

# HOOSIER HEARTLAND SCHOOL TRUST



August 1, 2020

Dear Hoosier Heartland School Trust Medical Plan Members,

The HHST Board of Trustees would like to announce the completion of our September 1, 2019 Group Health Plan renewal with an overall increase of 4%. Medical trend is running 12%, with Indiana schools averaging 8.5%.

The Trust medical plan is a self-funded plan, meaning each member has ownership in the success of the Trust. The principle driver of our premium costs are the healthcare claims of all covered members. Your active participation in managing your own health conditions and making healthy lifestyle choices can have a positive impact on claims and premiums. We encourage those with clinic access to save claim expenses by using the clinics when possible. Using the clinics can save you and the Trust significant claim dollars. All covered members also have access to a \$0 telemedicine option - First Stop Health (FSH). FSH is a telemedicine benefit with no member out-of-pocket cost. As of this plan year, September 1, 2020, the FSH Plan also includes \$0 Behavioral Health Services virtually! You can access this benefit by calling 888-691-7867 or visiting [app2.fshealth.com](http://app2.fshealth.com).

**Our Annual Open Enrollment/Plan Selection Period will be held from August 10 through August 28, 2020. This is the time for you to confirm or change your plan selection for September 1, 2020 – August 31, 2021. If you previously declined coverage, this is your opportunity to enroll effective September 1, 2020.** Failure to enroll during the Open Enrollment Period will forfeit any future enrollment rights until the next annual open enrollment period, unless you or an eligible dependent experience a HIPAA qualifying event. As a reminder, your deductibles and out-of-pocket maximums will reset January 1.

All the information you need to make your plan selection has been included in your Open Enrollment/Plan Selection Packet. **Please read the material carefully and complete all steps no later than August 28, 2020.**

A Summary of Benefits and Coverage (SBC) for each plan has been posted on our Trust website at [mybensite.com/hoosier](http://mybensite.com/hoosier). A printed copy of the SBCs will be provided to you free of charge upon request.

## Important information:

- Our Plan Administrator is UnitedHealthcare (UHC)
  - Group # 0914985
  - Customer Service Number for HDHP Members (800) 864-9427 & PPO Members (866) 633-2474
- Your Trust Medical Plan benefits will remain unchanged. If you change plans, you will receive credit for any deductible or out-of-pocket expenses you have accumulated so far in 2020.
- You will only receive a new ID card if you add or drop dependents, or if you make a plan change. If you need additional ID cards, you may register on the [myuhc.com](http://myuhc.com) website and request additional cards. You may also print a card for your immediate use.
- The UHC network is the largest in the nation. It is your responsibility to verify your provider is in network. Search the provider network at [myuhc.com](http://myuhc.com), call UHC Customer Service, or contact your healthcare provider directly.
- The Trust now provides a no-cost Virtual Visit. Contact First Stop Health (FSH) at 888-691-7867 or [app2.fshealth.com](http://app2.fshealth.com). As of this plan year, September 1, 2020, the FSH Plan also includes \$0 Behavioral Health Services virtually!
- Our prescription provider is with CVS. You may utilize any pharmacy in the CVS Caremark Network. A listing can be found on the [caremark.com](http://caremark.com) website. If you use mail-order for your prescriptions, the CVS mail-order form

RE Sutton & Associates, Inc.  
Diane Titchenell, Trust Administrator  
Diane@resutton.com



## 2020-21 RATES

### CERTIFIED

	<u>Employee</u>		<u>New Premium</u>	<u>Teaching/OT/PT</u>	
	<u>Board</u>	<u>Monthly</u>			
<u>PPO 1 (\$750/\$1,500)</u>					
Single	325.07	882.93	1208.00	441.47	3.96%
Employee & Children	424.39	1496.61	1921.00	748.31	4.01%
Employee & Spouse	556.48	1911.52	2468.00	955.76	4.00%
Family	708.38	2436.62	3145.00	1218.31	4.00%
<u>PPO 2 (\$1,500/\$3,000)</u>					
	<u>Board</u>	<u>Employee Monthly</u>	<u>New Premium</u>	<u>Teaching/OT/PT</u>	
Single	374.67	542.33	917.00	271.17	3.97%
Employee & Children	475.10	1070.90	1546.00	535.45	3.97%
Employee & Spouse	558.27	1389.73	1948.00	694.87	4.00%
Family	708.38	1766.62	2475.00	883.31	3.99%
<u>HDHP 1 /HSA (\$3,400/\$6,750)</u>					
	<u>Board</u>	<u>Employee Monthly</u>	<u>New Premium</u>	<u>Teaching/OT/PT</u>	
Single	374.67	439.33	814.00	219.67	3.96%
Employee & Children	425.84	923.16	1349.00	461.58	4.01%
Employee & Spouse	607.69	1102.31	1710.00	551.16	4.01%
Family	757.98	1442.02	2200.00	721.01	4.02%
<u>HDHP 2 /HSA (\$6,000/\$12,000)</u>					
	<u>Board</u>	<u>Employee Monthly</u>	<u>New Premium</u>	<u>Teaching/OT/PT</u>	
Single	546.40	136.60	683.00	68.30	3.96%
Employee & Children	475.65	649.35	1125.00	324.68	3.97%
Employee & Spouse	558.55	877.45	1436.00	438.73	3.98%
Family	708.38	1137.62	1846.00	568.81	4.00%

## 2020-21 RATES

### NON CERTIFIED

<u>PPO 1 (\$750/\$1,500)</u>	<u>Board</u>	<u>Employee</u>		<u>New Premium</u>	<u>18 Pay Emp/per pay</u>	<u>Clerical-24 pay</u>	
		<u>Monthly</u>					
Single	392.73	815.27		1208.00	543.51	407.64	3.96%
Employee & Children	508.12	1412.88		1921.00	941.92	706.44	4.01%
Employee & Spouse	666.27	1801.73		2468.00	1201.15	900.87	4.00%
Family	848.95	2296.05		3145.00	1530.70	1148.03	4.00%

<u>PPO 2 (\$1,500/\$3,000)</u>	<u>Board</u>	<u>Employee</u>		<u>New Premium</u>	<u>18 Pay Emp/per pay</u>	<u>Clerical-24 pay</u>	
		<u>Monthly</u>					
Single	323.83	593.17		917.00	395.45	296.59	3.97%
Employee & Children	559.34	986.66		1546.00	657.77	493.33	3.97%
Employee & Spouse	733.86	1214.14		1948.00	809.43	607.07	4.00%
Family	931.42	1543.58		2475.00	1029.05	771.79	3.99%

<u>HDHP 1 /HSA (\$3,400/\$6,750)</u>	<u>Board</u>	<u>Employee</u>		<u>New Premium</u>	<u>18 Pay Emp/per pay</u>	<u>Clerical-24 pay</u>	
		<u>Monthly</u>					
Single	278.07	535.93		814.00	357.29	267.97	3.96%
Employee & Children	519.22	829.78		1349.00	553.19	414.89	4.01%
Employee & Spouse	680.47	1029.53		1710.00	686.35	514.77	4.01%
Family	865.02	1334.98		2200.00	889.99	667.49	4.02%

<u>HDHP 2 /HSA (\$6,000/\$12,000)</u>	<u>Board</u>	<u>Employee</u>		<u>New Premium</u>	<u>18 Pay Emp/per pay</u>	<u>Clerical-24 pay</u>	
		<u>Monthly</u>					
Single	546.40	136.60		683.00	91.07	68.30	3.96%
Employee & Children	520.12	604.88		1125.00	403.25	302.44	3.97%
Employee & Spouse	681.89	754.11		1436.00	502.74	377.06	3.98%
Family	865.02	980.98		1846.00	653.99	490.49	4.00%



## HOOSIER HEARTLAND SCHOOL TRUST EMPLOYEE ENROLLMENT FORM

<b>Madison Special Services Use Only</b>												
Employee Date of Hire:			Employee Occupation:				Coverage Effective Date:					
Is Income Reported by W-2?			Hours Worked Per Week:				Retirement Date:					
<b>Section A – Waiver of Coverage (This section must be completed for employee and / or any eligible dependent not enrolling the group health plan when initially eligible due to coverage elsewhere)</b>												
Name of person waiving:					Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage							
Name of person waiving:					Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage							
Name of person waiving:					Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage							
Name of person waiving:					Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage							
<p>I certify that I have been given an opportunity to apply for group health coverage through the Trust and I am declining as indicated above. I understand that I will be able to enroll in the future <u>only during the next annual open enrollment period, OR if I or my eligible dependent(s) experience a qualifying event as defined by HIPAA guidelines.</u> I also understand that if I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents at that time. <u>All enrollment forms must be received within 31 days of the event.</u></p>												
Employee Signature _____										Date _____		
<b>Section B – Medical Coverage Selection Information</b>												
Circle One	Active 0157	Retiree 0161	COBRA 0165	Active 0158	Retiree 0162	COBRA 0166	Active 0159	Retiree 0163	COBRA 0167	Active 0160	Retiree 0164	COBRA 0168
Employee	<input type="checkbox"/> PPO 1		<input type="checkbox"/> PPO 2			<input type="checkbox"/> HDHP 1			<input type="checkbox"/> HDHP 2			
EE/Child(ren)	<input type="checkbox"/> PPO 1		<input type="checkbox"/> PPO 2			<input type="checkbox"/> HDHP 1			<input type="checkbox"/> HDHP 2			
EE/Spouse	<input type="checkbox"/> PPO 1		<input type="checkbox"/> PPO 2			<input type="checkbox"/> HDHP 1			<input type="checkbox"/> HDHP 2			
Family	<input type="checkbox"/> PPO 1		<input type="checkbox"/> PPO 2			<input type="checkbox"/> HDHP 1			<input type="checkbox"/> HDHP 2			
<b>Section C – Employee/Application Information (all fields must be completed)</b>												
First Name	MI	Last Name			Social Security #			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mm/dd/yyyy		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Home Address (include PO Box if applicable)				City				State			Zip	
Home Phone ( )				Work Phone ( )								
Email Address							Document Preference <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> ONLINE <input type="checkbox"/> PAPER					
<b>Section D – Spouse Information (all fields must be completed)</b>												
First Name	MI	Last Name			Social Security #			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mm/dd/yyyy			
<p>Is your spouse employed?  <input type="checkbox"/> Yes      If yes, please provide name of employer: _____  <input type="checkbox"/> No</p> <p>Does your spouse have medical coverage through his/her employer?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>												



Section E – Family Information – (all fields must be completed for each covered dependent)					
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy

**Section F – Other Health Coverage**

List yourself and any family members to be enrolled in this plan who will be covered by other health coverage on this plan's effective date:

Provide name & address of insurance carrier: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Group/Account/Policy ID Number: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

If you and/or your dependent(s) are enrolled in Medicare or Medicaid, please complete the following:

Enrollees Name:	Medicare/Medicaid ID #	Medicare Part A Effective Date:	Medicare Part B Effective Date:
-----------------	------------------------	---------------------------------	---------------------------------

**Section G – Prior Health Coverage**

Have you or other family members to be enrolled in this plan had other coverage in the past 2 years?

Yes (*complete information below*)

No

List yourself and any other family members who have had prior coverage:	Name of Insurance Carrier: Group/Account/Policy ID Number: Coverage Effective Date: Coverage Termination Date: Reason for Termination: <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Death of Spouse <input type="checkbox"/> COBRA Coverage Exhausted <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Employer Premium Contribution Ceased <input type="checkbox"/> Other - Please explain _____
---	--

If the relationship of a dependent is an adopted child or child for whom you have legal custody, you must provide a copy of legal documentation. All enrollments must be submitted within **31** days of the qualifying event. All required documentation must accompany this form in order to process the enrollment.

By signature, I declare that the information provided is complete and correct. By electing coverage under this Plan, I also agree to have the applicable premium deductions made. I accept that I am responsible to notify my employer of any change that would make me or any dependent ineligible for benefits under the Trust group health plan.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your coverage is issued by a multiple employee welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement.*

<b>HHST Office Use Only</b>			
Spouse: Marriage Certificate _____	Child: Birth Certificate _____	UHC _____	2019/2020
Current Tax/Bill Doc _____	Court Order/Adoption Decree _____		



Please review the SBCs for complete plan details.

2019 BENEFITS	PPO 1	PPO 2	HDHP 1 HSA Eligible	HDHP 2 HSA Eligible
	Network/Non	Network/Non	Network/Non	Network/Non
<b>Deductible</b>	<b>Medical</b>	<b>Medical</b>	<b>Medical/Rx</b>	<b>Medical/Rx</b>
Single	\$750 / \$1,500	\$1,500 / \$4,500	\$3,400 / \$6,800	\$6,000 / \$12,000
Family	\$1,500 / \$3,000	\$3,000 / \$9,000	\$6,750 / \$13,500	\$12,000 / \$24,000
<b>Out-of-Pocket Maximum</b>	<b>Medical</b>	<b>Medical</b>	<b>Medical/Rx</b>	<b>Medical/Rx</b>
Single	\$2,000 / \$4,000	\$3,500 / \$10,500	\$5,000 / \$10,000	\$6,550 / \$24,000
Family	\$4,000 / \$8,000	\$7,000 / \$21,000	\$10,000 / \$20,000	\$13,100 / \$48,000
<b>Prescriptions</b>	<b>Rx Only</b>	<b>Rx Only</b>	<b>Deductible Applies First</b>	<b>Deductible Applies First</b>
Annual Out-of-Pocket Max			<b>Combined with Medical</b>	<b>Combined with Medical</b>
Single	\$5,150	\$3,650		
Family	\$10,300	\$7,300		
<b>Retail</b>				
Tier 1 Generics	> of \$12 or 20% max \$50	> of \$12 or 20% max \$50	> of \$12 or 20% max \$50	> of \$12 or 20% max \$50
Tier 2 Formulary	> of \$25 or 20% max \$50	> of \$25 or 20% max \$50	> of \$25 or 20% max \$50	> of \$25 or 20% max \$50
Tier 3 Non-Formulary	> of \$50 or 20% max \$50	> of \$50 or 20% max \$50	> of \$50 or 20% max \$50	> of \$50 or 20% max \$50
Tier 4 Specialty Meds	\$100	\$100	\$100	\$100
<b>Mail Order – Network Only</b>				
Tier 1 Generics	> of \$24 or 20% max \$100	> of \$24 or 20% max \$100	> of \$24 or 20% max \$100	> of \$24 or 20% max \$100
Tier 2 Formulary	> of \$50 or 20% max \$100	> of \$50 or 20% max \$100	> of \$50 or 20% max \$100	> of \$50 or 20% max \$100
Tier 3 Non-Formulary	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100
Tier 4 Specialty Meds	\$100	\$100	\$100	\$100

For anyone that is eligible for Medicare, it's important for you to know that Medicare considers HDHP 2 Non-Creditable. This means that, on average, this plan is not expected to pay as much as a standard Medicare prescription drug plan. If you enroll in HDHP 2 and later enroll in Medicare Part D (prescription coverage), you will likely incur a penalty through Medicare premiums.

UHC and the Trust offer great on-line resources. Among other things, these tools allow you to search for providers, order an ID card, print an ID card, check your claim and prescription status, compare benefit options and price shop for quality care. We encourage you to visit these sites for additional information on your benefits.

[myuhc.com](http://myuhc.com) [caremark.com](http://caremark.com)  
[mybensite.com/hoosier](http://mybensite.com/hoosier)

**TELEMEDICINE OPTION**  
[app2.fshealth.com](http://app2.fshealth.com)

Hoosier Heartland School Trustees





**Hoosier Heartland School Trust**  
**9/1/2020-8/31/2021 Benefit Plan Options**



	<b>PPO 1</b>	<b>PPO 2</b>	<b>HDHP 1</b>	<b>HDHP 2</b>
	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>
<b>Deductible</b>				
- Individual	\$750 / \$1,500	\$1,500 / \$4,500	\$3,400 / \$6,800	\$6,000 / \$12,000
- Family	\$1,500 / \$3,000	\$3,000 / \$9,000	\$6,750 / \$13,500	\$12,000 / \$24,000
<b>Co-Insurance %</b>	20% / 40%	20% / 40%	0% / 30%	0% / 30%
<b>OOP Max (Incl. Ded)</b>				
- Individual	\$2,000 / \$4,000	\$3,500 / \$10,500	\$5,000 / \$10,000	\$6,550 / \$24,000
- Family	\$4,000 / \$8,000	\$7,000 / \$21,000	\$10,000 / \$20,000	\$13,100 / \$48,000
<b>Routine Care</b>	100% (no ded) Network Only	100% (no ded) Network Only	100% (no ded) / 30%	100% (no ded) / 30%
<b>Prescriptions</b>				
<b>Annual OOP Maximum:</b>				
- Individual	\$5,150	\$3,650		
- Family	\$10,300	\$7,300		
<b>Retail</b>			DEDUCTIBLE FIRST	DEDUCTIBLE FIRST
Tier 1 - Generics	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50
Tier 2 - Formulary	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50
Tier 3 - Non-Formulary	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50
Tier 4 - Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100
<b>Mail Order - Network Only</b>				
Tier 1 Generics	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100
Tier 2 Formulary	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100
Tier 3 Non-Formulary	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100
Tier 4 Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100
<b>RATES 09/01/19-08/31/20</b>				
<b>EE</b>	\$1,208	\$917	\$814	\$683
<b>EE /Child(ren)</b>	\$1,921	\$1,546	\$1,349	\$1,125
<b>EE/Spouse</b>	\$2,468	\$1,948	\$1,710	\$1,436
<b>Family</b>	\$3,145	\$2,475	\$2,200	\$1,846

**NOTES:**

- (1) To comply with ACA requirements, all plans must include a combined OOP maximum for both medical and prescription drug coverage – single - \$8,550 / Family - \$17,100;
- (2) Prescription drug copayments are limited to \$50 per prescription for retail purchases and \$100 per prescription for mail order purchases;
- (3) HDHP 1 and HDHP 2 are IRS qualified plans
- (4) On HDHP 1 and HDHP 2 – difference between deductible and out of pocket amounts are accumulated only by additional pharmacy co-pays or coinsurances. Once deductible is met on medical, all medical services are paid at 100%. Pharmacy cost share will continue up to maximum out of pocket amounts.
- (5) Please refer to your SBC (Summary of Benefit Coverage) and certificate booklet for further details.
- (6) PPO 1 and PPO 2 have 4<sup>th</sup> quarter deductible carryover.
- (7) UnitedHealthcare is administering the medical portion of the health plan. RxBenefits/CVS is administering the pharmacy portion.
- (8) 24/7 First Stop Health including mental health option and PriceMD Specialty Program Included in Trust Benefits





**Hoosier Heartland School Trust**  
9/1/2020-8/31/2021 Benefit Plan Options



	<b>PPO 1</b>	<b>PPO 2</b>	<b>HDHP 1</b>	<b>HDHP 2</b>
	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>
<b>Deductible</b>				
- Individual	\$750 / \$1,500	\$1,500 / \$4,500	\$3,400 / \$6,800	\$6,000 / \$12,000
- Family	\$1,500 / \$3,000	\$3,000 / \$9,000	\$6,750 / \$13,500	\$12,000 / \$24,000
<b>Co-Insurance %</b>	20% / 40%	20% / 40%	0% / 30%	0% / 30%
<b>OOP Max (Incl. Ded)</b>				
- Individual	\$2,000 / \$4,000	\$3,500 / \$10,500	\$5,000 / \$10,000	\$6,550 / \$24,000
- Family	\$4,000 / \$8,000	\$7,000 / \$21,000	\$10,000 / \$20,000	\$13,100 / \$48,000
<b>Routine Care</b>	100% (no ded) Network Only	100% (no ded) Network Only	100% (no ded) / 30%	100% (no ded) / 30%
<b>Prescriptions</b>				
<b>Annual OOP Maximum:</b>				
- Individual	\$5,150	\$3,650		
- Family	\$10,300	\$7,300		
<b>Retail</b>			<b>DEDUCTIBLE FIRST</b>	<b>DEDUCTIBLE FIRST &gt;</b>
Tier 1 - Generics	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	of \$ 12 or 20% max \$50 >
Tier 2 - Formulary	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	of \$ 25 or 20% max \$50 >
Tier 3 - Non-Formulary	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	of \$ 50 or 20% max \$50
Tier 4 - Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100
<b>Mail Order - Network Only</b>				
Tier 1 Generics	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100
Tier 2 Formulary	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100
Tier 3 Non-Formulary	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100
Tier 4 Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100

**NOTES:**

- (1) To comply with ACA requirements, all plans must include a combined OOP maximum for both medical and prescription drug coverage – single - \$7,350 / Family - \$14,700;
- (2) Prescription drug copayments are limited to \$50 per prescription for retail purchases and \$100 per prescription for mail order purchases;
- (3) HDHP 1 and HDHP 2 are IRS qualified plans
- (4) On HDHP 1 and HDHP 2 – difference between deductible and out of pocket amounts are accumulated only by additional pharmacy co-pays or coinsurances. Once deductible is met on medical, all medical services are paid at 100%. Pharmacy cost share will continue up to maximum out of pocket amounts.
- (5) Please refer to your SBC (Summary of Benefit Coverage) and certificate booklet for further details.
- (6) PPO 1 and PPO 2 have 4<sup>th</sup> quarter deductible carryover.
- (7) UnitedHealthcare is administering the medical portion of the health plan. RxBenefits/CVS is administering the pharmacy portion.
- (8) 24/7 First Stop Health Including mental health option and PriceMD Specialty Program included in Trust Benefits

## Virtual Mental Health

Available 24/7 with First Stop Health Telemedicine, Virtual Mental Health offers patients access to short-term, solution-focused counseling. Licensed counselors are available nationwide via app, web or phone to help with such mental health issues as stress, depression, anxiety, grief, marital, work and family issues, and alcohol and drug dependencies.

### Features

- No limit on the number of different issues for which a patient may be treated for
- No pre-defined restrictions on the number of total consults
- Counselors hold master's-level degree or above in counseling, social work, psychology or related mental health profession
- Available in English, Spanish and other languages

### Benefits

- Single virtual care solution for mental and physical health
- Zero cost for employees and their family members
- One onboarding and engagement process
- Integrated reporting and quarterly review meetings



# Experience The Island On Us!

PriceMDs exclusive offer: Be Our Guest and Experience PriceMDs Treatment Cost Containment.

## How do I qualify for this opportunity?

- Provide PBM of your client for most recent quarter (no PHI)
- PriceMDs will identify those drugs eligible for TCC (spend over \$4,500/patient/month)
- Identify Client(s) with 10 potential patients for TCC OR over \$500,000 in Client spend/year
- Client(s) signs no cost or obligation PriceMDS TCC contract and BAA
- PriceMDs Concierge will arrange your “Client Experience” on Cayman

## What’s included in the package:

- Flight to Grand Cayman
- Westin 5 star hotel on World Famous Seven Mile Beach
- Airport Greeting with welcome gift
- Expedited Passport control and customs on Cayman
- Chauffeured transport your entire stay on Cayman
- Visit Davinci medical spa and meet with the director Louis Cona MD
- Dine at Casanova waterfront restaurant
- On island cell phone provided for communication to your on Cayman Concierge services

**CLICK ON THE WESTIN  
RESORT IMAGE TO  
VIEW A SHORT VIDEO  
AND LEARN MORE!**



## Reduce Pharmaceutical Costs by up to 50%!

This is an End-to-end Solution. PriceMDs does all the work. PriceMDs does all of the arrangements, all PHI requests, all travel bookings, all patient touch with PriceMDs RN nurse navigators. PriceMDs earns only if the client company chooses to utilize the program. Savings are calculated for the client by PriceMDs prior to engagement. PriceMDs bills a single line-item all-inclusive invoice/UB04. PriceMDs will analyze the company’s present pharma spend (PBM run) to compare to PriceMDs’ pricing for the exact same branded medication.

### Sample List of High Spend Drugs & Savings

Drug Name	Drug Strength	Quantity	Days Supply	Total Cost	PMDS Price	Savings	Annual Cost	Annual PMDS Price	Annual Savings
HUMIRA PEN	40	4.000	28	\$10,368.88	\$7,100.00	\$3,268.88	\$124,426.56	\$85,200.00	\$39,226.56
COSENTYX PEN	150	2.000	30	\$5,189.27	\$3,875.00	\$1,314.27	\$62,271.24	\$46,500.00	\$15,771.24
TASIGNA	150	112.000	28	\$14,590.32	\$9,150.00	\$5,440.32	\$175,083.84	\$109,800.00	\$65,283.84
STELARA	90	1.00	28	\$21,184.41	\$14,500.00	\$6,684.41	\$254,210.92	\$174,000.00	\$80,212.92



## Dependent Eligibility & Documentation Requirement HHST Group Health Plan Participants



### Group Health Plan Eligibility & Documentation

#### Eligible Subscriber

- ✓ An employee or early retiree of a Trust participating school corporation
- ✓ Must be eligible to participate in the Trust group health plan as defined by local and/or Trust wide criteria
- ✓ Must satisfy any applicable probationary period established by the employer

#### Dependents

- ✓ Spouse – a spouse that is legally recognized in the state of Indiana
- ✓ Children – your natural children, stepchildren, newborn child, child for whom you have legal guardianship or a legally adopted child, child for whom you have a “qualified Medical Child Support Order” or as otherwise required by law; children may remain covered until the end of the month in which they attain age 26

Eligibility is continued past age 26 for children *already enrolled as dependents* who cannot work to support themselves due to mental or physical handicap. The disability must start before the end of the period when they would have become ineligible. The Plan will require periodic recertification of the child’s disability.

Effective September 1, 2011, Hoosier Heartland School Trust began requiring documentation for dependent eligibility verification on all new enrollees adding spouses and/or children at the time of enrollment.

#### Eligible dependents are defined by the benefits summary as:

- ✓ Your spouse as recognized under the laws of the State of Indiana.
- ✓ Your dependent *child\** up to age 26.
- ✓ Your dependent *child\** who cannot work to support him/herself due to mental or physical handicap. Eligibility continues past the age limit if the child is already enrolled and is allowed as a federal tax exemption by you or your spouse.

A *child\** is defined as your own child, stepchild, legally adopted child (or placed for adoption), child for whom you or your spouse has court ordered legal guardianship, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

#### Required Documents for Dependent Verification:

All Required Documents **MUST** include date and/or year, member name and dependent’s name.

**IMPORTANT:** Please black out all Social Security numbers, account numbers as well as any financial or income information.

**For Spouse: Provide copies of 2 forms of documentation listed below.**

- ✓ A copy of marriage certificate **AND**
- ✓ A copy of the front page of a current federal tax return confirming the dependent as a spouse, **OR** a document dated within the last 6 months showing current relationship status such as a joint household bill, joint bank/credit account, joint mortgage/lease, or insurance policies. The document must list employee and spouse’s name, the date, and mailing address.

**For Children under age 26: Provide copy of 1 form of documentation.**

- ✓ A copy of the child’s birth certificate, naming employee or spouse as the child’s parent, or appropriate court order / adoption decree naming employee or spouse as the child’s legal guardian.

Note for Stepchildren: If you are covering a stepchild and the child’s parent is not a covered dependent, in addition to the item(s) required for children above, you must also provide documents required for a spouse as proof of your relationship to the child’s parent.

9/1/20



## Thinking About HDHP 1 or HDHP 2?

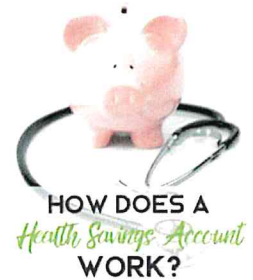


While there is an element of cost savings to the overall HHST health plan, the advantages of the HDHP/HSA can be significant for those who have selected this health plan choice.

The High Deductible Health Plan (HDHP) is simply that, a comprehensive health plan that includes a higher deductible than what is typical with a traditional plan design. HDHPs are approved by the IRS to be partnered with an individual Health Savings Account \*(HSA). Another difference between an IRS-qualified HDHP and a traditional plan is that ALMOST ALL eligible plan expenses are subject to the deductible, including prescriptions. That means the member will pay the full cost of care until the deductible has been reached. The only exception is that age appropriate routine preventive care services are NOT subject to the deductible and are covered by the plan with no member cost share required.

### Benefits of an HDHP/HSA

- HDHP premiums are lower than traditional plans.
- Many HHST members also have access to a Trust-sponsored wellness clinic where certain primary care services, lab services, and generic medications are available at no charge.
- The HSA belongs to you so wherever you go, it goes with you.
- No use it or lose it! HHST schools that offer a Section 125 plan have allowed members to take advantage of flexible spending accounts for several years; unlike your FSA dollars, there is no use it or lose it rule with your HSA funds; balances rollover and continue to accumulate year after year.
- Triple tax advantage! An HSA offers a unique tax advantage that lets you keep more of your hard-earned dollars;
  - (1) You can make pretax contributions so every dollar you contribute is a dollar saved; many schools offer payroll deduction for your HSA contribution, making it even easier to save!
  - (2) Any gains on your HSA savings are tax free; you keep 100% of any money your savings or investments earn.
  - (3) Withdrawals from your HSA are also tax free, as long as you use the money to cover expenses the IRS has approved for use to cover out-of-pocket medical expenses for you and your family. **NOTE:** at age 65, HSA dollars can be withdrawn and used as income *without a tax penalty*; however, it will still be subject to your normal income tax.
- You have control over your money. You decide how much to save (up to the IRS contribution limit) as well as what qualified expenses you will pay with your HSA dollars. You can also decide how to invest your money, and unused funds continue to grow year after year.



SEPT 2019 - AUG 2020	HDHP1 Network / Non	HDHP2 Network / Non
** Deductible – Single	\$3,400 / \$6,800	\$6,000 / \$12,000
** Deductible - Family	\$6,750 / \$13,500	\$12,000 / \$24,000
Co-Insurance %	0% / 30%	0% / 30%
OOP -Single	\$5,000 / \$10,000	\$6,550 / \$24,000
OOP – Family	\$10,000 / \$20,000	\$13,100 / \$48,000
Routine Care	100% (no ded) / 30%	100% (no ded) / 30%
Prescriptions	Deductible Applies, then Rx Copays	Deductible Applies, then Rx Copays

Many HHST schools will be holding informational meetings to help you learn more about the HDHP/HSA opportunity; check with your HR Department to see if there is a meeting scheduled for your school.

### Do the Math - Is a HDHP/HSA the right choice for you?



\* IRS eligibility guidelines apply to contributions into a Health Savings Account. If in doubt, please contact your financial advisor.

\*\* Deductibles and out-of-pocket maximums accumulate on a calendar year, January – December.



# RE Sutton & Associates IRS Announces 2021 HSA Limits

May 2020

## 2021 HSA HIGHLIGHTS:

- ◆ HSA contribution limits have increased slightly. Self-only - \$3,600 and family - \$7,200.
- ◆ Minimum Deductibles remain unchanged.
- ◆ Maximum Out-of-Pocket Maximums have increased.
- ◆ Additional reimbursable expenses.

## IMPORTANT DATES:

2021 HSA contributions may be made no earlier than January 1, 2021 and no later than the tax filing deadline for calendar year 2021.

The IRS has released the 2021 dollar limits for Health Savings Accounts (HSAs) and High Deductible Health Plans (HDHPs).

Calendar Year 2021	HSA Contribution Limit	Minimum HDHP Deductible	Minimum Embedded HDHP Deductible	HDHP Out-of-Pocket Maximum
Self-Only	\$3,600	\$1,400	\$2,800	\$7,000
Family	\$7,200	\$2,800	\$2,800	\$14,000
Catch-up contributions for those 55 or older	\$1,000			

The Affordable Care Act (ACA) also applies an out-of-pocket maximum on expenditures for essential health benefits. These differ from the HDHP maximums. The IRS uses annual inflation increases, resulting in higher out-of-pocket maximums under the ACA.

For 2021, the self-only out-of-pocket maximum for non-grandfathered plans has increased to \$8,550. The family out-of-pocket has increased to \$17,100.

ACA requires the family out-of-pocket maximum include embedded self-only maximums on essential health benefits. If one member of the family reaches the \$8,550 self-only out-of-pocket maximum on essential health benefits, that individual cannot incur additional cost-sharing expenses on essential health benefits.

The IRS recently announced additional qualified HDHP, FSA and HRA expenses. Effective retroactive to January 1, 2020, over-the-counter medications are permanently eligible for reimbursement.

<https://www.irs.gov/pub/irs-pdf/p502.pdf>



*The intent of this update is to provide an overview of recent changes and is intended for general information purposes only. This should not be considered or perceived as legal, tax or regulatory advice. Employers with questions beyond what is included in this outline should consult with their own corporate counsel for advice. Additional information can also be found at [www.irs.gov](http://www.irs.gov).*



## Important Notice from Hoosier Heartland School Trust 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 Hoosier Heartland School Trust 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Hoosier Heartland School Trust has determined the prescription drug coverage offered by the Trust on PPO 1, PPO 2 and HDHP 1 is, on average, 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, you can keep this coverage and not pay a higher premium (penalty) if you later decide to join a Medicare drug plan. **It has been determined HDHP 2, on average, is NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, this coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage on HDHP 2. This is also important because it may mean that you may pay a higher premium (penalty) if you do not join a Medicare drug plan when you first become eligible.**
3. You can keep your current coverage from HDHP 2. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### 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.

If you lose your current creditable prescription drug coverage under PPO 1, PPO 2 or HDHP 1 through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

You should also know that if you drop or lose your current coverage with the Trust health plan that includes prescription drug coverage 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.

Since the coverage under HDHP 2, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**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 still meet the eligibility for the Hoosier Heartland School Trust health plan, your current employee coverage will not be affected. You may continue your Hoosier Heartland School Trust employee coverage and elect part D and this plan will coordinate with Part D coverage.

Single	PPO 1	PPO 2	HDHP 1	HDHP2
			Combined Medical Deduct Applies - \$3,400	Combined Medical Deduct Applies - \$6,000
Tier 1	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50
Tier 2	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50
Tier 3	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50
Tier 4	\$100	\$100	\$100	\$100
Rx Max out-of-pocket	\$5,150	\$3,650	Combined with Medical \$5,000	Combined with Medical \$6,550

If you do decide to join a Medicare drug plan and drop your current Hoosier Heartland School Trust coverage, be aware that you and your dependents may not be able to enroll in the Hoosier Heartland School Trust plan except during an open enrollment period or you experience a qualified HIPAA event.

**For More Information About This Notice Or Your Current Prescription Drug Coverage, contact your Human Resource Department. NOTE:**

You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if the coverage through the Trust changes. You may also 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).

August 1, 2020  
 Hoosier Heartland Trust  
 Trust Administrator  
 11595 N Meridian St, Ste 250  
 Carmel, IN 46032  
 (317) 574-5009

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).





## WEB RESOURCES

### HOOSIER HEARTLAND SCHOOL TRUST

[mybensite.com/hoosier](http://mybensite.com/hoosier)

Login: hoosier

Password: maessu

The Trust website contains a vast array of information about the Trust and benefits available to our members. You'll find benefit summaries, side-by-side comparison of the health plans, a prescription listing, customer service numbers, links to help you discover the benefits of opening a Health Savings Account, as well as other valuable resources.

### United HealthCare

[myuhc.com](http://myuhc.com)

We encourage you to register on the United HealthCare (UHC) website. You will gain access to your ID cards, be able to estimate your costs, find a provider, view your claims and much more. **Health4Me** is a mobile app that puts your health plan at your fingertips.

### Telemedicine Options

**First Stop Health**

[888-691-7867](tel:888-691-7867) or [app2.fshealth.com](http://app2.fshealth.com)

Virtual Visits provides access to a doctor via the internet. They can diagnose and prescribe medications as needed. Consider downloading the app so it's available when you might need it.

### CVS/Caremark

[caremark.com](http://caremark.com)

Registering on the Caremark website is simple and provides you the ease of refilling your prescriptions online. You can also track how much you've spent and where you might have saving opportunities.





## IMPORTANT ANNOUNCEMENT FOR EMPLOYEES and RETIREES

This notice is to advise you of how you can access current Plan summaries that outline all benefit options available to employees, retirees or dependents that are *currently eligible* for coverage, or *may become eligible* in the future. Coverage is provided by the Hoosier Heartland School Trust.

A Summary of Benefits and Coverage (SBC) for each plan choice is posted to the Trust website and is available for your viewing at [www.mybensite.com/hoosier](http://www.mybensite.com/hoosier).

The SBCs are compliant with federal PPACA format and content requirements.

A printed copy of the SBC will be provided to you *free of charge* upon request. Contact the Benefit Coordinator at your school if you would like to receive a printed copy, or to confirm your eligibility to enroll.



## 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, 2020. Contact your State for more information on eligibility –**

INDIANA – Medicaid	
Healthy Indiana Plan for low-income adults 19-64	Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> or 1-877-438-4479
All other Medicaid	Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> or 1-800-403-0864

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[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 Services  
[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 1/31/2023)





**WOMEN'S HEALTH AND CANCER RIGHTS  
ACT OF 1998 ANNUAL NOTICE**



The HHST group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These include but are not limited to all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema. If you have questions or need more information, contact your Plan Administrator at the phone number on the back of your United Healthcare ID card.



NOTICE OF PRIVACY PRACTICES  
HOOSIER HEARTLAND SCHOOL TRUST HEALTH PLANS

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Hoosier Heartland School Trust maintains group health plans, including Medical and Prescription Drug (collectively, the "Plan"), that are required to comply with a new federal regulation governing health privacy. This new regulation, commonly referred to as the HIPAA Health Privacy Rule, imposes significant restrictions upon the Plan and provides participants with extensive rights. The Plan is required to provide you with the following information in connection with the new federal regulation.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The Plan may use and disclose information that relates to your physical or mental health, your receipt of health care services, or payment information relating to your health care. This information may either identify you or could reasonably be used to identify you. Use and disclosure of this information is permissible only to the extent provided by the Health Privacy Rule.

It will be necessary for the Plan to obtain an Authorization from you if the Plan intends to use or disclose your health information and the use or disclosure is not permitted or required by the Health Privacy Rule. It will not be necessary for the Plan to obtain an Authorization in the following situations:

1. Treatment: The Plan may use or disclose your protected health information to assist in your treatment. For example, the Plan may provide your information to a physician who is taking care of you if you suffer an injury or illness. The Plan may also provide this information in limited circumstances to members of your family to the extent the information is directly relevant to his or her involvement in your medical care.

2. Payment: The Plan may use or disclose your protected health information to assist in payment for health care services. For example, the Plan may use this information to determine your eligibility or coverage under the Plan and in the process of reviewing your health benefit claims. However, the Plan is generally prohibited by Indiana state law from requesting or using genetic information about you with respect to any decision by the Plan involving coverage or benefits. The Plan may also use your protected health information in connection with risk adjustments, billing and collection activities, obtaining payment under a contract for reinsurance (including stop-loss

insurance and excess loss insurance) and utilization review activities. The Plan also retains the right to use this information to review health care services for medical necessity, coverage, justification of charges and similar activities.

3. Health Care Operations: The Plan may use or disclose your protected health information to assist in Plan operations. For example, the Plan may use this information to conduct quality assessment and improvement activities or to review health plan performance. In addition, the information may be used for underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims. The Plan may conduct or arrange for medical review, legal and auditing services, including fraud and abuse detection and compliance programs. In addition, protected health information may be used for business planning and development, such as conducting cost-management and planning analyses relating to managing and operating the entity. Finally, the Plan may use the information for business management and general administrative activities, including those related to implementing and complying with the Health Privacy Rule, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified information or a limited data set.

4. As Required by Law: The Plan may use or disclose your protected health information as required by law.

5. Public Health Risks: The Plan may disclose your protected health information for certain public health activities. Such disclosures may be necessary to prevent or control disease, injury or disability.

6. Situations of Abuse: The Plan may disclose your protected health information in certain instances of abuse, neglect or domestic violence.

7. Law Enforcement: The Plan may disclose your protected health information to law enforcement officials for law enforcement purposes in certain circumstances.

8. Disaster Relief Efforts: The Plan may disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts to the extent the information is used for notification purposes.

9. Coroners, Medical Examiners and Funeral Directors: The Plan may disclose your protected health information to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

10. Organ and Tissue Donation: The Plan may disclose your protected health information if you are an organ or tissue donor to the extent necessary to facilitate the organ or tissue donation and transplantation.

11. Public Safety: The Plan may disclose your protected health information to the extent necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

12. Government Activities: The Plan may disclose your protected health information for specialized government functions, including military activities, national security and intelligence activities.

13. Workers' Compensation: The Plan may disclose your protected health information to the extent necessary to comply with workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

14. Inmates: If you are an inmate of a correctional institution or are otherwise under the custody of law enforcement, the Plan may disclose your protected health information to the correctional institution or law enforcement body.

15. Marketing: In very limited circumstances set forth in the Health Privacy Rule, the Plan use or disclose your protected health information during a face-to-face encounter with you or in connection with a promotional gift of nominal value.

Except as provided above or otherwise permitted by the Health Privacy Rule, the Plan may use and disclose your protected health information only upon your written Authorization. You may generally revoke an Authorization at any time unless the Plan: (i) has taken action in reliance upon the Authorization; or (ii) in certain instances, if the Authorization was obtained as a condition of obtaining insurance coverage.

### YOUR LEGAL RIGHTS

You have the following rights with respect to protected health information that we maintain about you:

1. You have the right to request restrictions on certain uses and disclosures of your health information to carry out treatment, payment or health care operations. You may also request restrictions on uses and disclosures of your information to family members, relatives and close personal friends who are involved with your care or payment for your health services. The Plan is not required to agree to these requested restrictions.

2. You have the right to receive confidential communications of your protected health information. Specifically, you may request to receive communications by alternative means or at alternative locations. Your request will be honored only if you submit a written request to the Privacy Official that states that disclosure of all or a portion of your protected health information would endanger you.



3. You have the right to inspect and copy your protected health information. Should you wish to exercise this right, please provide a written request to the Privacy Official. Generally, the Plan is required to respond within 30 days of your request. If the Plan grants the request, it must generally provide you with access to your information in the form or format that you request. The Plan may impose reasonable, cost-based fees if you request a copy of your information.

4. You have the right to amend your protected health information. You must request such amendment in writing and you must provide a reason to support the requested amendment. The Plan must generally act upon your request within sixty days. The Plan may deny your request for the reasons set forth in the Health Privacy Rule.

5. You have the right to receive an accounting of disclosures of your health information to the extent provided in the Health Privacy Rule. Please submit any request for an accounting in writing to the Privacy Official. The Plan must generally respond to your request within 60 days. In the event that the request is granted, the Plan will provide a record of disclosures of protected health information made by the Plan during the previous six-year period (or any lesser period requested). The accounting will not include disclosures made before the Effective Date of this Notice. The accounting will provide the date of each disclosure and a brief description of the purpose of the disclosure. In the event that the Plan has made multiple disclosures to the same person or entity for a single purpose, the Plan is only required to provide detailed information with respect to the first disclosure.

6. You have the right to obtain a paper copy of this Notice from the Plan upon request, even if you have previously agreed to receive the Notice electronically.

#### DUTIES OF THE PLAN

The Health Privacy Rule requires the Plan to comply with the following duties and obligations.

1. The Plan is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

2. The Plan is required to abide by the terms of its Notice currently in effect.

3. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information maintained by the Plan. You will receive a revised Notice by mail unless you have previously agreed to receive the Notice electronically.

4. The Plan does not currently maintain a website. In the event that one is established, a copy of this Notice will be posted to the website.

5. You may complain to the Plan and to the Secretary of Human Services if you believe that your privacy rights have been violated. **YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.** You may submit a complaint in writing by (a) delivering it personally; (b) registered or certified mail, return receipt requested, postage prepaid; (c) prepaid overnight courier. The complaint should be submitted to:

Privacy Official  
Hoosier Heartland School Trust  
11595 N Meridian St, Ste 250  
Carmel, IN 46032

6. If you have any questions or concerns about the Plan or your legal rights under federal law, you may contact:

Privacy Official  
Hoosier Heartland School Trust  
11595 N Meridian St, Ste 250  
Carmel, IN 46032

7. This Notice shall be effective on April 14, 2004. Once effective, this Notice will remain in effect until a new Notice is issued.

448002v2v2