PRINCE WILLIAM COUNTY

OPEN ENROLLMENT GUIDE

FY24

May 8 - 31, 2023

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Welcome

At Prince William County Government we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefits package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefits plans by accessing our Open Enrollment Page on PWConnects.

Sincerely,

The HR Benefits Team

This brochure summarizes the benefit plans that are available to Prince William County Government eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Changes in Benefit Elections

Open Enrollment:

Open Enrollment is the only time of year when you can make changes to your insurance plans without a qualifying life event. All elections and changes take effect on July 1, 2023, the first day of the plan year. During Open Enrollment, you can:

- Add, change, or cancel coverage.
- Add or drop dependents from coverage.
- Enroll, or re-enroll in dependent daycare or medical care flexible spending accounts.
- ***To renew your FSA benefits, you must re-enroll each plan year.***

If you do not make 2023-2024 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero ($0) elections.

Mid-Year Changes:

Life Events

A qualifying life event is considered a major change in your personal or work life that permits changes to your existing benefits plans during the year, with HR Benefits Team approval. Updates to applicable benefits plans can be made based on the qualified life event within 30 days of the event. Qualified life events include:

- Marriage
- Divorce
- Birth/ Adoption of a Child
- Death of a Spouse or Child
- Gain or Loss of other Insurance
- Spouse's Change in Employment Status or Coverage
- Moving to a new Zip Code or County

For a more complete list of qualified life events please visit www.healthcare.gov/glossary/qualifying-life-event/

Enrollment

Enrolling in benefits is simple through the online enrollment system – just follow the steps below or **Click Here**.

1. From the Mobius main page click "**Me**" under your name, and then go to the orange **Benefits** app
2. To review your current benefits, click "**Your Benefits**" then "**Active Employee Program**". Use the back arrow to return to the prior page.
3. Click "**Make Changes**" to add/edit eligible dependents. Then click "**Continue**".
4. If there are no dependents to review, click "**Continue**". "**Accept**" election notice.
5. Click on "**Edit**" for each plan you want update. Click "**OK**" before moving onto the next plan to edit.
6. Click "**Continue**", review your changes, and click "**Submit**". "**Print**" and Save your confirmation page.

NEW!

Benefits plans remain largely unchanged for the upcoming year. There are a few updates to the Anthem medical plans which are outlined below. Additionally, there are slight premium increases to the plans.

Anthem Changes for FY24:

- There will no longer be separate out-of-pocket maximums for medical and prescription drug on the Anthem plans. The two amounts have been combined into one maximum and any eligible claims will apply to the combined out-of-pocket limit. New limits are outlined on the following charts.

- Members who select and enroll in the HealthKeepers POS plan will have added flexibility should you need to access care outside of the HealthKeepers service area (i.e., Virginia). Services provided outside of the HealthKeepers service area will be covered as in-network as long as the provider participates in Anthem's national PPO network. All authorizations of care, if applicable, will still be required. Members who are currently enrolled in the HealthKeepers' Guest Membership Program will be notified that this program is ending and is no longer required to access care. When seeking care within the HealthKeepers network, a member must use a participating HealthKeepers provider for it to be considered as in-network.

- Care provided through LiveHealth Online for PCP and mental health, or substance use services will no longer have a copay and will be covered 100%.

- Anthem has replaced the Future Moms program with the much more robust program called Building Healthy Families. This program can provide resources at no cost to you, whether you are trying to conceive, exploring adoption or surrogacy, expecting a child, or raising young children. Building Health Families offers digital support through the Sydney^{SM} Health mobile app or on www.anthem.com. Services include:

    - Live Health Coaches
    - Interactive Health Trackers
    - 24/7 Access
    - Personalized Content

MEDICAL COVERAGE

Medical

Prince William County Government offers three medical plans through Anthem BlueCross and BlueShield and one HMO plan through Kaiser Permanente. All medical plans include prescription drug coverage and vision benefits. The chart on the following pages is a brief outline of the plan. Please note the Kaiser Permanente HMO plan does *not* cover out of network benefits. Please refer to the summary plan description for complete plan details.

Anthem

	Anthem PPO Enhanced		Anthem PPO Core		Anthem POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	$0	$400	$0	$500	$0	$750
Family	$0	$800	$0	$1,000	$0	$1,500
Coinsurance	20%	30%	20%	30%	20%	30%
Maximum Out-of-Pocket (Includes medical & prescription drug claims)						
Individual	$2,500	$3,500	$4,000	$5,500	$2,500	$5,000
Family	$5,000	$7,000	$8,000	$11,000	$5,000	$10,000
Physician Office Visits						
Primary Care	$20 copay	30% after deductible	$25 copay	30% after deductible	$20 copay	30% after deductible
Specialty Care	$35 copay	30% after deductible	$50 copay	30% after deductible	$40 copay	30% after deductible
Preventive Care						
Adult Wellness Exams	0%	30% after deductible	0%	30% after deductible	0%	30% after deductible
Well-Child Care	0%	30% after deductible	0%	30% after deductible	0%	30% after deductible
Diagnostic Services						
X-ray and Lab Tests	0%	30% after deductible	20%	30% after deductible	Lab - $20 or $40 copay; X-ray - $0	30% after deductible
Complex Radiology	$200 copay	30% after deductible	$200 copay then 20%	30% after deductible	$200 copay	30% after deductible
Urgent Care Facility	$35 copay	30% after deductible	$50 copay	30% after deductible	$40 copay	30% after deductible
Emergency Room Facility Charges	$200 copay	$200 copay	$200 copay then 20%	$200 copay then 20%	$200 copay	$200 copay
Inpatient Facility Charges	$350 copay	30% after deductible	$400 copay then 20%	30% after deductible	$200 copay per day; up to $1000 copay per Admission	30% after deductible
Outpatient Facility and Surgical Charges	$200 copay	30% after deductible	$200 copay then 20%	30% after deductible	$200 copay	30% after deductible

	Anthem PPO Enhanced		Anthem PPO Core		Anthem POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health						
Inpatient	$350 copay	30% after deductible	$400 copay then 20%	30% after deductible	$200 copay per day; up to $1000 copay per Admission	30% after deductible
Outpatient	$20 copay	30% after deductible	$25 copay	30% after deductible	$20 copay	30% after deductible
Substance Abuse						
Inpatient	$350 copay	30% after deductible	$400 copay then 20%	30% after deductible	$200 copay per day; up to $1,000 copay per Admission maximum	30% after deductible
Outpatient	$20 copay	30% after deductible	$25 copay	30% after deductible	$20 copay	30% after deductible
Other Services						
Chiropractic	$35 copay; up to 50 visits per year	30% after deductible; up to 50 visits per year	$50 copay; up to 50 visits per year	30% after deductible; up to 50 visits per year	$20 copay; up to 20 visits	30% after deductible; up to 20 visits
Vision (Blue View) Routine Exam	$15 copay	Reimbursed up to $30	$15 copay	Reimbursed up to $30	$15 copay	Reimbursed up to $30
Retail Pharmacy (30 Day Supply)						
Typically Generic (Tier 1)	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay
Preferred Tier 2	$35 copay	$35 copay	$35 copay	$35 copay	$35 copay	$35 copay
Non-Preferred Tier 3	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay
Preferred Specialty (Tier 4)	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	$20 copay	Not covered	$20 copay	Not covered	$20 copay	Not covered
Preferred (Tier 2)	$70 copay	Not covered	$70 copay	Not covered	$70 copay	Not covered
Non-Preferred (Tier 3)	$140 copay	Not covered	$140 copay	Not covered	$140 copay	Not covered
Preferred Specialty (Tier 4)	$140 copay	Not covered	$140 copay	Not covered	$140 copay	Not covered

	Full-time Employee Contributions (bi-weekly)		
	Anthem PPO - Enhanced	Anthem PPO - Core	Anthem POS
Employee	$70.57	$34.98	$15.52
Employee & Child(ren)	$252.21	$188.28	$145.55
Employee & Spouse	$293.01	$220.32	$167.92
Family	$419.76	$314.65	$241.57

	Part-time Employee Contributions (bi-weekly)		
	Anthem PPO - Enhanced	Anthem PPO - Core	Anthem POS
Employee	$385.46	$349.87	$330.41
Employee & Child(ren)	$691.54	$627.61	$584.88
Employee & Spouse	$807.09	$734.40	$682.00
Family	$1,153.94	$1,048.83	$975.75

KAISER PERMANENTE®

	Kaiser Permanente HMO
Annual Deductible	
Individual	$0
Family	$0
Coinsurance	100%
Out-of-Network Benefits	None
Maximum Out-of-Pocket	
Individual	$3,500
Family	$9,400
Physician Office Visit	
Primary Care	$15 copay
Specialty Care	$25 copay
Preventive Care	
Adult Wellness Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray and Lab Tests	100% after deductible
Complex Radiology	$75 copay
Urgent Care Facility	$25 copay
Emergency Room Facility Charges	$100 copay
Inpatient Facility	$250 copay
Outpatient Facility & Surgical	$50 copay
Mental Health	
Inpatient	$250 copay
Outpatient	$15 copay
Substance Abuse	
Inpatient	$250 copay
Outpatient	$15 copay
Other Services	
Chiropractic	$25 copay up to 30 visits
Vision Exam Frames Lenses	$15 copay; 1 pair Frames per year - 19+: $75, up to 19: $0; 1 pair Lenses per year – 19+: $75 discount; up to 19: $0
Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	$10 copay
Preferred (Tier 2)	$20 copay
Non-Preferred (Tier 3)	$35 copay
Preferred Specialty (Tier 4)	Generic - $10 copay/Preferred - $20 copay/Non-Preferred $35 copay
Mail Order Pharmacy (90 Day Supply)	
Generic (Tier 1)	$20 copay
Preferred (Tier 2)	$40 copay
Non-Preferred (Tier 3)	$55 copay
Preferred Specialty (Tier 4)	Not covered

	Full-time Employee Contributions (bi-weekly)	**Part-time Employee Contributions (bi-weekly)**
	Kaiser – HMO	Kaiser – HMO
Employee	$14.32	$304.56
Employee & Spouse	$134.18	$539.13
Employee & Child(ren)	$154.79	$628.66
Family	$222.68	$899.49

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with P&A Group allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in an FSA.

To renew your FSA Benefits, you must re-enroll each plan year.

Who is eligible to open a Flexible Spending Account (FSA)?

The FSA plans are available to all full-time and part-time benefit-eligible employees of Prince William County Government. The **Medical FSA** allows you to contribute up to $3,050 for FY24. **Dependent Care FSA** is for qualifying daycare expenses. You can contribute up to $5,000 each plan year. FSA funds can only be used on qualified expenses like those listed here.

How does an FSA work?

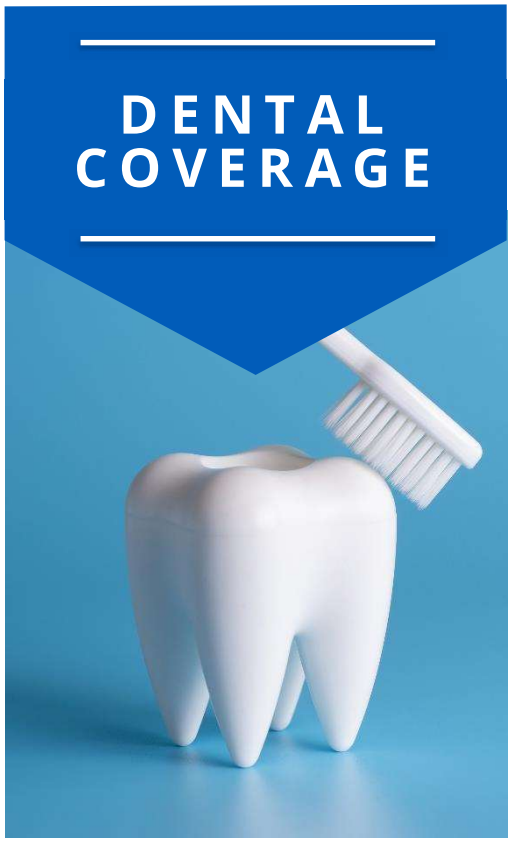
- Choose a specific amount of money to contribute pre-tax dollars each pay period to one or both accounts.
- The amount is deducted from your pay over 24 pay periods.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.
- Our Medical FSA has a **Carry Forward** feature. Up to $610 of unused FY24 funds may be carried over for future use. Unused amounts over $610 will be forfeited at the end of the plan year based on strict IRS guidelines.
- Once you enroll in an FSA, you cannot change your contribution amount during the plan year unless you experience a qualifying life event.
- Funds cannot be transferred from one FSA to another.
- Remember to keep all receipts! The IRS or P&A Group may request copies to verify a purchase at any time.

Enrolling in an FSA

- New for this year's Open Enrollment! FSA enrollment will take place in Mobius.

Click this link for more information about Flexible Spending Accounts.

Dental



Prince William County Government offers two dental plans with Delta Dental of Virginia, the Enhanced and Core plans. Please refer to the summary plan description for complete plan details. Note that the Enhanced plan requires enrollment for a minimum of 2 years before changing plans.

These plans cover the following:

Preventive / Diagnostic Care

- Exams
- Cleanings
- Routine X-rays

Major Care

- Caps and Crowns
- Bridgework
- Dentures
- Implants

Basic Care

- Fillings
- Root Canals
- Extractions (including wisdom teeth)

Orthodontic Care

- Covers Adults & Children
- Lifetime Maximum varies by plan

DELTA DENTAL®	Delta Dental PPO – Enhanced	Delta Dental PPO – Core
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	$2,000	$1,000
Preventive	**100%**	**80%**
Basic	70%	70%
Major	50%	50%
Implants	**50%**	**N/A**
Orthodontia		
Benefit Percentage	50%	50%
Adults	Covered	Covered
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	**$2,000**	**$1,000**
Benefit Waiting Periods	N/A	N/A

	Full-time Employee Contributions (bi-weekly)	
	PPO - Enhanced	PPO - Core
Employee	$12.27	$7.01
Employee & 1 Dep	$23.19	$13.22
Employee & 2+ Deps	$37.81	$21.57

	Part-time Employee Contributions (bi-weekly)	
	PPO - Enhanced	PPO - Core
Employee	$19.28	$14.02
Employee & 1 Dep	$36.41	$26.44
Employee & 2+ Deps	$59.38	$43.14

Vision

Prince William County Government offers vision insurance through Vision Services Plan (VSP). This plan provides supplemental coverage for materials, like glasses, lenses, and contacts. It is great for those who anticipate needing more than just an annual eye exam.

vsp VISION	VSP Vision
Copay	
Routine Exams (Annual)	$20 copay
Retinal Screening Copay	$20 copay – REDUCED from $39!
Vision Materials	
Materials Copay	$20 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contact Lenses	Elective contacts- $200 allowance every 12 months Medically necessary contacts- may be covered at a higher benefit level
Frames	Covered at $20 copay every 24 months

Full-time Employee Contributions (bi-weekly)	
Employee	$4.66
Employee & Child(ren)	$5.91
Employee & Spouse	$5.78
Family	$9.48

Part-time Employee Contributions (bi-weekly)	
Employee	$4.66
Employee & Child(ren)	$5.91
Employee & Spouse	$5.78
Family	$9.48

Contact Information

Have Questions? Need Help?

Please contact the HR Benefits Team Monday – Friday 8:00am - 4:00pm for enrollment assistance and plan inquiries. We may be reached at **HRBenefitsTeam@pwcgov.org** or **703-792-6640**.

Carrier Customer Service

CARRIER	PHONE NUMBER	WEBSITE	APP
Anthem	844-404-2123	www.anthem.com	Sydney Health
Kaiser Permanente	800-324-9208	www.kaiserpermanente.org	Kaiser Permanente
Delta Dental of Virginia	800-237-6060	www.deltadentalva.com	Delta Dental Mobile App
Vision Service Plan (VSP)	800-877-7195	www.vsp.com	VSP Vision Care
P&A Group	800-688-2611	www.padmin.com	P&A Group

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

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

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the applicable plan deductibles and coinsurance apply.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Kaiser Permanente and Anthem Insurance generally allow or require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan provider directly.

For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add:

You do not need prior authorization from Kaiser Permanente or Anthem Insurance or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan provider directly.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Andrea Brenner
1 County Complex Ct., Suite 155
Woodbridge, Virginia United States 22192
703-792-5778
abrenner@pwcgov.org

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective 7/1/2023
- Benefits and Retirement Division Manager Andrea Brenner / 703-792-5778 /abrenner@pwcgov.org

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Prince William County Government 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 Prince William County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Prince William County Government has determined that the prescription drug coverage offered by the Anthem and Kaiser Permanente are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Prince William County Government coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Prince William County Government coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Prince William County Government changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC **Updated April 1, 2011**

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	7/1/2023
Name of Entity/Sender:	Andrea Brenner
Contact--Position/Office:	Benefits & Retirement Division Manager, Office of Human Resources
Address:	1 County Complex Ct, Suite 155 Woodbridge, Virginia 22192
Phone Number:	703-792-5778

CMS Form 10182-CC **Updated April 1, 2011**

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

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

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

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

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

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

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	**MINNESOTA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)	
Prince William County Government	540791408	
5. Employer address	6. Employer phone number	
1 County Complex Ct., Suite 155	703-792-6000	
7. City	8. State	9. ZIP code
Woodbridge	VA	22192
10. Who can we contact about employee health coverage at this job?		
Andrea Brenner- Benefits and Retirement Division Manager, Office of Human Resources		
11. Phone number (if different from above)	12. Email address	
703-792-5778	abrenner@pwcgov.org	

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Full-time and eligible part-time employees may enroll in the County's health insurance plans.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Spouse, biological children, stepchildren, adopted children (or children placed for adoption), and children for whom the employee has been appointed legal guardian or granted legal custody and who are under the age of 26.
  - ☐ We do not offer coverage.

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

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

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

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)