan

These plans comprise what is called an “Affiliated Covered Entity,” and are treated as a single plan for purposes of this Notice and the privacy rules that require it. For purposes of this Notice, we’ll refer to these plans as a single “Plan.”

The Plan’s Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan’s Privacy Official, described below), and will be posted on any website maintained by Chesterfield County Public Schools that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information.

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan’s uses and disclosures of your PHI.

- Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.
  - Treatment: Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it’s important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
  - Payment: Of course, the Plan’s most important function, as far as you are concerned, is that it pays for all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For
example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse's plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

  - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Chesterfield County Public Schools who sponsor or maintain for be benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan’s provision of benefits.

  - **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities who monitor compliance with these privacy requirements.

  - **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.

  - **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

  - **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

  - **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

  - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

  - **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.

- **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

**Your Rights Regarding Your Protected Health Information.**

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that its agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
• To choose how the Plan contacts you: You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

• To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

• To request amendment of your PHI: If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan’s or vendor’s records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

• To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain about the Plan’s Privacy Practices.

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Contact Person for Information, or to Submit a Complaint.

If you have questions about this Notice please contact the Plan’s Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan’s privacy practices or handling of your PHI, please contact the Plan’s Privacy Official (see below).

Privacy Official.

The Plan’s Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Kim C. Carter, Director
Compensation and Benefits
Telephone Number: (804) 748-1544

The Plan’s Deputy Privacy Official(s) is/are:

Bobbie Ivey, Benefits Administrator: (804) 751-4997
Beverly Ezell, Benefits Administrator: (804) 717-6758

Organized Health Care Arrangement Designation.

The Plan participates in what the federal privacy rules call an “Organized Health Care Arrangement.” The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan and the Plan’s business associates (third parties that assist the Plan), for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:
Effective Date.

The effective date of this Notice is: September 10, 2018
Important Notice from Chesterfield County Public Schools About Your COBRA Rights and Obligations

This notice is intended to summarize your rights and obligations under the group health continuation coverage provision of COBRA. You and your spouse should take the time to read this notice carefully. Should you qualify for COBRA coverage in the future, the group health plan administrator or plan sponsor will send you the appropriate notification.

Federal law requires Chesterfield County Public Schools to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

TO QUALIFY FOR COBRA COVERAGE

Employees. As an employee of Chesterfield County Public Schools covered by Anthem, you have the right to elect this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

Retirees. As a retiree, spouse of a retiree, or dependent child of a retiree, of Chesterfield County Public Schools covered by Anthem you have the right to elect this continuation coverage if you lose your group health coverage because Chesterfield County Public Schools declares Chapter 11 bankruptcy and you lose your group health and/or dental coverage within one year before or after the bankruptcy proceedings.

Spouses. As the spouse of an employee covered by Anthem, you have the right to choose continuation coverage for yourself if you lose group health coverage under Anthem for any of the following reasons:

- The death of your spouse who was an employee of Chesterfield County Public Schools
- A termination of your spouse's employment (for reasons other than gross misconduct)
- A reduction in your spouse's hours of employment
- Divorce or legal separation from your spouse
- Your spouse becomes entitled to Medicare

Dependent Children. In the case of a dependent child of an employee covered by Anthem, he or she has the right to continuation coverage if group health coverage under Anthem is lost for any of the following reasons:

- The death of a parent who was an employee of Chesterfield County Public Schools
- The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with Chesterfield County Public Schools
- Parent's divorce or legal separation
- A parent who was an employee of Chesterfield County Public Schools becomes entitled to Medicare
- The dependent ceases to be a "dependent child" under Anthem

YOUR NOTICE OBLIGATIONS

Under the law, the employee or a family member has 60 days from (1) the date of the event or (2) the date on which coverage would be lost, whichever is later, to inform Chesterfield County Public Schools of the employee's divorce or legal separation, or of the employee's child losing dependent status under Anthem. Please give notice by contacting the Benefits and Compensation Department at 748-1226 or by email at benefits@ccpsnet.net. Failure to give notice within the time limits can result in COBRA coverage being forfeited.

TO ELECT COVERAGE

When Anthem is notified that one of these events has happened, Chesterfield County Public Schools will in turn notify the employee, spouse and dependents that they have the right to choose COBRA continuation coverage. The employee and spouse have independent election rights. The employee, spouse and dependents have 60 days from either (1) the date coverage is lost under Anthem or (2) the date of the notice, whichever is later, to respond informing Chesterfield County Public Schools that they want to elect continuation coverage. There is no extension of the election period.

If an employee, spouse or dependent does not elect continuation coverage within this election period, then rights to continue group health insurance will end.

If an employee, spouse or dependent chooses continuation coverage and pays the applicable premium, Chesterfield County Public Schools is required to provide coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated active employees or family members. If Chesterfield County Public Schools changes or ends group health coverage for similarly situated active employees, your coverage will also change or end.
DURATION OF COBRA COVERAGE

Termination or Reduction in Hours. If group health coverage was lost because of a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, the continuation coverage period is 18 months from the date of the qualifying event, if elected.

Employees, Spouses or Dependents with Disabilities. The 18 months of continuation coverage can be extended to 29 months if the Social Security Administration determines that the employee, spouse or dependent child was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act. Disabilities that occur after the qualifying event do not meet the criteria for the extended COBRA coverage period.

The employee, spouse or dependent must obtain the disability determination from the Social Security Administration and notify Chesterfield County Public Schools of the result within 60 days of the date of disability determination and before the close of the initial 18-month period. The employee, spouse or dependent has 30 days to notify Chesterfield County Public Schools from the date of a final determination that he or she is no longer disabled.

Multiple Events. The 18-month continuation period can also be extended, if during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceasing to be a dependent). The 18 months of continuation coverage will be extended to 36 months from the date of the original qualifying event. Upon the occurrence of a second event, it is the employee's, spouse's or dependent's responsibility to notify Chesterfield County Public Schools within 60 days of the event and within the original 18-month COBRA period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

DURATION OF COBRA COVERAGE

Other Qualifying Events. If group health coverage was lost because of the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under Anthem and/or Delta Dental, then the continuation coverage period is 36 months from the date of the qualifying event, if elected.

COBRA CANCELLATION

The law provides that continuation coverage may be cut short for any of the following reasons:

- Chesterfield County Public Schools no longer provides group health coverage to any of its employees
- The premium for continuation coverage is not paid in a timely manner
- The employee, spouse or dependent becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition
- The employee or spouse becomes entitled to Medicare
- The employee, spouse or dependent extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled
- The employee, spouse or dependent notifies Chesterfield County Public Schools that they wish to cancel continuation coverage.

PREMIUMS

An employee, spouse or dependent does not have to show that they are insurable in order to choose continuation coverage. But an employee, spouse or dependent must have been actually covered by the group health plan the day before the qualifying event in order to elect COBRA coverage.

An employee, spouse or dependent may have to pay all of the applicable premium, which generally can not exceed 102% of the plan costs for a 12-month period. An exception exists for coverage of employees with disabilities during the extension from the 19th month to the 29th month. During that time, 150% of the plan cost may be charged. The group health and/or dental plan may increase the cost that must be paid for COBRA coverage if the applicable premium increases.

The period for paying the initial COBRA premium following the election of coverage is 45 days. The first payment made is to be applied retroactively toward coverage for the period beginning after the date on which coverage would have been lost as a result of the qualifying event.

There is a 30-day grace period following the date regularly scheduled monthly premiums are due. Only in the case of mental incapacity is any further extension permitted, since the group health plan does not permit extensions.

CONVERSION PRIVILEGES

At the end of the continuation coverage period, the employee, spouse or dependent must be allowed the option to enroll in an individual conversion health plan provided under Anthem if such conversion plan is available.

FURTHER INFORMATION

If you have any questions about the law or your obligations, please contact Chesterfield County Public Schools, Office of Compensation & Benefits.
Important Notice from Chesterfield County Public Schools About Your Prescription Drug Coverage and Medicare for Medicare Eligible Participants

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chesterfield County Public Schools 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. Chesterfield County Public Schools has determined that the prescription drug coverage offered by Anthem 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 November 15th through December 31st.

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 Anthem coverage may be affected. You can keep this coverage if you elect part D and Anthem plan will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Chesterfield County Public Schools coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Chesterfield County Public Schools 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Office of Compensation and Benefits at (804) 748-1226. 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 Chesterfield County Public Schools changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:
Visit 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: September 10, 2018
Name of Entity/Sender: Chesterfield County Public Schools
Contact–Position/Office: Office of Compensation and Benefits
Address: P.O. Box 10, Chesterfield, Va. 23832
Phone Number: 804-748-1226
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-KIDS NOW** or [www.insurekidsnow.gov](http://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](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 August 10, 2017. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program Details</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Website: [http://myalhipp.com/](http://myalhipp.com/)  
Phone: 1-855-692-5447 |
| FLORIDA – Medicaid | Website: [http://flmedicaidtplrecovery.com/hipp](http://flmedicaidtplrecovery.com/hipp)  
Phone: 1-877-357-3268 |
| ALASKA – Medicaid | Website: [http://myakhipp.com/](http://myakhipp.com/)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) |
| GEORGIA – Medicaid | Website: [http://dch.georgia.gov/medicaid](http://dch.georgia.gov/medicaid)  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507 |
| ARKANSAS – Medicaid | Website: [http://myarhipp.com/](http://myarhipp.com/)  
Phone: 1-855-MyARHIPP (855-692-7447) |
| IOWA – Medicaid | Website: [http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)  
Phone: 1-888-346-9562 |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  
| IOWA – Medicaid | Website: [http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)  
Phone: 1-888-346-9562 |
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid/CHIP Source</th>
<th>Website/Phone Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
<td>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>CHIP Website:</strong> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHIP Phone: 1-800-701-0710</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>Medicaid</td>
<td>Website: <a href="http://dhhlouisiana.gov/index.cfm/subhome/1/n/331">http://dhhlouisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TTY: Maine relay 711</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Medicaid and CHIP</td>
<td>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Medicaid</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONTANA</td>
<td>Medicaid</td>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Medicaid</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVADA</td>
<td>Medicaid</td>
<td>Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

---

**TEXAS – Medicaid**
- Website: [http://gethipptexas.com/](http://gethipptexas.com/)
- Phone: 1-800-440-0493

**WEST VIRGINIA – Medicaid**
- Website: [http://mywhipp.com/](http://mywhipp.com/)
- Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**UTAH – Medicaid and CHIP**
- Medicaid Website: [https://medicaid.utah.gov/](https://medicaid.utah.gov/)
- CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)
- Phone: 1-877-543-7669

**WISCONSIN – Medicaid and CHIP**
- Website: [https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)
- Phone: 1-800-362-3002

**VERMONT – Medicaid**
- Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)
- Phone: 1-800-250-8427

**WYOMING – Medicaid**
- Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
- Phone: 307-777-7531

**VIRGINIA – Medicaid and CHIP**
- Medicaid Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
- Medicaid Phone: 1-800-432-5924
- CHIP Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
- CHIP Phone: 1-855-242-8282

---

**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 12/31/2019)
The Women’s Health and Cancer Rights Act (the “Women’s Health Act”) was signed into law in October of 1998. The Women’s Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act). This federal law requires group health plans to provide certain coverage for breast reconstruction following mastectomies. This coverage took effect on January 1, 1999.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- protheses and coverage for any complications in all stages of mastectomy, including lymphedamus.

Under the Women’s Health Act, breast reconstruction benefits are subject to the same deductibles, coinsurance and copayments, consistent with those established for other benefits under the plan.
The Chesterfield County Public Schools does not unlawfully discriminate on the basis of sex, race, color, religion, handicapping conditions or national origin in employment or in its educational programs and activities.