



EMPLOYEE BENEFITS

Open Enrollment and Summary
of Material Modifications



January 1, 2024 – December 31, 2024

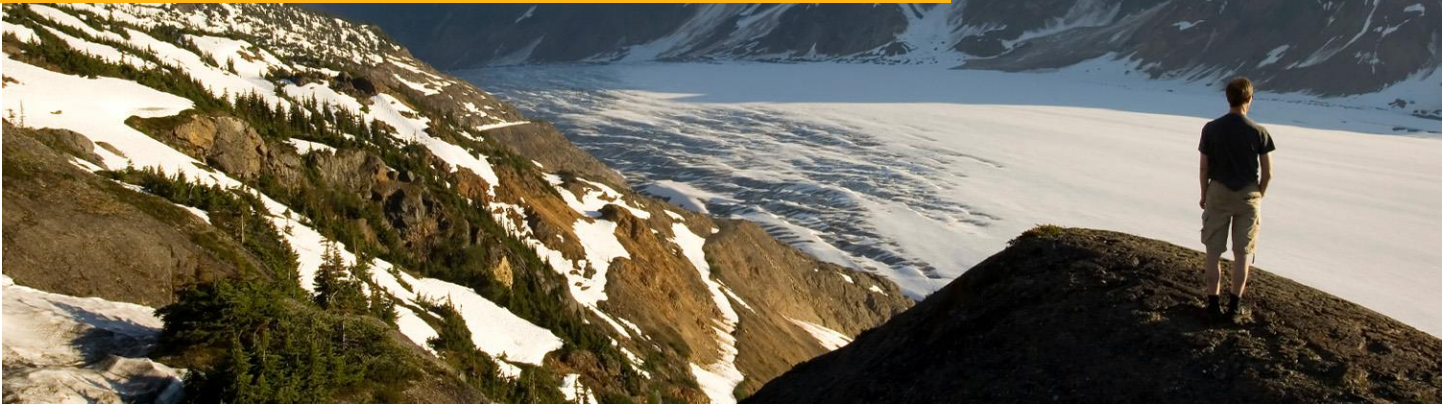
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO YUKON-KOYUKUK SCHOOL DISTRICT



Our health care plan renews on January 1st every year. Every year we review our benefit plan offerings, consider what we offer, the cost for the year and what we can afford. We consider our levels of benefits, our insurance company performance, and the cost to both you and the company. Based on this review, and in consultation with our benefit consultant, we have made the following decisions for our benefit offerings for this plan year:

- Meritain will continue to offer our medical, dental and vision plans
- CVS Caremark will continue to be our pharmacy benefits manager
- Unum will continue providing our basic life insurance, AD&D, and long-term disability

Please keep in mind that our health plan is a self-funded plan. This means that YKSD assumes the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. Your health care claims are “processed” by Meritain, however the money they use to make those payments comes directly from YKSD, which is funded by the premiums paid by both the company and you.

Eligibility Requirements

Employee	Dependents	Waiting Period
Full-time employees working at least 30 hours per week	Your legal spouse Dependent children may be covered until age 26	1st of the month coincident with or next following date of hire

For new employees, this is your chance to enroll in the Yukon-Koyukuk School District Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents

at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the employer sponsored benefits shown below:

- Long-Term Disability
- Basic Life Insurance and AD&D
- Employee Assistance Plan

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 17).

Open Enrollment

This is the time of year to add or drop coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment period, unless you experience a qualified family status change. Please refer to the Special Enrollment section later in this document (page 17).

What Do I Have To Do?

- Return an enrollment form to HR with your 2024 plan elections.
- This is your opportunity to add coverage for your spouse and children who were previously eligible but not enrolled. Ask Human Resources for an enrollment form.
- This is also your opportunity to switch from the Plan Yukon Plan to the Borealis Plan, or vice versa. Please note that any family members you cover will be enrolled on the same plan as you. You will need to fill out a new enrollment form.
- If you wish to drop coverage for yourself or any dependents, now is the time to do so. Please ask Human Resources for an enrollment change form.
- If you wish to participate in the Health FSA or Dependent Care FSA, you must turn in your election form.

ALL FORMS MUST BE COMPLETED AND RETURNED TO JASON KOPP BY DECEMBER 15TH.

Where Do I Go If I Have Questions?

- See page 4 for customer service numbers and websites for the carriers.
- Jason Kopp, 907-374-9400, ext. 2417, jkopp@yksd.com

Benefits Advocacy – Here To Help

Parker, Smith & Feek, Inc.

YKSD has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.



Your Account Manager	Email	Phone
Shelly Tuttle	smtuttle@psfinc.com	907-865-6833

How Much Do I Have To Pay?

YKSD is not changing what you pay for your benefits. The following contributions are effective January 1, 2024.

Deducted Monthly	Yukon Plan	Borealis Plan
Employee	\$60	\$0
Employee and Spouse	\$95	\$0
Employee and Child(ren)	\$110	\$0
Employee and Family	\$150	\$0

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.

Medical, Dental, Vision and Prescription Drugs	Meritain	800-343-3140	www.meritain.com
Prescription Drug/Rx Mail Orders	CVS Caremark	866-475-7589 800-237-2767 Specialty Rx	www.caremark.com
Flexible Spending Accounts	Meritain	800-566-9305	https://account.meritain.com
Non-Emergency Surgery	Transcarent	888-387-3909	www.transcarent.com
Virtual Care	Teladoc	800-362-2667	www.MyDrConsult.com
Life, AD&D, LTD	Unum	866-679-3054	www.unum.com
Employee Assistance Program	LifeWorks	888-267-8126	login.lifeworks.com
Human Resources	Jason Kopp	907-374-9400, ext. 2417	jkopp@yksd.com

MEDICAL COVERAGE



Meritain

Benefits Summary

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Meritain directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and you may have to pay amounts above Meritain's allowable charge (also called balance billing). To find a list of in-network providers, go to www.aetna.com/docfind/custom/mymeritain and search for providers in the **Aetna Choice POS II** Network. The deductible and out-of-pocket maximum are on a calendar-year basis and reset every January 1st.

DON'T FORGET YOUR
ANNUAL EXAM.

PREVENTIVE CARE IS
COVERED 100%.

You have the choice of two medical plans: the Borealis Plan and the Yukon Plan. The following is a summary of both plans. You choose your plan each year during Open Enrollment.

Participating Providers	Borealis Plan	Yukon Plan
Annual Deductible		
<i>Individual</i>	\$2,000	\$500
<i>Maximum per family</i>	\$4,000	\$1,000
Out-of-Pocket Maximum		
<i>Individual</i>	\$2,000	\$1,000
<i>Maximum per family</i>	\$5,000	\$3,000
Preventive Care		
<i>Routine Exam / Laboratory Services</i>	Covered in full, deductible waived	Covered in full, deductible waived
Physician Services		
<i>Office Visits / Inpatient</i>	Paid at 80% after deductible	Paid at 80% after deductible
Virtual Care		
<i>Telemedicine</i>	Paid at 80% after deductible	Paid at 80% after deductible
<i>Teladoc</i>	Covered in full, deductible waived	Covered in full, deductible waived
Outpatient X-Ray and Laboratory Services	Paid at 80% after deductible	Paid at 80% after deductible
Emergency Services	\$250 copay, then paid at 80% after deductible	\$250 copay, then paid at 80% after deductible
Hospital Services		
<i>Inpatient and Outpatient</i>	Paid at 80% after deductible	Paid at 80% after deductible
Outpatient Rehabilitation		
<i>20 visits per calendar year</i>	Paid at 80% after deductible	Paid at 80% after deductible
Spinal Manipulations		
<i>20 visits per calendar year</i>	Paid at 80% after deductible	Paid at 80% after deductible
Non-Participating Providers - Alaska		
OON Deductible		
<i>Individual / Maximum per family</i>	Combined with in-network	Combined with in-network
OON Out-of-Pocket Maximum		
<i>Individual / Maximum per family</i>	Unlimited	Unlimited
Out-of-Network Coinsurance	Paid at 60%-80% depending on service	Paid at 60%-80% depending on service

Consider Transcarent for Non-Emergency Surgery

Transcarent helps you find a cost-effective option for non-emergency surgery, if you are willing to travel outside Alaska to obtain services. Transcarent contracts with a network of providers outside of Alaska who offer negotiated rates on surgical services.

Advantages to the Transcarent Surgery Program:

- Your deductible and coinsurance are waived
- Travel costs for you and a companion are covered at 100%
- Transcarent physicians are ranked nationally for surgical specialty based on patient safety, satisfaction, and low readmission and complication rates
- Care Coordinators who can guide you through the process—from scheduling surgery, to billing, to after surgery care
- You can access resources through the Transcarent website including hospital quality ratings, physician and provider profiles, a symptom checker, and educational videos

How can I take advantage of the Transcarent Surgery Benefit?

Call Transcarent at 888-387-3909 to speak with a Care Coordinator and explore what the Transcarent Surgery Benefit can do for you. You'll need to provide your member ID (which can be found on your member ID Card), your date of birth, and any information you've received related to your procedure –including any relevant medical records, such as reports and x-rays. You can also visit Transcarent online at [www.Transcarent.com](https://www.transcarent.com)

PHARMACY COVERAGE



Meritain

Yukon and Borealis Plans

Your pharmacy benefits manager is CVS Caremark; To have your mail order prescription filled, please contact CVS Caremark for assistance on how to use the program or visit www.caremark.com. Please note, all specialty prescriptions must be filled using a CVS Caremark Specialty Pharmacy by calling 800-237-2767.

Yukon Plan has an Out-of-Pocket maximum of \$2,500 individual / \$7,500 family for prescription drugs and the Borealis Plan has an Out-of-Pocket maximum of \$2,500 individual / \$5,000 family for prescription drugs.

	Retail (90-day supply) and Mail Order (90-day supply)
Generics	\$10 copay
Preferred Brand	20% coinsurance
Non-Preferred Brand	50% coinsurance
Specialty Drugs	\$10 copay
Preventive Drugs (generic)	Covered in full
Notice regarding Medicare Part D	Our medical plans offer what is called "creditable coverage," which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.

VIRTUAL AND TELEPHONIC CARE



Teladoc

Virtual care provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via text or video and can be used for many of your medical issues. It replaces expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

Doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. Virtual care is not a substitute for a primary care doctor.

DENTAL COVERAGE



Meritain

Benefits Summary

Contracted providers agree to bill Meritain directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Meritain. You may be responsible for any additional amounts (also called balance billing). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

	Aetna Network
Annual Deductible	
Individual	\$0
Maximum per family	\$0
Preventive Care (exams, x-rays, etc.)	Covered in full
Basic Services (fillings, extractions, etc.)	Paid at 80%
Major Services (crowns, bridges, dentures, etc.)	Paid at 50%
Annual Maximum	\$1,500 combined for Preventive, Basic and Major Services \$750 calendar year maximum for orthodontia Maximums do not apply to pediatric dental services through age 18
Orthodontia	Paid at 50%, \$1,500 lifetime maximum

VISION COVERAGE



Meritain

Benefits Summary

	Vision Benefits
Vision Exam <i>Every Calendar Year</i>	Covered in full
Eyeglass Lenses <i>Every Calendar Year</i>	Paid at 80%
Frames <i>Every 2 Calendar Years</i>	Paid at 80% up to \$120
Contact Lenses <i>Every Calendar Year In lieu of Glasses</i>	Paid at 80%

FLEXIBLE SPENDING ARRANGEMENTS



Meritain

What's Changing

For anyone with funds left in their Health Care Flexible Spending Arrangement (FSA) at the end of the year, we have increased the roll-over maximum to \$640.

The IRS has increased the annual limit on the Health FSA. In 2024 you can set aside up to \$3,200 per year pre-tax to pay for certain IRS-approved healthcare (medical, dental, vision) expenses not covered by the insurance plan.

The federal government takes about 30% of each dollar that you earn in FICA and Federal Income tax. The remaining 70% is your net income. With an FSA you can set aside money from your paycheck, before the federal government take their 30%, to pay for medical, dental, vision and day care expenses. You pay less in taxes, and your money buys more medical (including dental and vision) services than before.

On January 1st of each year you may elect to set aside a certain amount of money to cover medical, dental and vision expenses and/or dependent care

Health Care FSA

This program allows you to set aside up to \$3,200 per year so that you can pay for certain IRS-approved medical care expenses not covered by the insurance plan with pre-tax dollars. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Chiropractic services
- Acupuncture
- Prescription copays
- Dental services and orthodontia
- Over-the-counter medication
- Menstrual products

While you should only set aside enough money for those expenses you know you will incur during the plan year, the roll-over provision allows you to carry forward up to \$640 into the next plan year. Please see the information from Meritain for more information and the enrollment form.

IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status.

Note: Due to IRS regulations, domestic partners and their children are not eligible for health care reimbursement.

Dependent Care FSA

Similar to the Health Care FSA, you may also use pre-tax dollars to pay for qualified dependent care. Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be so you can work, actively look for work or be a full-time student. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

The annual maximum amount you may contribute into the Day Care FSA is \$5,000 per calendar year (or \$2,500 if married and filing separately). This limit is set by the IRS and is a calendar year limit. There is no carryover provision for the Dependent Care FSA.

DISABILITY, LIFE INSURANCE AND AD&D



Disability Income

Unum

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

YKSD's disability coverage is essentially "paycheck insurance" and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to long-term disability, you will receive the following benefits:

	Long-Term Disability
Benefits Begin	On the 181 st day, contingent upon satisfying the definition of disability as stated in your policy.
Percentage of Income Replaced	66.67% of basic monthly earnings.
Maximum Benefit available	Up to \$3,000 per month.
Benefit Duration	Up to age 65.
Eligibility	Teachers with less than 5 years in TRS

Any disability benefits you may receive are taxable income and need to be reported to the IRS.

Life and AD&D Insurance

Unum

YKSD purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Benefits—Administrators	The lesser of 2x annual earnings or \$225,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional amount equal to the life insurance amount.
Benefits—Teachers / Classified Staff	An amount of \$50,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional amount equal to \$100,000.

EMPLOYEE WELLBEING



Employee Assistance Program

TELUS Health (Formerly known as Lifeworks)

The Employee Assistance Program (EAP) is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues



Download the TELUS Health One app or visit
one.telushealth.com or call 1-800-433-7916
Username: yukonksd | Password: lifeworks

- Find information about parenting, retirement, finance, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The Affordable Care Act (ACA) is complex and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in YKSD's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 60 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;
- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or

- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the Yukon-Koyukuk School District Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from Yukon-Koyukuk School District about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Yukon-Koyukuk School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. YKSD has determined that the prescription drug coverage offered by the Yukon-Koyukuk School District Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer,

and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage.

- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

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 YKSD 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 person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through YKSD 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: January 1, 2024
Name of Entity/Sender: Yukon-Koyukuk School District
Contact—Position/Office: Human Resources
Address: 4762 Old Airport Way
Fairbanks, AK 99709
Phone Number: 907-374-9417

Premium Assistance under Medicaid and the Children's Health Insurance Program

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+:
<https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 / TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>

Phone: 1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalse rv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565