

2023

**EMPLOYEE
BENEFITS
GUIDE**



**Jamestown
PUBLIC SCHOOLS**

WHAT'S INSIDE

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IMPORTANT CONTACTS

<p>Medical</p> <p>Blue Cross Blue Shield of ND 844-363-8457 www.bcbsnd.com</p>	<p>Near-Site Clinic</p> <p>Medallus Medical 1-701-368-4380 www.jamestownurgentcare.com</p>
<p>Dental</p> <p>Equitable 1-866-274-9887 www.equitable.com/finddentist</p>	<p>Vision</p> <p>Equitable - VSP Network 1-866-274-9887 www.equitable.com/findvision</p>
<p>Employee Assistance Program (EAP)</p> <p>Village EAP 1-800-627-8220 www.villageEAP.com Password: VillageEAP</p>	<p>Life Insurance/LTD</p> <p>Equitable 1-866-274-9887 www.equitable.com</p>
<p>Voluntary Worksite Benefits</p> <p>Aflac Aflac HQ: 1-800-922-4909 Claims Fax: 1-877-442-3522 www.aflac.com</p>	<p>Aflac Local Rep</p> <p>Judy Butler: Office: 701-952-4909 Cell: 701-320-4923 Fax: 701-952-4910 Judith.Butler@us.aflac.com</p>
<p>Aflac Local Admin Rep</p> <p>Cindy Wendel: Office: 701-490-0120 Fax: 701-490-3208 districtclaims@yahoo.com</p>	

We encourage you to read the entire enrollment guide before you enroll.

This benefit guide gives a brief description of what is in the official summary plan documents for these plans. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement. If there is conflict between this guide and the official plan document, the official plan documents will govern in all cases.

Jamestown Public Schools reserves the right at any time to change or terminate these plans.

ENROLLMENT & ELIGIBILITY



Welcome to the Jamestown Public Schools Benefits Program!

Jamestown Public Schools strives to provide a balanced, comprehensive benefits program for its employees. The Jamestown Public Schools Employee Benefits program offers core benefits, such as Medical, Dental, Vision, and Life insurance as well as voluntary & supplemental benefits that help maximize your coverage options.

The premium deductions for benefits are taken out September through May.

This booklet is designed to help you understand the coverages, premiums and options for this year. This is a reference for you and your family to make informed insurance decisions based on your specific needs. If you have questions, please contact your Human Resources Department.

Enrollment Instructions

All full-time employees working at least **30 hours per week** are eligible for coverage on the **1st day of the month following date of hire**. If you terminate employment or change to a part-time status, your coverage will terminate on the last day of the month in which the change/termination occurs.

Please note: It is important that you enroll in a timely manner. If you do not enroll within your first 30 days of employment, you will not be eligible to enroll without a qualifying life event until the next open enrollment period.

Open enrollment for benefits beginning September 1, 2023 will begin on August 14, 2023 and last through August 28, 2023.

Qualifying Life Events

The following events allow you to change your benefits outside the open enrollment period:

- You get married, divorced, or legally separated
- You add a dependent child through birth, adoption, or change in custody
- Your spouse or a dependent passes away
- Your dependent loses coverage or gains other coverage
- Your spouse loses or qualifies for coverage through his or her employer

If you have a change in status, you must notify Human Resources to complete the necessary change forms within **30 days** of the change. You will need to present documentation, such as a birth, marriage, or divorce decree.

???

*Not sure if you have a qualifying event?
Need help changing your elections?
Please contact Human Resources.*



MEDICAL INSURANCE TERMINOLOGY

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year, January through December.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a Copay for prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, Copays and Coinsurance all accumulate towards the OOPM. Mandan's plans OOPM calculate on the plan year; January through December. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with

Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

Preventive Care

These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Certificate of Coverage

The Certificate of Coverage is a summary of the master plan document. It is available for members through their own secure member website. If changes are made to the master plan, amendments to the Certificate of Coverage will be posted.



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of an unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Identifying small problems early through preventive screenings can help prevent those things from turning into significant issues. In most cases, early detection leads to a more effective and cost-contained treatment plan.

Jamestown Public Schools offers a PPO Medical plan option through Blue Cross Blue Shield (BCBS) of North Dakota.

The BCBS Medical plan covers a wide range of services, from preventive and routine care, to hospitalization and surgery. This is a general summary of your benefits; please refer to your Summary of Benefits and Coverage (SBC) or a copy of the policy for additional details.

*Visit www.bcbsnd.com/members.rx-tools to view the list of covered medications and which medications fall under the Preventive category.

Plan Details

Annual Deductible Single / EE + Dependent / Family	\$1,250/\$1,875/\$2,500
Out-of-Pocket Maximum Single / EE + Dependent / Family	\$8,550 / \$12,825 / \$17,100
Preventive Care	Covered 100%
Office Visits	\$40 Primary / Specialist, then covered 80%
Emergency Room	\$250 Copay, then covered 80%
Urgent Care	\$75 Copay, then covered 80%
Inpatient Hospital	Covered 80% After Deductible
Outpatient Hospital	Covered 80% After Deductible
Chiropractic Visits	\$40 Copay, then covered 80%
Mental Health Inpatient Outpatient	Covered 80% After Deductible First 5 visits plan pays 100%, then a \$40 Copay and 80% After Deductible
Prescriptions Value Based Drugs (see BCBSND list) Formulary (applies to out-of-pocket maximum) Formulary Specialty Non-Formulary Non-Formulary Specialty	\$0 Copay \$20 Copay, then covered 80% \$150 + 20% Coinsurance \$20 Copay, then covered 50% \$150 + 50%

FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/members/find-a-doctor to find providers in the Blue Cross Blue Shield of ND network and save money.



NEAR-SITE CLINIC

Walk-In Care, Urgent Care, Primary Care, Chiropractic Care



Most general medical visits are at no cost to employees



Great availability during open hours



No appointments required for urgent care and minimal wait times for walk-in care



Preventive care focused



Trusted care with caring providers



KELLY THOMAS, R.N.

Meet the Medallus Team



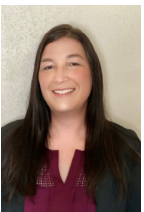
Rebecca LaFavor

Rebecca LaFavor was born in Jamestown and raised on a farm near Buchanan. Rebecca's family moved to Fargo and then Mandan, culminating in Rebecca's graduation from Mandan High in 1993. She graduated from University of Mary with her Bachelors of Science in Nursing and Masters degree in Nursing Administration. Rebecca received her post Masters certificate from Bradley University. Her entire professional career has centered around hospital, clinic and community nursing. Rebecca focused her nursing career within community nursing, specifically home care/hospice and forensic evidence collection. She lives in Bismarck with a wonderful, supporting husband, 3 teenagers, 2 dogs, 1 cat and 1 fish. Rebecca's favorite pastimes are travel, reading, crochet, and machine embroidery.



Noelle Riehl, BSN, MSN, FNP-C

Noelle is a Jamestown native who brings 15+ years of nursing experience in emergency medicine, urgent care, behavioral health and addiction medicine. She completed her Bachelors of Science Degree from the University of Jamestown in 2009. In 2013, she completed her Masters Degree-specializing in Nursing Education from the University of Mary. Noelle continued her education and in 2015, she graduated from Maryville University and became a board-certified Family Nurse Practitioner. Her passion is volunteering and giving back to the community by helping those in need and finding them opportunities to exceed. Noelle currently specializes in Emergency Medicine, Behavioral Health/Addiction Medication, and Urgent Care.



Abby Wald, CNP, MSN, BSN

Abby is originally from rural North Dakota and has recently attended Mount Marty University to advance her nursing knowledge. She graduated May 2022, with her master's degree as a Family Nurse Practitioner. Abby Wald has been a RN for the past 10 years. She completed her nursing degree, BSN through Med-Center One in 2012 in Bismarck, ND. After graduation she started working for the Oakes Community Hospital (CHI) in rural ND. From here she joined the LaMoure County public health office, where she served the community. She began volunteering with the LaMoure Area Ambulance as an RN and working with the Sanford Oakes region clinic for the past 8 years. While working with Sanford she has worked with cardiac rehab, quality care measures, clinical nursing, laboratory, and phone nursing. She is currently still working with Sanford clinic on an as needed basis. She has always had a passion to help patients and continue her education. She would like to return to rural health care after completing her FNP degree. She is certified in BLS, ACLS, PALS, telemedicine, palliative care, and a member of the North Dakota Nurse Practitioners Association.



MEDICAL GAP PLAN 1

MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: \$0 (this plan does not include a deductible)

Inpatient Hospital Benefits: \$1,500 per covered person, 3 times per family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: \$1,500 per covered person, 3 times per family

This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician’s office
- X-rays, MRI’s, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

Ambulance Benefit: \$2,000 per covered person, 3 times per family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

Additional Benefit Options

- Infusion Therapy Rider
- Emergency Condition Benefit Endorsement - pays for treatment received in a hospital emergency room or urgent care center for sickness when the insured person is not subsequently considered an inpatient.
- Dependent Child Pregnancy - pays for treatment or medical care of a dependent child’s pregnancy after a waiting period of 10 months.
- Accident Indemnity Benefit Rider - \$1,000 per covered person per accident
- Critical Illness Indemnity Benefit Rider - \$10,000 per covered person



Coverage Type	Monthly Premium
Employee	\$44.64
Employee + 1	\$88.88
Family	\$133.63

MEDICAL GAP PLAN 2



MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: \$0 (this plan does not include a deductible)

Inpatient Hospital Benefits: \$5,000 per covered person, 3 times per family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: \$2,500 per covered person, 3 times per family

This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

Ambulance Benefit: \$2,000 per covered person, 3 times per family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

Additional Benefit Options

- Infusion Therapy Rider
- Emergency Condition Benefit Endorsement - pays for treatment received in a hospital emergency room or urgent care center for sickness when the insured person is not subsequently considered an inpatient.
- Dependent Child Pregnancy - pays for treatment or medical care of a dependent child's pregnancy after a waiting period of 10 months.
- Accident Indemnity Benefit Rider - \$1,000 per covered person per accident
- Critical Illness Indemnity Benefit Rider - \$10,000 per covered person

Coverage Type	Monthly Premium
Employee	\$88.60
Employee + 1	\$184.85
Family	\$273.71



EXCLUSIONS (continued)

- tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis;
- Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis;
- The drug or device is used for a purpose that is not approved by the FDA; or
- Surgery or therapy not endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies
- For any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion
- For Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit. (not applicable to sole proprietors or partners not covered by Workers' Compensation)
- For dental or vision services, unless:
 - Resulting from an Accident occurring while the insured person's insurance under the Policy is in force and such services are performed within 12 months of the date of such Accident;
 - Due to congenital disease or anomaly of an insured newborn child; or
 - Consisting of a surgical procedure to remove cataracts
- For routine examinations such as health exams, periodic check-ups, or routine physicals
- For any expense for which benefits are excluded under the insured person's Comprehensive Medical Plan
- For expenses related to Radiation Therapy or Chemotherapy such as: prescribed medications for side effects, physical exams, checkups, treatment consultations and planning, or any similar expenses. Radiation Therapy or Chemotherapy does not include laser or stereotactic surgery

TERMINATION OF INSURANCE

Insurance on an insured will end on the earliest of the following dates:

- The end of the last period for which premium has been paid
- The policy is terminated
- The employer ceases to participate in this insurance
- The insured retires
- The insured ceases to be on active service
- The insured's coverage in the underlying medical plan ends

Insurance on a dependent will end on the earliest of the following dates:

- The insured's insurance terminates
- The end of the last period for which premium has been paid
- The dependent no longer meets the definition of dependent
- The dependent's coverage in the underlying medical plan ends
- The policy is modified so as to exclude dependent insurance

The company may end the insurance if:

- Any insured person submits a fraudulent claim
- Participation requirements are not met
- On any premium due date, if the company or employer sends written notice 31 days in advance requesting termination
- If the underlying medical plan terminates

HOW TO SUBMIT A CLAIM

Employees receive an ID card after enrollment. This should be presented at the time of service so providers are paid directly after the employee's major medical carrier determines what is owed. If this is not done at time of service, employees can submit a *TransConnect*® claim form, UB04, or CMS1500 (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what is owed after what they paid.

EXCLUSIONS

No benefits are payable for any expenses incurred:

- During any period the insured person is not insured under the Comprehensive Medical Plan
- As the result of suicide or any attempted suicide, while sane or insane
- For any intentionally self-inflicted injury or Sickness
- For rest care or rehabilitative care and treatment
- For voluntary abortion except:
 - Where the insured person's life would be endangered if the fetus were carried to term; or
 - Where medical complications have arisen from abortion
- As a result of an insured person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority
- As a result of a insured person's commission of a felony
- As a result of a insured person's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- As a result of a insured person's traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- As a result of a insured person's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a Physician or taken according to the Physician's instructions
- For the treatment of mental illness, alcoholism or substance abuse provided as an Outpatient
- For sex changes, except for medically necessary treatment including gender affirmation surgery for gender dysphoria and related health conditions
- For experimental treatment, drugs, or surgery. As it pertains to this exclusion, experimental treatment, drugs or surgery means:
 - The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
 - Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum



VOLUNTARY DENTAL PLAN



Your dental health is a priority. We offer generous coverage through Equitable.

The Dental Plan encourages preventive treatment and allows you to achieve good oral health while minimizing your out-of-pocket dental expenses.



EQUITABLE

You have two dental plans to choose from.

Dental Plan	High Plan	Low Plan
Plan Year Deductible Individual Family	\$50 \$150	\$50 \$150
Annual Benefit Maximum	\$2,000 per participant	\$1,000 per participant
Preventive & Diagnostic (deductible does not apply)	Covered 100%	Covered 100%
Basic Services (Fillings, Posterior Composite Filling, Extractions)	Covered 80% after deductible	Covered 70% after deductible
Major Restorative Services (Crown, Root Canal, Implants)	Covered 50% after deductible	Covered 40% after deductible
Orthodontics	Covered 50% up to lifetime max of \$2,000 per child, for children up to age 19.	Not Covered

Employees working 20 hours or more per week are eligible.

Monthly Premium		
Coverage Type	High Plan	Low Plan
Employee	\$55.76	\$36.00
Employee +1	\$103.36	\$62.56
Family	\$184.81	\$111.85

LOOKING FOR A DENTIST?
 1-866-274-9887
www.equitable.com/finddentist





VOLUNTARY VISION PLAN



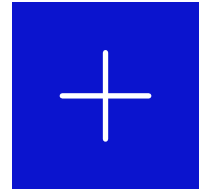
Jamestown Public Schools offers a comprehensive voluntary Vision Plan provided by Equitable on a VSP network. The Vision Plan helps pay the cost of periodic eye examinations and necessary lenses and frames, if prescribed. Employees working 20 hours or more per week are eligible.

Vision Plan	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	Included \$95 - \$105 \$150-175	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; Copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months

Coverage Type	Monthly Premium
Employee	\$10.95
EE + 1	\$22.17
Family	\$35.69

PLEASE NOTE:
 ID cards are not needed with VSP and you will not receive one. Members simply identify themselves as a VSP member - the doctor does the rest.

EMPLOYEE ASSISTANCE PROGRAM



An Employee Assistance Program (EAP) offers short-term confidential counseling on all aspects of life at no cost to you. Employees and household members can confidentially address and resolve personal and work related challenges including:

- **Relationship issues** - Marriage counseling, family counseling, parent/child counseling, etc.
- **Emotional health issues** - Stress, anxiety, depression, grief, elder parent challenges
- **Drug and alcohol issues** - Assessments, evaluation and prevention education)- this does not include treatment
- **Workplace issues** - Sexual harassment, dealing with difficult people, handling conflict, changes, job stress
- **Crisis counseling** - Talk to a counselor 24/7
- **Wellness Education classes** - Drug & alcohol education, stress management, parenting, couples education
- **Legal issues** - Family law (divorce, wills, custody) and civil law (housing, harassment, motor vehicle). Receive free telephonic advice from a local lawyer and a 25% discount with the lawyer if additional assistance is required.
- **Financial Issues** - Budget counseling, debt management, retirement planning, student loan planning or repayment through the Village Financial Resource Center.

The number of sessions available to a covered individual's household is equal to the number of household members times (x) four (4). As an example, a household with five (5) members would have access to a maximum of 20 sessions (5 members x 4/member = sessions) per 12 month period. Any number of those sessions can be used by any member of the household up to the total number. There is a minimum of 8 sessions per household.



THE VILLAGE
INSTITUTE

Confidential Assistance is available
24 hours a day, 7 days a week!
Call 1-800-627-8200 to schedule an
appointment.
www.villageEAP.com



LIFE, AD&D, AND LTD BENEFITS

Basic Life and AD&D

Jamestown Public Schools provides basic life coverage as well as Accidental Death and Dismemberment coverage for all active, full-time employees working at least 20 hours per week.

Basic Life & AD&D Benefits	
Employee	\$25,000
Accidental Death (AD&D)	\$25,000
Accelerated Death Benefit	If you are terminally ill, advance payout of 75% not to exceed \$250,000
Age Reduction	35% at age 65, additional 15% at age 70
Conversion	If your employment ends, you can apply for an individual policy without evidence of insurability within 31 days.
Monthly Premium	Refer to District Human Resources

Employees who work more than 20 hours per week are eligible to participate in the plan. Employees will receive pro-rated benefits based on the number of hours worked and the balance of cost will be the responsibility of the employee.

Long-Term Disability Coverage (LTD)

Jamestown Public Schools provides LTD coverage for all active employees working at least 30 hours per week whose regular job assignment extends beyond the school year.

LTD Benefits	
Minimum Benefit	Greater of \$100 or 10% of gross disability payment
Benefits Begin	After 90 day elimination period/30 day accumulation feature
Pre-Existing Condition	3 months prior/12 months insured
Coverage Basis/Maximum Benefit Non-Certified Staff Teachers Administration	66.67% Up to \$3,000 per month 66.67% Up to \$4,200 per month 66.67% Up to \$6,000 per month
Monthly Premium	Refer to District Human Resources



EQUITABLE



Voluntary Life Insurance and AD&D

Voluntary Life Insurance is in addition to the basic life insurance. Voluntary Group Life Insurance provides term life insurance at low rates. Current coverage includes financial protection in the event you, your spouse and/or one of your dependents die while covered under this benefit.

Voluntary Life & ADD Benefits

Employee	Increments of \$10,000 up to maximum of \$500,000. Guaranteed Issue – up to \$200,000
Spouse	Increments of \$5,000 up to 50% of employee’s life or \$150,000. Guaranteed Issue – up to \$35,000
Unmarried Dependent Children	Live birth to 14 days old - \$500; 15 days old to age 26 - \$10,000

Monthly premium per \$10,000 purchased

Age	Cost for employee & spouse
15-24	\$0.63
25-29	\$0.72
30-34	\$0.90
35-39	\$1.17
40-44	\$2.07
45-49	\$3.51
50-54	\$5.76
55-59	\$9.00
60-64	\$14.04
65-69	\$25.20
70-74	\$45.18
75+	\$45.18
Children	\$0.63 per \$10,000 of coverage

Age Reduction: Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Payment of premium does not guarantee coverage. Employee must be actively at work, and spouses/dependents cannot be sick, injured or confined or coverage may not take effect.

AD&D (automatically included)	
Employee	\$0.14
Spouse/Child	\$0.11



EQUITABLE



VOLUNTARY WORKSITE INSURANCE

Aflac Hospital Advantage

Policy Series A49000

Health care costs are on the rise for both employers and consumers and Aflac Hospital Advantage is there to help. This policy pays cash benefits that can be used to help with those out-of-pocket hospital expenses that may not be fully covered by major medical insurance.

Aflac Cancer Care

Policy Series A78000

Today, the chances of surviving cancer are better than ever, but the financial impact of cancer treatments can be devastating. An Aflac Cancer Care insurance policy can help you and your family better cope financially, and emotionally, if a diagnosis of cancer ever occurs.

Aflac Critical Care Protection

Critical Care Protection helps provide comfort to individuals who are concerned with the financial liability caused by a serious health event. It offers multiple coverage options to accommodate almost any budget. Unlike other critical illness insurance policies on the market, Critical Care Protection helps cover expenses from the initial diagnosis through treatment and provides options for more robust health coverage.

Aflac Short-Term Disability

Policy Series A57600

For many individuals, a temporary loss of income can have long-term financial consequences. An Aflac Short-Term Disability insurance policy provides a monthly benefit amount when an individual is disabled due to a covered accident or illness and is unable to work. Having disability insurance can help provide a sense of security, knowing that if the unexpected should happen, you will still receive a monthly income.

Aflac Accident Indemnity Advantage

Policy Series A35000

Aflac Accident Indemnity Advantage insurance policies pay cash benefits to help provide peace of mind during the different stages of care and recovery. Benefits can be used to help pay for emergency treatment, broken bones, lacerations, concussions, broken teeth, and ambulance transportation, as well as for treatment-related transportation and lodging.

Additional Benefits Available:

Life insurance, dental insurance, & Wage Works unreimbursed medical & dependent daycare benefits.

For more information on Aflac, contact [Judy Butler](#) at 701-952-4909 or by email at judith_butler@us.Aflac.com

MOBILE APP



ADD THE ICON TO YOUR SMARTPHONE FOR QUICK ACCESS!

iPhone



Tap the Share Icon in Safari's lower menu bar



Tap the "Add to Home Screen" icon

Android



Tap this Icon in the top right menu bar

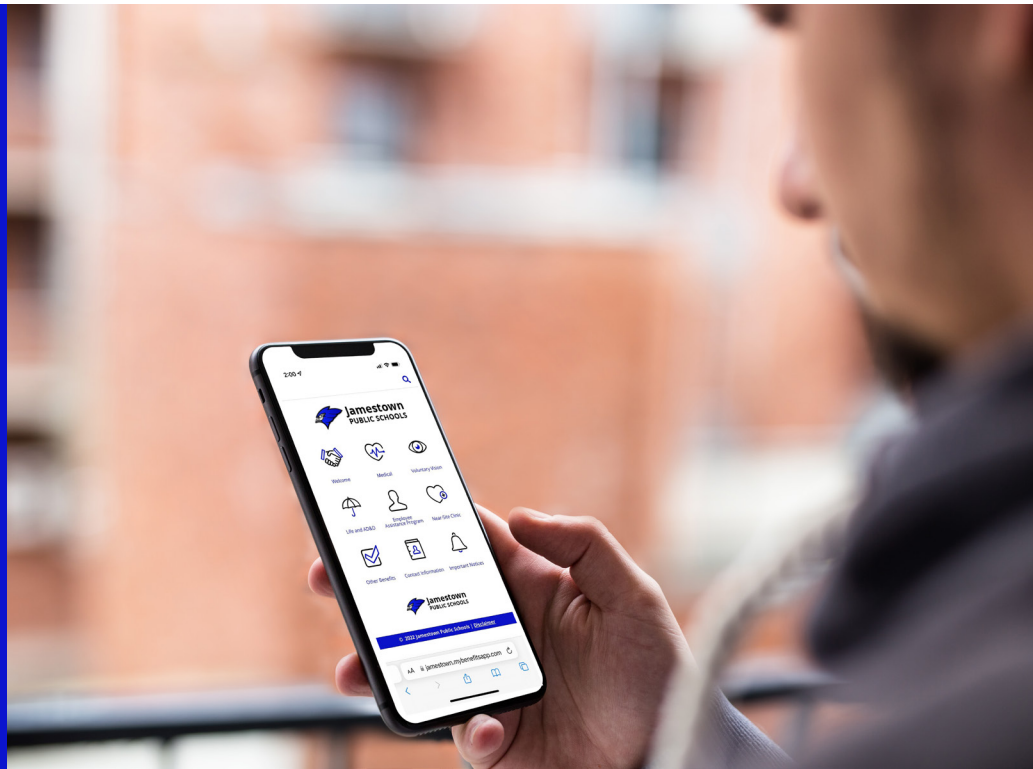
Select: "Add to Home Screen"

Windows Phone



Tap this Icon in the lower right corner

Select: "Pin to Start"



Jamestown Benefits App

What information can I access on the Benefits mobile app?

- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information
- Find online provider directories

Go To
jamestown.mybenefitsapp.com



Will the mobile app work on my device?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

Add to my home screen

Simply type the web address into your phone's internet browser and follow the instructions listed here.

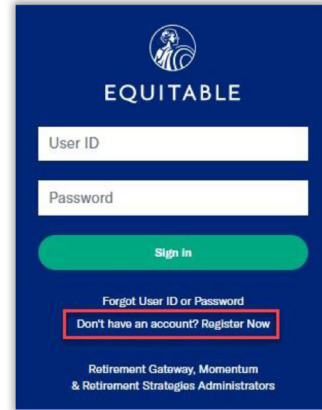
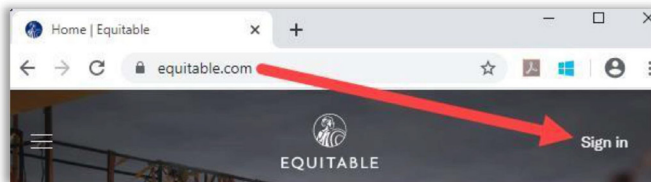


EQUITABLE ENROLLMENT & REGISTRATION



Employee Benefits – User Registration for Employee

Step 1- Using Google Chrome, navigate to [Equitable.com](https://equitable.com), click **Sign In** then click **Register Now**



Step 2- Select **Individual** then select **Employer Provided Benefits**

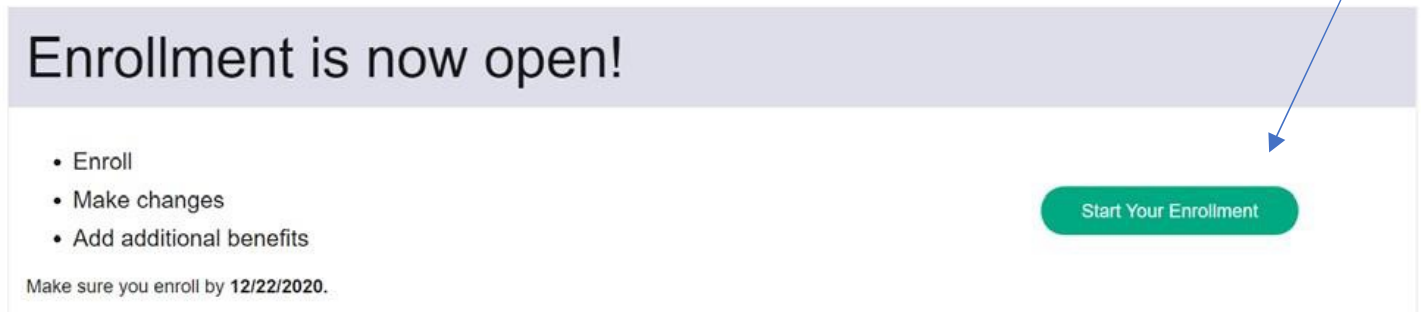


Step 3- Enter your **Last Name**, **Date of Birth** and **Social Security Number** and click Next. Continue with authentication validation and then finish with user ID, password and security question set up.

For any additional support, contact Equitable Customer Service Monday – Thursday 8:00am-6:30pm and Friday 8:00am-5:30pm at **(866)-274-9887** or **EBCustomerService@Equitable.com**

Employee Benefits - Online Enrollment Guide

Once you have successfully registered and logged in at Equitable.com you will be routed to your main landing page (*below dates are for illustration purposes only and may differ based on your groups enrollment*).



Enrollment is now open!

- Enroll
- Make changes
- Add additional benefits

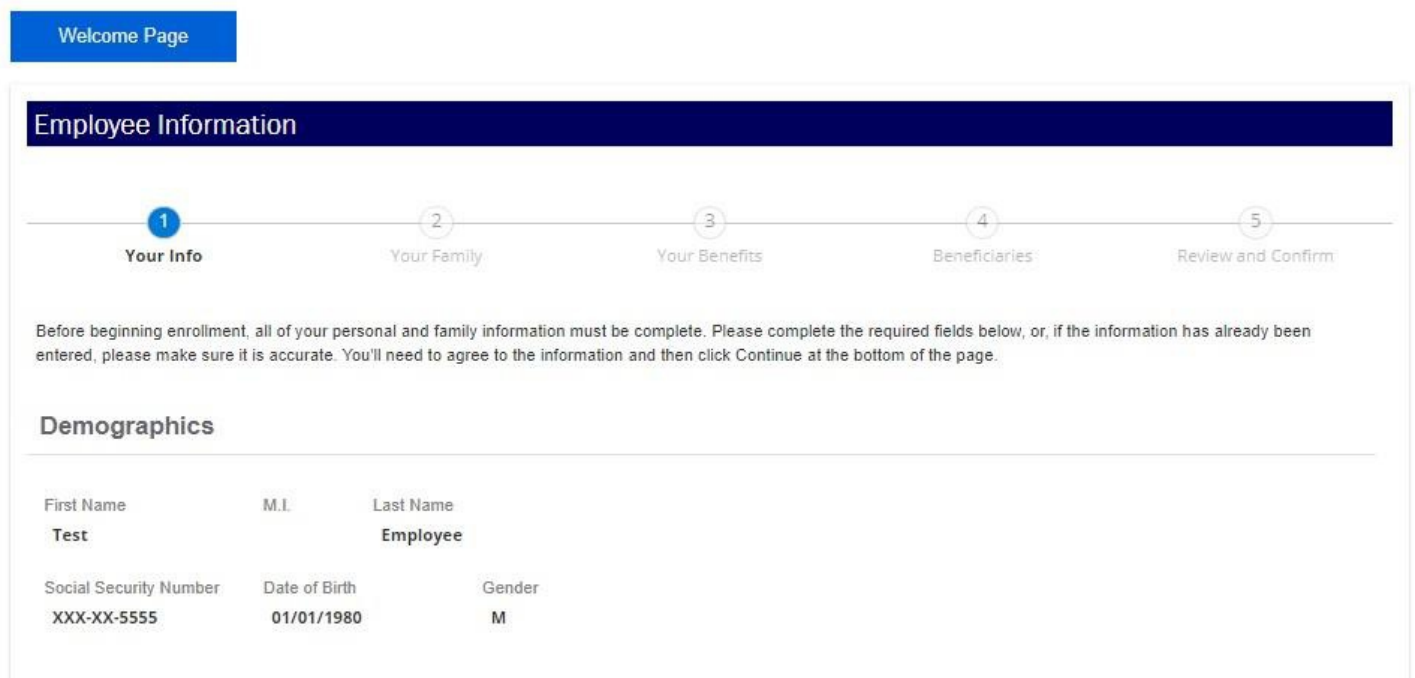
Make sure you enroll by **12/22/2020**.

[Start Your Enrollment](#)

You are now ready to start your enrollment! Your enrollment will be available online through XX/XX/XXXX. You can enroll or make changes at any time until the Enrollment Deadline. To begin, click the “Start Your Enrollment” button.

1 - Your Info Page:

You will now see your Employee information that we have on record. Please contact your HR Department for any changes to the Demographic information. You can review and edit Contact Info. Once you have reviewed all information, click the box to verify the information is correct. Once you click the verification box, the Continue button will become enabled. Please click the Continue button to proceed.



Welcome Page

Employee Information

1 Your Info 2 Your Family 3 Your Benefits 4 Beneficiaries 5 Review and Confirm

Before beginning enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue at the bottom of the page.

Demographics

First Name	M.I.	Last Name
Test		Employee
Social Security Number	Date of Birth	Gender
XXX-XX-5555	01/01/1980	M

Contact Info

Resident Address

Address Line 1: 123 Main Street
 Address Line 2:
 City: Syracuse
 State: New York
 Zip Code: 12345

Home Email

Email:
 Add a Work Email? Yes No

Mobile Phone

Number:
 Add a Home Phone? Yes No

Add a Business Address? Yes No

I verify that my personal information is correct

[Back](#) [Continue](#)

2 – Your Family Page:

Any dependents information that we already have on record will be displayed on this page. Note that if you wish to enroll in Supplemental Spouse Life coverage (if applicable), you will need to add your spouse as a dependent here because the premium rates for this benefit are based on the age of your spouse. Once you have reviewed all information, click the box to verify the information is correct. Once you click the verification box, the Continue button will become enabled. Please click the Continue button to proceed.

Welcome Page

Family Information

1 Your Info 2 **Your Family** 3 Your Benefits 4 Beneficiaries 5 Review and Confirm

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependents. To verify or edit the information of a family member who has already been entered, click edit under the person's name. If you do not have any family members to add, click Continue.

In order to enroll in tiered coverages (if applicable) you must add dependents.

+ Add Dependents

I verify my family information is correct

[Back](#) [Continue](#)

Note that you will receive a pop-up notice advising that there is a dependent benefit available that requires a Spouse to be added for enrollment. Click OK to continue.

Notice ✕

There is a Dependent benefit available for enrollment but requires a Spouse be added as a dependent before the benefit can be displayed and elected.

If you are interested in enrolling in this benefit, please click "Add Dependent" to add the Spouse information.

Adding the Spouse as a Dependent will allow you to review the details of this benefit before enrolling but will also allow you to waive the benefit if do not want to enroll.

[OK](#)

3 – Your Benefits Page:

You will now see all of the benefits available to you for enrollment. Any benefit marked with a green checkmark and completed have already been enrolled for you as they are 100% employer paid.

For any benefit, you can select Plan Options to review coverage amounts and view a Benefit Summary to review the details provided by the benefit.

For any coverage not marked as complete, you will need to click on “Plan Options” to either enroll in the coverage or waive the coverage. Once you either enroll or waive the coverage, it will be marked complete.

Once all coverages have been marked complete, the Continue button at the bottom of the page will become enabled for you to continue.


(below benefits are for illustration purposes only and your groups benefits may vary)

Welcome Page

Your Benefits


1 Your Info 2 Your Family 3 **Your Benefits** 4 Beneficiaries 5 Review and Confirm

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

 Life Plan	
Plan Options	Cost per pay period: \$0.00
Selected Amount: \$50,000.00	
✔ Completed	


Your total cost per pay period

\$0.00

 Basic Group Life AD&D	
Plan Options	Cost per pay period: \$0.00
Selected Amount: \$50,000.00	
✔ Completed	

Your total cost per pay period

\$0.00

 Group Dependent Life	
Plan Options	Cost per pay period: \$0.00
Selected Amount: \$10,000.00	
✔ Completed	

Your total cost per pay period

\$0.00

<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Supplemental Life</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p>Your total cost per pay period</p> <h1 style="margin: 0;">\$0.00</h1> </div>
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Supplemental Life AD&D</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> </div>	
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Supplemental Spouse Life AD&D</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> </div>	
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Supplemental Children's Life</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> </div>	
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Short Term Disability Plan</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> <div style="margin-top: 5px;"> <p>Selected Amount: \$1,726.00</p> <p>Cost per pay period: \$0.00</p> <p>✓ Completed</p> </div> </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p>Your total cost per pay period</p> <h1 style="margin: 0;">\$0.00</h1> </div>
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Long Term Disability Plan</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin-top: 5px;">Plan Options</div> </div>	

4 – Beneficiaries Page:

For any Life insurance benefit enrolled, you will select a beneficiary. You can also add additional beneficiaries too. Once a beneficiary has been enrolled at 100%, the Continue button at the bottom of the page will become enabled.

Welcome Page

Beneficiaries

1
Your Info

2
Your Family

3
Your Benefits

4
Beneficiaries

5
Review and Confirm

Primary Beneficiaries (required)

Basic Group Life

Name	Percentage
Total Percent Must Equal 100%	Total: 0%

Add Beneficiary

Back

Continue

To add Beneficiary, select relationship, beneficiary percentage, name, and address. Click Save and Continue.

Welcome Page

Beneficiaries

1 Your Info 2 Your Family 3 Your Benefits **4 Beneficiaries** 5 Review and Confirm

**This only updates Beneficiary info*

Relationship: Spouse (dropdown) Beneficiary Percentage: 100 (input) Total Plan Percentage: 100%

Name/Trust Name (input) Home Address 1 (input)

Home Address 2 (input)

City (input) State: Select S (dropdown)

Zip Code (input) Home Phone (input)

Cancel Save and Continue

5 – Review and Confirm Page:

All of the information from the previous enrollment pages will be displayed for your review. Scroll down and review all of the information displayed including state disclaimers. Note that you can edit any of the benefit elections up to and including your enrollment end date of XX/XX/XXXX (this end date is set by your group administrator).

Welcome Page

Review

1 Your Info 2 Your Family 3 Your Benefits 4 Beneficiaries **5 Review and Confirm**

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

Employee Info

Employee Name: Test Employee	SSN No 155555555	Gender M
Marital Status	Date of Birth 01/01/1980	Address 123 Main Street
City Syracuse	State NY	Zip 12345
County	Annual Salary	Hours Per Week

Once the page has been reviewed, review the below statements.
To finalize your enrollment:

- Click Review Enrollment Selections - a pdf copy of your enrollment will appear in the bottom left corner. You can print this form for your records
- Once you Click Review Enrollment Selections and approve of your enrollment selections, you must select the check box to acknowledge that you have reviewed your elections, and then select Complete Enrollment.

Enrollment will not be completed and submitted until these final step are taken:

- A) Click Review Enrollment Selections to review pdf for final elections
- B) Review statement to acknowledge enrollment and click box to confirm
- C) Click Complete Enrollment

[Review Enrollment Selections](#)

By clicking "Complete Enrollment," I acknowledge that I have reviewed the Enrollment Form and agree to its terms, and that my information contained in the Enrollment Form is correct. Further, I agree that I am consenting to the use of electronic signatures for purposes of this enrollment transaction, and that I am electronically signing and submitting the Enrollment Form to Equitable. I understand that this electronic signature is the legal equivalent to my handwritten signature, and that if I do not wish to use an electronic signature I may contact my plan sponsor.

[Complete Enrollment](#)

Final Enrollment Page:

This page will acknowledge that your enrollment is complete. You can print a copy of your Benefit Report that will only include the benefit enrollments.

Click "Welcome Page" to return to first page to make any changes to your enrollment.

Welcome Page

Confirmation

1 Your Info 2 Your Family 3 Your Benefits 4 Beneficiaries 5 Review and Confirm

Your Enrollment is Complete

You may make changes to your elections until: 11/22/2019.

Click button below to print a copy of your Enrollment Summary or Benefit Report.

If you would like to make changes to your enrollment, click on the Welcome Page button.

[Print Benefit Report](#) [Welcome Page](#)

NOTES





NOTES

IMPORTANT NOTICES



Important Notice 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 Jamestown 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:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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.

Jamestown Public Schools has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2023. If you enroll from October 15th through December 7th in 2023, your coverage will begin on January 1, 2024.

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.

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 Jamestown 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 the 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 Jamestown 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 Medicare Part D 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).

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

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

HIPAA Special Enrollment Notice
Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Jamestown Public Schools' health plan for you or your dependents (including your spouse/ domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Jamestown Public Schools will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in Jamestown Public Schools group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and Coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and Copayment requirements. If you would like more information on WHCRA benefits, contact HR.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under Jamestown Public Schools group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse/domestic partner, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse/domestic partner dies; Your spouse/domestic partner's hours of employment are reduced;
- Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- Your spouse/domestic partner becomes enrolled in Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse/ domestic partner.

If the Plan provides health care coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Jamestown Public Schools has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify Jamestown Public Schools of the qualifying event.

Required Notice

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your employer and/or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Coverage Provided?

Once Jamestown Public Schools receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered Employees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period Of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify Jamestown Public Schools in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact Jamestown Public Schools and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

Second Qualifying Event Extension of 18-Month Period Of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse/ domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse/domestic partner and dependent children receiving continuation coverage if the Employee or former Employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both),

or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse/domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to Jamestown Public Schools. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep Jamestown Public Schools informed of any address changes. You should also keep a copy, for your records, of any notices you send to Jamestown Public Schools.

Plan Contact Information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility:

NORTH DAKOTA – Medicaid

Website:

<https://www.hhs.nd.gov/healthcare/medicaid>

Phone: 1-844-854-4825

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

U.S. Department of Labor Services Employee Benefits Security Administration

www.dol.gov/agencies/ebsa | 866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov | 877-267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Form Approved OMB No. 1210-0149 (expires 5-31-2023)

When key parts of the health care law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 2023 for coverage starting as early as January 1, 2024.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact: [BCBSND @ 844-363-8457](mailto:BCBSND@844-363-8457).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name: [Jamestown Public Schools](#)

Employer Identification Number: [45-6001634](#)

Employer phone number: [701-252-1950](#)

Employer address: [207 2nd Ave. SE, PO BOX 269 Jamestown, ND 58401](#)

Contact about coverage: [Kristi Grounds](#)

Phone number: [701-252-1950](#)

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

Some employees. Eligible employees are some part time employees who work an average of 20 hours per week, and all full-time employees who work an average of 30 hours per week.

With respect to dependents:

Eligible dependents and legal spouses and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Employer name: [Jamestown Public Schools](#)

Employer Identification Number: [45-6001634](#)

Employer phone number: [701-252-1950](#)

Employer address: [207 2nd Ave. SE, PO BOX 269 Jamestown, ND 58401](#)

Contact about coverage: [Kristi Grounds](#)

Phone number: [701-252-1950](#)

[Notice of Availability of HIPAA Privacy Notice](#)

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

HIPAA requires that at this time we advise you that a copy of the Privacy Notice is available by:

- Contacting Human Resources and requesting a hard copy

Please contact us for more information:

[Jamestown Public Schools Human Resources: 701-252-1950](#)

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Avenue, S.W.
Washington, D.C. 20201

202-619-0257

Toll Free: 877-696-6775



Jamestown
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