



Cody Regional Health

2023 Benefit Guide

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 15 for more details.



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Contact Information

Benefit	Carrier	Member Services Phone	Website
Medical and Pharmacy	BCBSWY	800.442.2376	https://www.bcbswy.com/members/contact/
Dental, Vision	MetLife	800.438.6388	www.metlife.com
Basic Life and AD&D, Voluntary Life and AD&D, LTD/STD	Reliance	800.351.7500	www.reliancestandard.com
Employee Insurance Helpline	Benefit Advocate Center	855.422.9068	Bac.Westparkhospitalbenefits@ajg.com
HSA, FSA	Further	800.859.2144	www.hellofurther.com
Human Resources	Benefits Coordinator: Meagan Cheney	307.578.2562	mcheney@codyregionalhealth.org
	HR Officer: Dick Smith	307.578.2563	dsmith1@codyregionalhealth.org



Plan Eligibility

Employee Eligibility

Employees must work a minimum of 30 hours per week to receive benefits. Employees are eligible for benefits on the **first of the month following date of hire.**

Making Enrollment Changes During the Year

In most cases, your benefit elections remain in effect for the entire year (January 1 – December 31). During each annual enrollment period, you will have the opportunity to review your benefit elections and make changes for the upcoming year.

Certain lines of coverage allow limited changes to elections during the year. These lines of coverage include the medical, dental, and vision plans. Under these benefits, you may only make changes to your elections during the year if you have a change in family status. Family status changes include:

- » Marriage, divorce or legal separation
- » Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit
- » Changes in your spouse's employment affecting benefit eligibility
- » Changes in your spouse's benefit coverage with another employer that affects benefit eligibility
- » Loss or gain of eligibility by dependent child under the Medicaid or CHIP program

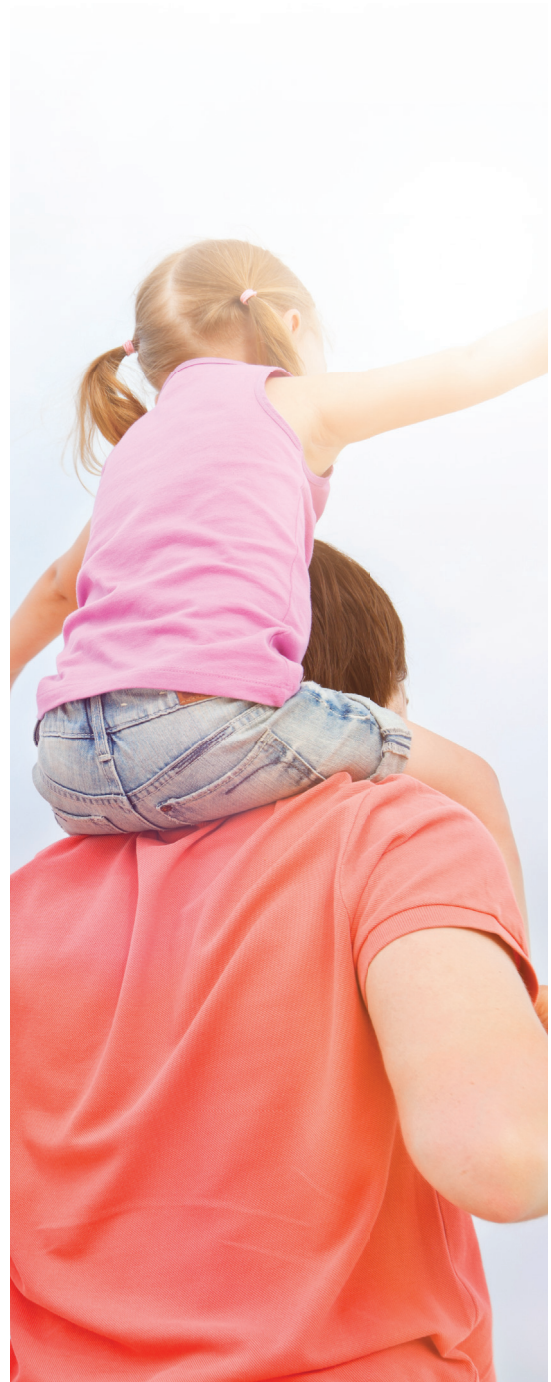
The change to your benefit elections must be consistent with the change in family status. For example, if you gain a new dependent due to birth, you may change your benefit elections to add that dependent.

You have 30 days from the date of a family status change to turn in a completed enrollment change form to Human Resources. Otherwise, you must wait until the next annual enrollment period to make a change to your elections.

In most cases, your election will become effective the first of the month following the completion of required documentation.

Pre-Tax Payroll Deductions: Medical, Dental, and Vision

To help offset your contributions for the medical, dental and vision plans, we offer these benefits on a pre-tax basis through the Section 125 (or "cafeteria") plan. By making your contributions for these benefits on a pre-tax basis, premium is withheld from your pay before federal, state, and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.



Medical Plans

Bronze Plan Summary – HDHP HSA Plan

	BCBS—Bronze	
	CRH	Out-of-Network
BASIC MEDICAL SERVICES		
PREVENTIVE CARE (Age & Frequency Schedule Applies)	Covered in Full	50% After Deductible
PHYSICIAN OFFICE VISIT	Covered in Full, After Deductible	50% After Deductible
SPECIALIST OFFICE VISIT	Covered in Full, After Deductible	50% After Deductible
URGENT CARE VISITS Facility Physician	Covered in Full, After Deductible	50% After Deductible
Labs and X-Rays Facility Physician	Covered in Full, After Deductible	50% After Deductible
MAJOR MEDICAL SERVICES		
DEDUCTIBLE – (Calendar Year) Individual Family	\$6,450 \$12,900	\$12,900 \$25,800
OUT-OF-POCKET MAXIMUM (includes deductible and copays) Individual Family	\$6,450 \$12,900	\$25,800 \$51,600
EMERGENCY ROOM Emergent Non-Emergent	Covered in Full, After Deductible	Covered in full at in-network level, After Deductible
HOSPITAL INPATIENT Facility Physician	Covered in Full, After Deductible	50% After Deductible
OUTPATIENT CARE Facility Physician	Covered in Full, After Deductible	50% After Deductible
PHARMACY BENEFITS		
PRESCRIPTION DRUGS up to 90 days Generic Brand Name Formulary Brand Name Non-Formulary Specialty	Covered in Full, After Deductible	N/A
RX OUT-OF-POCKET MAXIMUM	Included in Medical Out of Pocket	N/A

If you select an out-of-network provider, you will be responsible for the difference between the allowed amount and the amount billed. To find a provider please visit <http://provider.bcbswy.com> or call **800.442.2376** for a list of in-network providers.

This is a brief description of benefits. Please refer to the Plan Documents for complete policy provisions, limitations, and exclusions. In a conflict between this summary and Plan Documents, the Plan Documents will prevail.

Medical Plans

Silver Plan Summary

	BCBS—Silver		
	CRH	In-Network	Out-of-Network
BASIC MEDICAL SERVICES			
PREVENTIVE CARE (Age & Frequency Schedule Applies)	Covered in Full	Covered in Full	50% After Deductible
PHYSICIAN OFFICE VISIT	\$35 copay	\$35 copay	50% After Deductible
SPECIALIST OFFICE VISIT	\$35 copay	\$35 copay	50% After Deductible
URGENT CARE VISITS Facility Physician	10% After Deductible \$35 copay	30% After Deductible \$35 copay +30%	50% After Deductible
Labs and X-Rays Facility Physician	10%, Deductible waived 20%, Deductible waived	30%-50% After Deductible 20% After Deductible	50% After Deductible
MAJOR MEDICAL SERVICES			
DEDUCTIBLE – (Calendar Year) Individual Family	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000
OUT-OF-POCKET MAXIMUM (includes deductible and copays) Individual Family	\$4,250 \$8,500	\$4,250 \$8,500	\$6,950 \$13,900
EMERGENCY ROOM Emergent Non-Emergent	\$200 +20% After Deductible \$100 +30% After Deductible	\$200 +20% After Deductible \$100 +30% After Deductible	\$200 +20% After Deductible 50% After Deductible
HOSPITAL INPATIENT Facility Physician	10% After Deductible 20% After Deductible	30% After Deductible 20% After Deductible	50% After Deductible
OUTPATIENT CARE Facility Physician	10% After Deductible 20% After Deductible	30% After Deductible 20% After Deductible	50% After Deductible
PHARMACY BENEFITS			
PRESCRIPTION DRUGS up to 90 days Generic Brand Name Formulary Brand Name Non-Formulary Specialty	0% 25% 25% 15% - 35%	15% - 20% 30% - 35% 30% - 35% 15% - 35%	N/A
RX OUT-OF-POCKET MAXIMUM Individual Family	\$1, 000 \$2, 000	\$1, 000 \$2, 000	N/A

If you select an out-of-network provider, you will be responsible for the difference between the allowed amount and the amount billed. To find a provider please visit <http://provider.bcbswy.com> or call **800.442.2376** for a list of in-network providers.

This is a brief description of benefits. Please refer to the Plan Documents for complete policy provisions, limitations, and exclusions. In a conflict between this summary and Plan Documents, the Plan Documents will prevail.

Dental Plans

Cody Regional Health offers all employees a comprehensive Dental Plan through MetLife. To see if your provider is covered in the MetLife's Dental networks, visit www.metlife.com.

	METLIFE	
	IN-NETWORK	OUT-OF-NETWORK*
DEDUCTIBLE (Policy Year) Individual Family	\$50 \$100	\$50 \$100
ANNUAL BENEFIT MAXIMUM	\$1,000	\$1,000
PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%	80%
MAJOR SERVICES	80%	80%
ORTHODONTIC SERVICES Lifetime maximum	50% \$1,500	50% \$1,500

*Out-of-Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards. Out of Network benefits are payable at the 90th Percentile of Reasonable and Customary charges.

IMPORTANT – Actual claims payment will be based on certificate of coverage and actual procedure submitted for payment. When in doubt, please ask the provider to submit a coverage predetermination so you know the full cost prior to receiving services.



Vision Plan

MetLife—VISION

Cody Regional Health vision coverage is offered through MetLife, and is available to all eligible employees. Periodic eye examinations are an important part of routine preventive healthcare. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss. Eye exams can detect symptoms of diseases such as diabetes, hypertension, osteoporosis and rheumatoid arthritis.

	MetLife	
	IN-NETWORK	OUT-OF-NETWORK
EXAM COPAY	Covered in full after \$10 copay	Covered up to \$45 allowance
FRAMES	Covered up to \$130 allowance after \$25 copay	Covered up to \$70 allowance
LENSES (per pair) Single Bifocal Trifocal Lenticular	Covered in full after copay Covered in full after copay Covered in full after copay Covered in full after copay	Covered up to \$30 allowance Covered up to \$50 allowance Covered up to \$65 allowance Covered up to \$100 allowance
CONTACT LENSES Medically Necessary Elective (conventional or disposable)	Covered in full after copay Up to \$130 allowance	Up to \$210 allowance Up to \$105 allowance
FREQUENCY Exam Lenses/Contacts Frames	Once Every 12 Months Once Every 12 Months Once Every 24 Months	Once Every 12 Months Once Every 12 Months Once Every 24 Months



Life and Accidental Death and Dismemberment (AD&D) Plans

Life and Accidental Death and Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away while employed by Cody Regional Health. If you are a full-time employee earning an annual salary of at least \$15,000, you are covered for Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to you.

Reliance	BASIC LIFE AND AD&D
BENEFIT AMOUNT— BASIC LIFE AND AD&D	\$10,000
Guaranteed Issue	\$10,000

Voluntary Life and AD&D

In addition to the Life and AD&D benefit provided by Cody Regional Health, you may purchase additional Life and AD&D coverage for yourself and your eligible dependents. In order to purchase Voluntary Life and AD&D insurance for dependents, you must purchase voluntary life coverage for yourself.

New employees: If this is your initial enrollment period, you may elect up to the guarantee issue amount without providing evidence of insurability (EOI).

Current employees: If you previously waived coverage, you will be required to complete an EOI form regardless of the amount of coverage you select.

Coverage will not become effective until and unless approved by Reliance.

Reliance	VOLUNTARY LIFE AND AD&D COVERAGE
EMPLOYEE OPTION	Increments of \$10,000, lesser 5xs earnings or \$500,000
EMPLOYEE GUARANTEE ISSUE AMOUNT	Under age 70: \$200,000 Age 70-74: \$20,000 Age 75+: No Guarantee Issue
SPOUSE OPTION	Increments of \$5,000, lesser of 50% of employee amount or \$150,000
SPOUSE GUARANTEE ISSUE AMOUNT	\$30,000
CHILD(REN) OPTION	Live Birth to 26 years: \$10, 000

Voluntary Disability Plans

Voluntary Short-Term Disability (STD)

Short-Term Disability (STD) is designed to replace a portion of your weekly earnings due to sickness or injury. To prevent over-insurance, benefit payments are reduced by deductible sources of income.

Reliance	SHORT-TERM DISABILITY
BENEFIT PERCENTAGE	60% of Salary
MAXIMUM WEEKLY BENEFIT	\$1,000
BENEFITS START: Injury Sickness	Day 1 - Benefits begin on the day of disability or the day immediately following the number of Sick days accumulated Day 8 - Benefits begin on the 8th day of disability or the day immediately following the number of Sick days accumulated
DURATION OF BENEFITS	13 weeks

Voluntary Long-Term Disability (LTD)

Long-Term Disability (LTD) is designed to replace a portion of your monthly earnings due to sickness or injury. To prevent over-insurance, benefit payments are reduced by deductible sources of income.

Reliance	LONG-TERM DISABILITY
BENEFIT PERCENTAGE	60% up to \$5,000
MAXIMUM WEEKLY BENEFIT	\$5,000
ELIMINATION PERIOD	90 Days
DURATION OF BENEFITS	Normal Social Security retirement age
PRE-EXISTING CONDITION LIMITATION	6 months prior / 12 months after effective date
LIMITATIONS Mental Disorder Substance Abuse Self-Reported Symptoms	24 months 24 months 24 months

Legal Updates

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 the plan.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Cody Regional Health is committed to the privacy of your health information. The administrators of the Cody Regional Health Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Cody Regional Health Human Resources at **307.578.2563**.

HIPAA Special Enrollment Rights

Cody Regional Health Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Cody Regional Health Health Plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Cody Regional Health Human Resources at **307.578.2563**.

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 **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 **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.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
FLORIDA – Medicaid www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid
Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Notice of Creditable Coverage

Important Notice from Cody Regional Health 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 Cody Regional Health 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. Cody Regional Health has determined that the prescription drug coverage offered by the medical 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 15 to December 7.

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

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

If you decide to join a Medicare drug plan, your current Cody Regional Health coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Cody Regional Health coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cody Regional Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cody Regional Health 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 800.MEDICARE (800.633.4227). TTY users should call 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 800.772.1213 (TTY 800.325.0778).

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

Date:	November 2022
Name of Entity/Sender:	Cody Regional Health
Contact:	Dick Smith
Address:	707 Sheridan Ave. Cody , WY 82414
Phone Number:	307.578.2563
Email:	dsmith@codyregionalhealth.com

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way 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 October 2013 for coverage starting as early as January 1, 2014.

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 Cody Regional Health Human Resources.

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.

¹ An 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.

3. Employer name Cody Regional Health		4. Employer Identification Number (EIN)	
5. Employer address 707 Sheridan Ave.		6. Employer phone number 307.578.2563	
7. City Cody	8. State Wyoming	9. ZIP code 82414	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address dsmith@codyregionalhealth.org	

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

» As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time employees working a minimum of 30 hours per week.

» With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

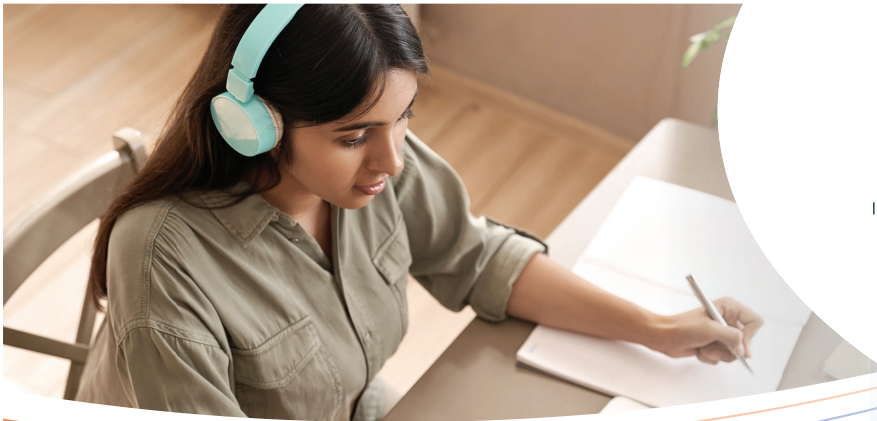
Your legal spouse ; Unmarried dependents who are: Your natural, adopted, legal guardianship and/or stepchildren from birth until the end of the month in which he or she reaches the age of 26, regardless if they are eligible for another group health plan as an employee; Domestic Partner (will be required to sign a Declaration of Domestic Partnership).

☐ We do not offer coverage.

☒ If checked, 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.


Gallagher

Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

- 1 Explanation of benefits**
 Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- 2 Prescription challenges**
 Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?
- 3 Benefits questions**
 Are you unsure if the insurance company will pay for a certain procedure?
- 4 Claim issues**
 Did you receive a bill from a doctor but don't know why?
- 5 Difficult situations**
 Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

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Connect with Us

**Cody Regional Health
Insurance Helpline**

855.422.9068
BAC.Westparkhospitalbenefits@ajg.com

Hours of operation

Monday – Friday
 7 a.m. – 8 p.m. Central Time



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting