



# 2019 BENEFITS ENROLLMENT GUIDE

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 discrepancies between this 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.

## *Who is eligible?*

Employees with Kunes Country Auto Group are eligible to enroll in the benefits outlined in this guide if working ENTER HOURS hours or more per week. In addition, your dependents (spouse, domestic partner, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits.

## *How to enroll?*

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## *When to enroll?*

The benefit choices you make now will cover you and your dependents through the entire year.

New employees are eligible for benefits on the DAY ELIGIBLE day of employment.

## *How to make changes?*

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of **eligibility for Medicaid or a state Children's Health Insurance Program (CHIP)**, the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have 30 days to make changes to your benefit plans.



Please Note: The Open Enrollment of your Spouse's Health Plan through their employer does not constitute a Qualifying Event for you unless there are significant changes to plan designs or rates. Please contact Human Resources or The Insurance Center if you have questions.

# YOUR BENEFITS

BENEFITS	CARRIER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Health Insurance	Auxiant Health	Employer & Employee	Pre-tax
Dental Insurance	Delta Dental	Employer & Employee	Pre-tax
Vision Discount	Delta Dental	N/A	N/A

**Did you know?**



## Pre-tax vs. Post-tax Deductions

Pre-tax Deductions - costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions - taken from your paycheck after any applicable taxes are deducted.

## AUXIANT HEALTH

The Kunes Country Auto Group provides employees a comprehensive health insurance plan for the plan year July 1, 2019 – June 30, 2020. Employees **working 30 hours or more per week are eligible**. Please refer to your insurance contract and Summary of Benefits and Coverage (SBC) for additional information. The benefits below will take effective July 1, 2019.

BENEFITS	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE	\$2,000 Individual/ \$4,000 Family	7,500 Individual/ \$15,000 Family
COINSURANCE	80% Auxiant/ 20% Employee	50% Auxiant/ 50% Employee
MEDICAL MAXIMUM OUT-OF-POCKET (Deductible, Coinsurance & Medical Co-Payments Only)	\$4,000 Individual/ \$8,000 Family	\$12,500 Individual/ \$25,000 Family
OFFICE VISIT/PRIMARY CARE/SPECIALIST	\$30 Copay	50% Coinsurance
PREVENTIVE CARE	No Charge	50% Coinsurance
URGENT CARE COPAYS	\$75 Copay, then 0% Coinsurance	50% Coinsurance
EMERGENCY ROOM CARE	\$250 Copay, then 0% Coinsurance	Paid at Network Level
PRESCRIPTION DRUG  GENERIC BRAND NAME NON-FORMULARY SPECIALTY DRUGS	\$20 Retail \$40/Mail Order \$40 Retail \$80/Mail Order \$60 Retail \$150/Mail Order 25% of cost up to \$250 max	Not Covered
PRESCRIPTION MAXIMUM OUT-OF-POCKET	\$1,600 Individual/ \$3,200 Family	None



**FIND A DOCTOR**  
 Website: [www.auxiant.com](http://www.auxiant.com)  
 Customer Service #: 1-800-682-0795

**Looking for a  
Provider?**

The Kunes Country Auto Group contributes to the monthly Group Health Insurance Plan for you and your family.

## **SINGLE:**

Total Monthly Premium	\$682.93
Employer Contribution	\$341.47
Your Weekly Premium	\$78.80
Annual Employer Contribution	\$4,097.64

## **EMPLOYEE + SPOUSE**

Total Monthly Premium	\$1,492.03
Employer Contribution	\$820.62
Your Weekly Premium	\$154.94
Annual Employer Contribution	\$9,847.44

## **EMPLOYEE + CHILD(REN)**

Total Monthly Premium	\$1,185.91
Employer Contribution	\$592.95
Your Weekly Premium	\$136.84
Annual Employer Contribution	\$7,115.40

## **FAMILY**

Total Monthly Premium	\$2,410.39
Employer Contribution	\$1,361.87
Your Weekly Premium	\$241.97
Annual Employer Contribution	\$16,342.44



## *What's new in 2019?*

RxBenefits is your pharmacy benefit administrator. We have partnered with **CVS Caremark** to bring **Kunes Country Auto Group** members greater discounts, better access, and improved member services.

Your new pharmacy plan will be effective **7/1/2019**. You will be receiving a member benefit package that includes your new pharmacy ID card and details about your 2019 benefits.

## *Important Information:*

In the event you need to fill a script prior to receiving your ID card, below is the information your pharmacy needs in addition to your identification number or social security number:

RXBIN: 004336

RXPCN: ADV

RXGRP: RX2169

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-364-6331

## *Caremark.com:*

On or after your effective date, you can register online at Caremark.com. As a registered member, you'll have a powerful tool to help you lower your prescription costs and save time. You can take a quick tour of the website to understand how to use it before you register. Once you register, you can get started with Mail Order, check prices and coverage and view your Rx claims.

## *CVS Caremark Mobile App:*

With the CVS Caremark mobile app, managing your medication is a snap! You can view orders, access your ID card, check drug interactions or even find the closest retail pharmacy in seconds. Make sure to download the CVS Caremark mobile app for FREE today!

## *Contact Us*

Questions? Contact the RxBenefits Member Services Team at [1.800.334.8134](tel:1.800.334.8134) or [RxHelp@rxbenefits.com](mailto:RxHelp@rxbenefits.com).

RxBenefits Member Services Team members are available from **7:00 am to 8:00 PM CST, Monday – Friday**. On weekends, after hours, and on holidays, members are given the option to speak with a CVS Caremark representative or leave a message for the RxBenefits Member Services Team to return their call.

## PRESCRIPTION DRUG SAVINGS TIPS

### THE BENEFIT



Find prices, coupons, discounts and savings tips.

Download GoodRx's iPhone or Android app.



GoodRx can send you a discount savings card to keep in your wallet or purse.

**\*Note! If you use the GoodRx coupon you are bypassing your insurance and what you spend does not apply to your out-of-pocket.**



### Why We Pay Too Much for Our Prescriptions

Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed nor regulated. The cost of a prescription may differ by more than \$100 between two pharmacies across the street from each other!

### How GoodRx can help me?

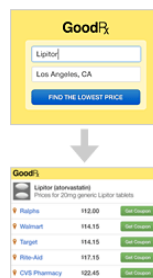
Every week GoodRx collects millions of prices and discounts from pharmacies, drug manufacturers and other sources to help you find the lowest cost for your prescription.

### How does it work?

Search to compare prices for your prescription at pharmacies near you. Then show the app to your pharmacist when picking up your prescription.

### No limits or hidden fees

GoodRx is 100% free. Get discounts for every family member, even pets! No quantity limits.



[www.goodrx.com](http://www.goodrx.com)



## AuxiantHealth

Auxiant's website, [www.auxiant.com](http://www.auxiant.com) can provide you with online access to your personal health care account information.



Chat online with an Auxiant customer service representative – live! Click on the **Auxiant Live Chat** button at the top of the webpage.



### With AuxiantHealth, you can:

- Link to network providers
- Contact customer service – Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager (PBM)
- Research health topics

## GETTING STARTED

To register on the site, use the steps listed below:

1. Go to [www.auxiant.com](http://www.auxiant.com).
2. Click **Register**.
3. Click **Plan Member Registration**.
4. Complete the **Member Registration Form**.  
Please have your **group number** and **member ID** available.
5. Click on the **Next** button once the fields are completed.

If you have any problems with the site, please contact **Auxiant** at **1.800.279.6772**

[www.auxiant.com](http://www.auxiant.com)

**Auxiant**  
Your Integrated Benefits Partner

## HEALTHCARE NOW AT **YOUR FINGERTIPS**

Teladoc's **mobile app** gives you simple and convenient access to a doctor in **10 minutes or less\***.



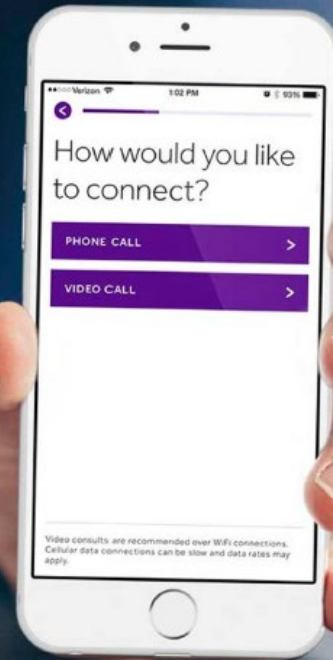
Update medical history.



Request a phone, video or mobile app visit



Talk to a doctor. **Anytime. Anywhere.**



## Talk to a doctor now for free

**MyDrConsult.com | 1-800-DOC-CONSULT (362-2667)**

### Teladoc can treat



- Cold & flu symptoms
- Respiratory infection
- Sinus problems
- Ear infection
- **And more!**

### Use Teladoc when



- You need care now.
- You're considering the ER or urgent care for a non-emergency issue
- Traveling out of town

### Teladoc's wait time



Talk to a doctor in **less than 10 minutes**  
(median call back time)

**Download**  
the Mobile App!

Available on the iPhone  
**App Store**

ANDROID APP ON  
**Google play**



Brought to you by:  
**American Health Holding**

With your consent, Teladoc can send consult results to your primary care physician.

\*median call back time

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## *Resources for your health*



Your Auxiant health plan provides you with more than just medical benefits. Precertification and Case Management are included as part of your health plan, so they are available at no cost to you!

### *Precertification*

#### *The right care at the right time*

Why do some medical procedures, like hospital admissions or surgeries, require precertification? This is done to ensure that you receive medical care that is necessary and appropriate. Precertification also helps determine if you may benefit from Case Management.

When you have a medical procedure that requires precertification, you or your doctor needs to call to provide information about the procedure. A registered nurse then reviews all the information and will work with your doctor to make sure that your care is being provided appropriately and, if you are in the hospital, that you are released at the right time.

**For precertification, call 1-866-726-6584**



### *Case Management*

#### *Support from experts when you need it most*

Case Management is a program that helps you and your family if you have a serious illness or injury that may be difficult, long term or costly.

Our case managers are specially trained nurses and licensed social workers who can help you and your family understand your treatment and options for your care. Your case manager can work with you and your doctor to make sure you are getting high-quality, cost-effective care. You can call to determine if you would benefit from Case Management, or a case manager may reach out to you.

**For Case Management, call 1-800-641-3224**



**Auxiant<sup>®</sup>**  
*Medical Management*

## DELTA DENTAL

The Kunes Country Auto Group offers employees working 30 hours or more per week a Dental Insurance Plan through Delta Dental.

SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> <b>\$50 Individual / \$150 Family</b>		
Type 1 Preventative Services	<ul style="list-style-type: none"> <li>Exams = 100%</li> <li>Cleanings = 100%</li> <li>X-rays = 100%</li> </ul>	<ul style="list-style-type: none"> <li>Exams = 100%</li> <li>Cleanings = 100%</li> <li>X-rays = 100%</li> </ul>
Type 2 Basic Services	<ul style="list-style-type: none"> <li>Fillings = 80%</li> <li>Simple Extractions = 80%</li> </ul>	<ul style="list-style-type: none"> <li>Fillings = 60%</li> <li>Simple Extractions = 60%</li> </ul>
Type 3 Major Services	<ul style="list-style-type: none"> <li>Oral Surgery = 50%</li> <li>Crowns = 50%</li> </ul>	<ul style="list-style-type: none"> <li>Oral Surgery = 50%</li> <li>Crowns = 50%</li> </ul>
<b>Individual Annual Maximum = \$1,000</b>		
Orthodontia (Dependents eligible to age 19)	<ul style="list-style-type: none"> <li>50% up to \$1,000 Individual Lifetime Maximum</li> </ul>	<ul style="list-style-type: none"> <li>50% up to \$1,000 Individual Lifetime Maximum</li> </ul>



### FIND A DENTIST

Website: [www.deltadentalwi.com](http://www.deltadentalwi.com)  
 Customer Service: 1-800-236-3712

Looking for a  
Provider?

# DENTAL INSURANCE COSTS

The Kunes Country Auto Group contributes to the monthly Group Dental Insurance costs for you and your family.

## SINGLE:

Total Monthly Premium	\$30.94
Employer Contribution	\$15.47
Your Weekly Premium	\$3.57
Annual Employer Contribution	\$185.64

## EMPLOYEE + SPOUSE

Total Monthly Premium	\$60.96
Employer Contribution	\$30.48
Your Weekly Premium	\$7.04
Annual Employer Contribution	\$365.76

## EMPLOYEE + CHILD(REN)

Total Monthly Premium	\$63.14
Employer Contribution	\$31.57
Your Weekly Premium	\$7.29
Annual Employer Contribution	\$378.84

## FAMILY

Total Monthly Premium	\$109.26
Employer Contribution	\$54.63
Your Weekly Premium	\$12.61
Annual Employer Contribution	\$655.56

## DELTA DENTAL—VISION CARE DISCOUNT

Employees who enroll in the Delta Dental Insurance are offered a Vision Discount through Delta Dental at no cost.

BENEFITS & FREQUENCY	IN-NETWORK
<b>Frequency of Benefits</b> (Exams, Frames, Lenses, Contact Lenses)	Unlimited
<b>Exam</b> (With Dilation as Necessary)	\$5 Off Comprehensive Exam/ \$5 Off Contact-Lens Exam
<b>Single Plastic Lens</b> <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	\$50 \$70 \$105
<b>Lens Options</b> <ul style="list-style-type: none"> <li>• UV Coating</li> <li>• Tint</li> <li>• Standard Polycarbonate</li> <li>• Standard Anti-Reflective</li> <li>• Standard Progressive</li> </ul>	\$15 \$15 \$40 \$45 \$65
<b>Frames</b>	35% Off Retail Price
<b>Conventional Contact Lenses</b> (Materials Only)	15% Off Retail Price
<b>LASKI or PRK</b>	15% Off Retail Price or 5% Off Promotional Price



### FIND A DOCTOR

Website: [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision)

Customer Service: 1-866-246-9041

Looking for a  
Provider?

# 2019 Government Notices

## Model General Notice of COBRA Continuation Coverage Rights

### **\*\* Continuation Coverage Rights Under COBRA \*\***

#### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called 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, 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 may be required to pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or

The child stops being eligible for coverage under the Plan as a "dependent child."

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- 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).

**For all other qualifying events (divorce or legal separation of the employee and spouse 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. You must provide this notice to your Human Resource Department or Benefits Administrator within your organization.**

**How is COBRA continuation coverage provided?**

Once the Plan Administrator 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, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage. Please see your Human Resource Department or Benefits Administrator within your organization.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

(COBRA Continued)



**Plan contact information your Human Resource Department or individual in charge of your Benefits Administration within your organization.**

**You may also have rights to continue coverage under state law, even if your employer is not large enough to be covered by COBRA. You should contact the Plan Administrator with questions on state law continuation coverage.**

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### **Women's Health and Cancer Rights Act of 1998**

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

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

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

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### **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, 2018. Contact your State for more information on eligibility –

#### **IOWA – Medicaid**

**Website:** <http://dhs.iowa.gov/hawk-i>

**Phone:** 1-800-257-8563

#### **WISCONSIN – Medicaid and CHIP**

**Website:** <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

**Phone:** 1-800-362-3002

#### **MINNESOTA**

**Website:** <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

**Phone:** 1-800-657-3739

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**  
**Centers for Medicare & Medicaid**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, 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 [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

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### **New Health Insurance Marketplace Coverage Options and Your Health Coverage:**

When key parts of the health care law took effect in 2014, there was 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 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 began in October for coverage starting as early as January 1.

#### **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 9.86% (2019) 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. 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. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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# Your Servicing Team



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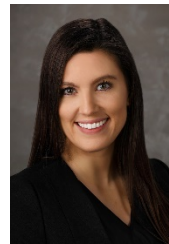
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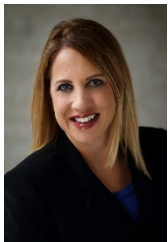
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