



# Employee Benefits Enrollment Guide

Plan Year: September 1, 2016 through August 31, 2017

## IMPORTANT NOTE:

**We are changing our open enrollment period from January 1<sup>st</sup> to September 1<sup>st</sup>. If you do not make changes to your current plans, you will not have the opportunity to do so until the next open enrollment period (September 1, 2017) without a qualifying event.**



# WHAT'S NEW FOR 2016?

Self Help Inc. offers you and your eligible family members a comprehensive and valuable benefits program. We believe the health and welfare of our employees and their families is essential to our success as an organization. We encourage you to take the time to educate yourself about the available options and choose the best coverage for you and your family. Below you will find a brief description of the employees' benefits package for the 2016 plan year.

- **Medical:** We will be renewing our current plans with Tufts Health Plan. There will be no changes to our current benefits; please read below for details.
- **HRA:** We will continue to offer an H.R.A. for all employees enrolled in the group deductible health plans.
- **Dental:** We will be renewing our dental coverage with Delta Dental with no plan changes.
- **Life and Disability:** Our Life and AD&D and Short Term Disability plans will continue with Mutual of Omaha. Plan designs will remain unchanged.



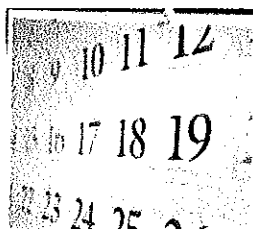
## Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. If you enroll in our group health and/or dental plans you may also enroll your spouse and any legal dependents. In addition, in accordance with the Affordable Care Act, non-dependent children of an employee are also eligible to participate in our group health plan until they attain the age of 26.



## How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Complete all necessary forms and submit to Human Resources. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



## When to Enroll

The open enrollment period is open through August 12<sup>th</sup>. The benefits you elect during open enrollment will be effective from September 1, 2016 through August 31, 2017.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Qualifying events must be reported within 30 days of the event and are effective the date of the event.

## CONTACT INFORMATION

Below you will find a list of our carriers' names and their member services phone numbers. Please refer to this list when you have a question regarding your benefits or you need to check to see if a provider is in a network.

### **MEDICAL**

Tufts Health Plan  
Member Services: 800-462-0224  
24-Hour Nurseline: 866-201-7919  
Mental Health: 800-208-9565  
[www.tuftshealthplan.com](http://www.tuftshealthplan.com)

### **DENTAL**

Delta Dental of MA  
Customer Care: 800-872-0500  
Email: [customer.care@deltadentalma.com](mailto:customer.care@deltadentalma.com)  
[www.deltadentalma.com](http://www.deltadentalma.com)

### **LIFE & DISABILITY**

Mutual of Omaha  
Group Claims: 800-877-5176  
[www.mutualofomaha.com](http://www.mutualofomaha.com)

## MEDICAL AND PRESCRIPTION DRUGS

The tables below outline the medical plans that are available to you and your family members.

Tufts Health Plan Advantage HMO \$2,000		
Benefits		
Deductible	\$2,000 Individual / \$4,000 Family	
Out-of-Pocket Maximum	\$5,000 Individual / \$10,000 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$20 co-pay	
Specialist Office Visits	\$35 co-pay	
Emergency Room	\$150 co-pay	
Inpatient Hospitalization	Deductible applies	
Outpatient Surgery	Deductible applies	
Labs and X-rays	Deductible applies	
MRI, PET & CT Scans	Deductible applies	
Durable Medical Equipment	30% co-insurance after deductible	
Prescription Drugs		
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$15 co-pay	\$30 co-pay
Preferred	\$30 co-pay	\$60 co-pay
Non-Preferred	\$50 co-pay	\$100 co-pay

\*Please refer to the Tufts Health Plan Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

## HEALTH INSURANCE BI-WEEKLY DEDUCTIONS

	Employer Contribution		Employee Contribution	
Individual	78%	\$279.44	22%	\$78.82
Employee + Spouse	71%	\$572.60	29%	\$233.88
Employee + Child(ren)	71%	\$569.45	29%	\$232.59
Family	71%	\$1,027.85	29%	\$419.83

## ALTERNATIVE HMO DEDUCTIBLE PLAN

Tufts Health Plan Advantage HMO \$1,000	
Benefits	
Deductible	\$1,000 Individual / \$2,000 Family
Out-of-Pocket Maximum	\$5,000 Individual / \$10,000 Family
Routine Physical Exams	Covered in full
PCP Office Visits	\$20 co-pay
Specialist Office Visits	\$35 co-pay
Emergency Room	\$150 co-pay
Inpatient Hospitalization	Deductible applies
Outpatient Surgery	Deductible applies
Labs and X-rays	Deductible applies
MRI, PET & CT Scans	Deductible applies
Durable Medical Equipment	30% co-insurance after deductible
Prescription Drugs	
	30 day supply at retail pharmacy
	90 day supply through mail order pharmacy
Generic	\$15 co-pay
Preferred	\$30 co-pay
Non-Preferred	\$50 co-pay

\*Please refer to the Tufts Health Plan Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

## HEALTH INSURANCE BI-WEEKLY DEDUCTIONS

	Employer Contribution		Employee Contribution	
	%	Amount	%	Amount
Individual	65%	\$255.54	35%	\$137.60
Employee + Spouse	65%	\$575.26	35%	\$309.76
Employee + Child(ren)	65%	\$572.11	35%	\$308.06
Family	65%	\$1,032.64	35%	\$556.04

## ALTERNATIVE HMO CO-PAY PLAN

	Tufts Health Plan HMO Choice Copay	
	Benefits	
Deductible	N/A	
Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$15 co-pay	
Specialist Office Visits	\$30 co-pay	
Emergency Room	\$100 co-pay	
Inpatient Hospitalization	\$250 co-pay	
Outpatient Surgery	\$150 co-pay	
Labs and X-rays	Covered in full	
MRI, PET & CT Scans	\$25 co-pay	
Durable Medical Equipment	30% co-insurance	
	Prescription Drugs	
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$10 co-pay	\$20 co-pay
Preferred	\$25 co-pay	\$50 co-pay
Non-Preferred	\$45 co-pay	\$90 co-pay

\*Please refer to the Tufts Health Plan Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

## HEALTH INSURANCE BI-WEEKLY DEDUCTIONS

	Employer Contribution		Employee Contribution	
Individual	51%	\$253.09	49%	\$243.16
Employee + Spouse	51%	\$569.72	49%	\$547.38
Employee + Child(ren)	51%	\$566.60	49%	\$544.38
Family	51%	\$1,022.70	49%	\$982.59

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

All employees enrolled in one of our group health deductible plans will be eligible to participate in the Self Help Inc. Healthcare Reimbursement Arrangement (HRA). The HRA will reimburse up to the first \$500 of an individual deductible, and \$1,000 of a family deductible.

Due to regulations under the Affordable Care Act, you now have the right to opt out of this program annually.

**Why are we required to inform you of your right to opt-out of this valuable no-cost program?** Because participating in this program could potentially disqualify you or your covered dependents from applying for your own privately owned (non-group) subsidized health insurance coverage through a state Exchange (also known as a Health Insurance Marketplace).

If you wish to opt-out of our HRA for the 2016 plan year, you must inform Human Resources of your request to opt-out by no later than August 31, 2016. If you wish to continue your participation in our company sponsored group health plan and HRA, you do not need to take any action at this time.

## DENTAL

There are no changes to our dental benefits in 2016. This plan allows you to see treatment from the dentist of your choice.

Delta Dental PPO Plus Premier		
Calendar Year Maximum	\$2,000	
Deductible	\$25 Individual / \$75 Family	
	In Network	Out of Network
Type I Services - Preventive	0% (Deductible waived)	0% (Deductible waived)
Type II Services - Basic	20% after deductible	20% after deductible
Type III Services - Major	50% after deductible	50% after deductible
Orthodontia	50% to \$1,500 Lifetime Maximum	

**\*Please refer to the Delta Dental Summary of Benefits for complete details regarding network access, covered benefits and copays.**

### DENTAL INSURANCE BI-WEEKLY DEDUCTIONS

	Employer Contribution		Employee Contribution	
Individual	65%	\$14.39	35%	\$7.75
Family	65%	\$42.21	35%	\$22.73

## LIFE AND DISABILITY INSURANCE

We will continue to offer Life and AD&D and Short Term Disability at no cost to you. All benefits will be provided by Mutual of Omaha. There will be no change to our life and disability benefits in 2016.

Short Term Disability	
Benefit Begins	On the 8 <sup>th</sup> day after an injury or illness
Benefits Payable	25 week maximum
Income Replaced	50% of salary
Maximum Benefit	\$250 per week

Life and AD&D	
Benefit	\$10,000 or 2 x Salary up to \$200,000

The Life and Disability insurance plans are not part of the annual open enrollment. Employees will automatically be enrolled in the employer paid plans upon initial eligibility.

## EMPLOYEE BENEFITS FAIR

We will be holding our Employee Benefits Fair on Wednesday, August 3<sup>rd</sup>, from 9:30 a.m. to 4:00 p.m. at the Avon VFW Post. Please be sure to attend this important session to be sure your benefit elections are correct for next year. We will have our representatives from Eastern Benefits Group, Tufts Health Plan, and Delta Dental on hand to answer any questions you may have.



## QUESTIONS & ANSWERS

### Changes that can be made effective September 1<sup>st</sup>:

- Change medical plan
- Enroll or terminate individual and/or dependent coverage in the medical or dental plan

### Forms to be completed:

- Medical Enrollment Form to change plans, to add or change dependent enrollment, or to enroll for the first time
- Dental Enrollment Form to add or change dependent enrollment, or to enroll for the first time
- Waiver Form for any employee on payroll who waives participation in our offered benefits

### Where do I find these forms?

- Contact Human Resources for all forms

### When are the forms due and where do I return them?

- All forms are must be returned to Human Resources by August 12, 2016

### Who do I contact with questions?

- Contact Human Resources with any questions you may have

### Other Information:

- If you do not make changes to your current medical and dental elections, those elections will remain the same for the plan year September 1, 2016 to August 31, 2017.

***The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.***

## YEARLY NOTIFICATIONS

### **Special Benefit for Maternity and Infant Coverage**

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 attending provider or physician, 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 a plan or the issuer for prescribing the length of stay not in excess of 48 hours or 96 hours, as the case may be.

### **Special Benefit for Women's Health Coverage**

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed, (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. These procedures may be subject to annual deductibles and coinsurance provisions that are similar to those applying to other medical or surgical benefits provided under the Group Medical Coverage Feature. For answers to specific questions regarding WHCRA benefits, contact the Plan Administrator. Additional state laws may be applicable as more fully described in other materials detailing your medical benefits.

### **CMS Letter**

We have attached the annual CMS notification letter to this open enrollment letter for your convenience. This letter is to certify that our prescription drug program is as good as or better than that offered by Medicare.

### **CHIPRA**

We will also provide you with a copy of the new annual CHIPRA notification and contact information. If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums

### **Continue Group Health Plan Coverage**

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain participants and their eligible family members and their eligible dependents at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage. The coverage must be identical to the coverage that the member had immediately before the Qualifying Event occurred. See Human Resources for information on 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](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2014. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

<p align="center"><b>IDAHO – Medicaid</b></p> <p>Medicaid Website:  <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a></p> <p>Medicaid Phone: 1-800-926-2588</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></p> <p>Phone: 1-800-694-3084</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></p> <p>Phone: 1-800-889-9949</p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-800-383-4278</p>
<p align="center"><b>IOWA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></p> <p>Phone: 1-888-346-9562</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></p> <p>Phone: 1-800-792-4884</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website:  <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a></p> <p>Phone: 603-271-5218</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a></p> <p>Phone: 1-888-695-2447</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a></p> <p>Phone: 1-800-977-6740  TTY 1-800-977-6741</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></p> <p>Phone: 1-800-462-1120</p>	

<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a>  Click on Health Care, then Medical Assistance  Phone: 1-800-657-3629</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-800-755-2604</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a>  Phone: 1-866-435-7414</p>
<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a>  Phone: 1-800-699-9075</p>	<p align="center"><b>VERMONT – Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  CHIP Phone: 1-866-873-2647</p>
<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a>  Phone: 401-462-5300</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website:  <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a>  Phone: 1-877-598-5820, HMS Third Party Liability</p>

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WISCONSIN - Medicaid</b></p> <p>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>TEXAS - Medicaid</b></p> <p>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WYOMING - Medicaid</b></p> <p>Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a>  Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

This important notice only applies to Self Help Inc. employees or their dependents who currently participate in our group health & prescription drug coverage who are also eligible (or will soon be eligible) for Medicare.

## **Important Notice from Self Help Inc. 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 Self Help Inc. 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. Self Help Inc. has determined that the prescription drug coverage offered by Tufts Health 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?**

If you decide to join a Medicare drug plan and maintain your current Self Help Inc. coverage, your current Self Help Inc. coverage will not be affected. However, you should inform Self Help Inc. that you also have a Medicare drug plan so that your prescription drug coverage will be coordinated. Please note that your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits as long as you remain an eligible employee. You should carefully research the cost and benefits of maintaining two prescription drug plans before making this decision.

If you do decide to join a Medicare drug plan and drop your current Self Help Inc. coverage, be aware that you and your dependents will only be able to get this coverage back under limited circumstances. In order to

get this coverage back for you and your dependents, you must be eligible for health plan benefits and you will only be able to enroll yourself and your dependents upon open enrollment or if you have a loss of coverage that qualifies under special enrollment rights.

### **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 Self Help Inc. 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 a new copy of this notice if this coverage through Self Help Inc. 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date:	July 2016
Name of Entity/Sender:	Self Help Inc.
Contact--Position/Office:	Human Resources
Address:	740 Main Street Avon, MA 02322
Phone Number:	508-588-0447

**\*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).**